

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

PRINTED: 01/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/21/2023
NAME OF PROVIDER OR SUPPLIER PINE ACRES REHABILITATION AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1501 OFFICE PARK ROAD WEST DES MOINES, IA 50265		
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F 000	INITIAL COMMENTS Correction date: _____ A revisit of the survey ending August 16, 2023, a revisit of the survey ending October 25, 2023, and investigation of complaints #116722-C, #116928-C, #117063-C, #117159-C, and #117385-C and facility reported incidents #116474-I and 116931-I was conducted on December 11, 2023 to December 21, 2023. The following deficiencies resulted from investigation of complaints #116722-C, 116928-C, 117063-C, 117159-C, 117385-C, and facility reported incidents #116474-I conducted December 11, 2023 to December 21, 2023. Complaint #'s 116722-C, #116928-C, #117063-C, #117159-C, and #117385-C were substantiated. Facility reported incident #116474-I was substantiated. See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.	F 000			
F 658 SS=D	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 clinical record review, observation, staff interview, and policy review, the facility staff failed to follow physician's orders to cleanse a	F 658			

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

TITLE

(X6) DATE

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 658	<p>Continued From page 1</p> <p>wound after a soiled dressing removed and before application of new treatment products, failed to ensure staff performed hand hygiene prior to or after completion of treatment and dressing change, and failed to change gloves when going from a dirty to a clean area for one of two resident treatments observed (Resident #11). The facility reported a census of 57 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 11/11/23 revealed Resident # 11 had diagnoses of septicemia (infection in the blood) and an open wound on her left buttock. The MDS indicated the resident had a Stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon or muscle) and took an antibiotic during the 7-day look-back period.</p> <p>The Care Plan initiated 5/17/23 and revised on 10/17/23 revealed the resident had a stage 4 pressure ulcer on her sacrum related to immobility. The Care Plan directed staff to administer treatments per physician's orders and monitor for effectiveness.</p> <p>The Order Summary Report revealed treatment orders to cleanse the sacrum wound with Vashe (an antimicrobial wound cleanser), apply a nickel-thick layer of Santyl to the wound bed, pack collagen loosely inside the wound, and cover with a foam border dressing once a day and as needed started on 12/5/23.</p> <p>The Treatment Administration Record (TAR) dated 12/1/23 to 12/31/23 revealed Vashe wound solution to the sacrum topically once a day started on 12/6/23. The TAR 12/13/23 at 8:54</p>	F 658			

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F 658	<p>Continued From page 2</p> <p>AM revealed Staff A's Licensed Practical Nurse (LPN) initials documented on the administration of the Vashe topical solution.</p> <p>During observations on 12/13/23 at 9:05 AM, Staff A, Licensed Practical Nurse (LPN), placed dressing supplies on a paper plate on an overbed table next to the resident's bed and placed a bottle of Vashe wound cleanser on the table. Staff A donned a pair of gloves. Staff C, Certified Nursing Assistant (CNA), donned a pair of gloves and rolled the resident onto her left side. Staff A removed the resident's brief, then removed the dressing to the resident's coccyx area, and placed the soiled dressing into a trashbag. Staff A opened a package of Q-tips, calcium alginate, and a foam border dressing, and placed the supplies on a paper plate. Another paper plate and two 4x4 gauze dressings fell off the overbed table onto the floor. Staff A said it's a good thing she didn't need those. Staff A took a Q-tip, squeezed Santyl onto the end of the Q-tip, then placed the Santyl inside the wound bed. Staff A applied calcium alginate and a border foam dressing to the coccyx wound, then removed her gloves. Staff A did not perform hand hygiene or wash her hands prior to or after completion of treatment and dressing change, did not cleanse the coccyx wound after she removed the soiled dressing and before application of new treatment products, and failed to change gloves when she went from a dirty to a clean area.</p> <p>During an interview 12/18/23 at 2:45 PM, the Infection Preventionist (IP) reported she expected staff washed or sanitized their hands before and after gloves changed, and whenever going from a dirty to a clean area. The IP reported she expected staff changed gloves whenever gloves</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>visibly soiled, and whenever went between dirty to clean tasks. The IP stated she expected staff followed the physician's order for cleansing a wound.</p> <p>During an interview 12/18/23 at 3:15 PM, Staff I, Assistant Director of Nursing (ADON), stated she expected gloves changed before and after a treatment performed, and whenever went between a dirty to clean area or task. Staff I reported she expected staff sanitized their hands before and after treatments. Staff I stated she expected staff followed the physician's order for treatments.</p> <p>A facility's Hand Hygiene policy reviewed 12/2023 revealed all staff shall perform proper hand hygiene procedures to prevent the spread of infection to others. Hand hygiene entails cleaning hands with soap and water or an alcohol-based hand rub. Hand hygiene required whenever hands are visibly soiled or contaminated with blood or body fluids, before and after removal of gloves, before and after handling clean or soiled dressings, and whenever moved from a contaminated body site to a clean body site. The use of gloves does not replace hand hygiene.</p> <p>A facility's Clean Dressing Change policy reviewed 12/2023 revealed wound care provided in a manner to decrease the potential for infection and cross-contamination. The procedural steps included:</p> <ol style="list-style-type: none"> Place a disposable cloth on the overbed table with needed supplies for wound cleansing and dressing application. Wash hands and don gloves. Remove existing dressing. Remove gloves. 	F 658			

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F 658	Continued From page 4 e. Wash hands and don gloves. f. Cleanse the wound as ordered and pat dry with a gauze. g. Apply topical ointment and dressing to the wound as ordered. h. Remove gloves i. Wash hands. A facility's Wound Treatment Management policy reviewed 12/2023 revealed the facility provided treatments in accordance with standards of practice and physician's orders. A Personal Protective Equipment policy reviewed 12/2023 revealed gloves changed and hand hygiene performed whenever went between dirty and clean tasks and when heavily contaminated.	F 658			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, observation, resident and staff interviews, pharmacy interview, and policy review, the facility failed to ensure an Albuterol inhaler was reordered from pharmacy in a timely manner for one of five residents reviewed for medication administration (Resident #9). The facility also failed to follow physician's orders for	F 684			

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F 684	<p>Continued From page 5</p> <p>obtaining daily weights, failed to notify the physician of significant weight gains, and failed to implement standards of care for resident who had diagnoses of congestive heart failure of one of five residents reviewed for assessment/intervention (Resident #9). The facility reported a census of 57 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 11/14/23 revealed Resident #9 had diagnoses of Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) (emphysema). The MDS revealed the resident on oxygen (O2) and took a diuretic medication during the 7-day look-back period. The MDS documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating cognition intact.</p> <p>The Care Plan revised 3/24/23 revealed Resident #9 had a diagnoses of heart failure and COPD. The Care Plan directives included obtain weights and notify the physician as needed, administer medication as ordered, monitor vital signs, O2 at 4 liters (L) per nasal cannula (NC), and fluid restrictions 2000 milliliters (ml) per day.</p> <p>The Hospital Visit Summary dated 11/4/23 revealed education material about living with heart failure, the ways to help manage the disease, and the importance of following the treatment plan.</p> <p>The order summary revealed the following:</p> <p>a. Weigh daily on the day shift. Notify the physician if the resident had a 3 lbs (pounds) weight (wt) gain in 24 hours or 5 lbs within 7 days</p>	F 684			

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F 684	<p>Continued From page 6</p> <p>started 11/4/23.</p> <p>b. Albuterol inhaler 2 puffs by mouth (PO) every 4 hours as needed (PRN) for COPD and shortness of breath (SOB) had a start date 11/4/23.</p> <p>c. Send to the Emergency Room (ER) for evaluation per resident request for SOB and difficulty breathing on 11/30/23 at 11:30 AM.</p> <p>d. Send to the ER for evaluation related to anxiety disorder on 12/6/23 at 11:45 AM.</p> <p>d. Albuterol inhaler 2 puffs every 4 hours PRN for SOB ordered and electronically transmitted from pharmacy on 12/8/23.</p> <p>e. Bumex (used to remove excess water from the body/edema) 2 milligrams (mg) PO twice a day (BID) for edema started on 12/8/23.</p> <p>f. Lasix (used to remove excess water from the body/edema) 40 mg IM (intramuscular) every day for 5 days for wt increase related to CHF, edema, and COPD started on 12/12/23.</p> <p>g. May self-administer Albuterol inhaler per phone order had a start date 12/19/23.</p> <p>The Medication Administration record (MAR) dated 11/1/23 to 11/30/23 revealed Albuterol inhaler every 4 hours PRN started on 11/4/23 and discontinued on 12/6/23. A PRN dose documented as administered on 11/4/23.</p> <p>The MAR dated 12/1 - 12/31/23 revealed Albuterol inhaler 2 puffs every 4 hours PRN for SOB started on 11/4/23 and discontinued on 12/6/23, then resumed on 12/8/23. Albuterol inhaler use documented on 12/13/23 at 5:36 AM and the medication effective.</p> <p>The weights/vitals section in the Electronic Health Record (EHR) had the following weights recorded: 10/23/23 10:25 AM 515.6 Lbs</p>	F 684			

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F 684	<p>Continued From page 7</p> <p>11/3/23 8:00 PM 489.2 Lbs 11/8/23 1:33 PM 492.4 Lbs 11/10/23 1:12 PM 493.8 Lbs 11/11/23 2:33 PM 490.0 Lbs 11/13/23 10:26 AM 494.7 Lbs 11/14/23 10:22 AM 497.8 Lbs 11/16/23 8:36 AM 502.5 Lbs (wt gain of 8.7 lbs in 1 week (11/10 -1 11/16/23)) 11/20/23 1:52 PM 517.2 Lbs (wt gain of 14.7 lbs in 4 days (11/16 - 11/20/23)) 11/21/23 7:14 AM 515.2 Lbs (Dr notified 11/21) 11/22/23 1:09 PM 513.2 Lbs 11/23/23 7:30 AM 514.6 Lbs 11/24/23 9:52 PM 515.1 Lbs 12/1/23 8:53 PM 509.2 Lbs 12/3/23 8:00 AM 510.0 Lbs 12/5/23 6:27 PM 509.8 Lbs 12/7/23 3:22 PM 509.0 Lbs 12/8/23 8:22 PM 507.6 Lbs 12/12/23 9:30 AM 515.1 Lbs (wt gain of 6.1 lbs in 6 days (12/7-12/12/23)) 12/15/23 9:12 AM 521.4 Lbs (wt gain of 13.8 in 1 week (12/8- 12/15/23))</p> <p>The weights completed on 11/3/23, 11/24/23, 12/1/23, 12/5/23, and 12/8/23 were not completed on day shift per the physician orders.</p> <p>The census tab revealed the resident hospitalized 10/25- 11/3/23 and 12/6/23.</p> <p>The record lacked documentation of physician notification 11/10 -11/16/23 and 12/8- 12/15/23 for increased weights.</p> <p>The treatment administration record revealed: Weights documented on: 11/10, 11/11, 11/13, 11/14, 11/16, 11/20-24, 12/3, 12/7, 12/10, 12/12,</p>	F 684			

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F 684	<p>Continued From page 8 and 12/15/23.</p> <p>Documentation revealed the resident refused weights on: 11/4, 11/5, 11/12, 11/15, 11/26, 11/27, 11/29, 11/30, 12/2, 12/5, 12/6, 12/11, and 12/14/23.</p> <p>The record lacked documentation of Resident #9's weights 10 of 27 days during 11/4 to 11/30/23, and 4 of 15 days during 12/1 to 12/15/23.</p> <p>The last recorded blood pressure (B/P), pulse (P), and respirations (R) recorded on 11/29/23 at 4:38 PM in the EHR under the vitals section.</p> <p>The records lacked routine assessments of the resident's vital signs and lung sounds.</p> <p>The Progress Notes revealed the following:</p> <ul style="list-style-type: none"> a. On 11/4/23 at 12:16 PM, wt daily for CHF and edema. Notify provider if resident had a wt gain of more than 3 lbs in 24 hrs or 5 lbs in 7 days. b. On 11/21/21 at 7:35 PM, resident had 12.7 lb wt increase in the past week. Fax sent to healthcare provider (HCP). c. On 11/29/23 at 11:24 AM, resident refused to weigh. The resident stated he couldn't make it down (to weigh) due to his oxygen levels and shortness of breath when he ambulated. d. On 12/1/23 at 8:23 PM, resident self-propelled wheelchair to the shower room. Resident had to stop every 100 feet to "catch his breathe." The resident had shortness of breath with exertion during the shower. Resident stood for 5 minutes during shower. Required two breaks during a 20-minute shower. Pulse ox dropped to mid-80's, then recovered to 92% after rest. e. On 12/8/23 at 8:21 PM, resident had shortness of breath with exertion during his shower and 	F 684			

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F 684	<p>Continued From page 9</p> <p>required several rest breaks.</p> <p>f. On 12/11/23 at 9:24 AM, resident refused to weigh.</p> <p>g. On 12/12/23 at 12:00 PM, physician (Dr) saw resident. Dr informed of resident's wt increase to 515.1 lbs. Verbal order obtained to give Lasix 40 mg IM daily for 5 days.</p> <p>h. On 12/13/23 at 5:44 AM, behavior note: resident requested PRN albuterol inhaler for SOB this morning. Refused to give inhaler back to the nurse. Stated he had to have it so he could utilize it when he is SOB walking around his room. Explained to him we needed to document when inhaler utilized and the instructions for administration. Resident still refused to give the inhaler back.</p> <p>i. On 12/13/23 at 5:45 AM, notification to the physician of medications in room.</p> <p>j. On 12/13/23 at 5:31 PM, IM Lasix administered this shift. B/P 84/52, P 89, R 20, pulse ox 96% on O2 at 8 L via NC. Lung sounds diminished in lung fields. Resident reports O2 saturations dropped into the 70s when he ambulated to the bathroom but does not ask for assessment or call for help when this happens.</p> <p>k. On 12/14/23 at 2:03 PM, resident continued on IM Lasix and tolerating well. P 100, R 22, B/P 100/56, pulse ox 96% on 6 L of O2. Resident stated he is less short of breath today and the swelling went down in his legs compared to yesterday. Refused weight in AM shift, stated he will get it in the evening.</p> <p>l. On 12/15/23 at 7:22 PM, resident experienced SOB while exerting during bathing. Required several stops to catch his breath.</p> <p>Review of pharmacy requisitions and proof of delivery dated 10/1/2023 to 12/12/23 revealed the projected delivery of albuterol inhaler on 12/12/23</p>	F 684			

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F 684	<p>Continued From page 10</p> <p>and proof of delivery on 12/12/23 at 7:04 PM. Other medications delivered for Resident #9 on 12/5/23, 12/6/23, and 12/8/23 but lacked an albuterol inhaler.</p> <p>The EHR assessment screen revealed no evaluation or assessment for self-medication administration of albuterol inhaler until 12/19/23 at 8:30 AM.</p> <p>The EHR "orders" section revealed the Corporate Nurse entered an order on 12/19/23 the resident may self-administer albuterol inhaler. The Corporate Nurse also entered an order on 12/20/23 at 7:00 AM to weight resident daily in the AM as resident allowed. Notify the physician if weight gain more than 3 lbs in 24 hours or 5 lbs in 1 week. Look at previous 7 days of weight to assess weight gain or loss.</p> <p>The geriatric physician's encounter notes revealed:</p> <p>a. On 11/6/23, resident seen for post hospitalization and CHF exacerbation. Orders included: to continue oxygen, monitor respiratory status, monitor edema, and monitor blood pressure.</p> <p>b. On 11/14/23, resident seen for CHF exacerbation. Resident took bumex 2 mg BID (twice a day) and aldactone 12.5 mg daily. Had 3+ bilateral leg edema. Orders to start Lasix 40 mg IM daily for 3 days. Continue to monitor edema.</p> <p>c. On 11/20/23, resident seen for an acute encounter to follow up on edema and medication changes. Resident had Lasix IM for 3 days. Edema improved and supplemental oxygen use decreased from 8 L to 6 L. Continue current medications and oxygen.</p>	F 684			

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F 684	<p>Continued From page 11</p> <p>d. On 11/27/23, seen for acute encounter to follow up on edema, abnormal labs, and medication changes. Attempted to discuss plan of care and difficulty balancing CHF and renal failure, and need for medication adjustment. Resident became angry and cursed at provider. Exam was complete but visit discontinued before rest of plan discussed. Pulse ox 95 %. Order for Prednisone 20 mg PO daily for 7 days.</p> <p>e. On 12/12/23, seen for edema and volume overload. Had 4 + edema. Pulse ox 92 % on 3 L per NC. Medication doses frequently adjusted due to renal failure and weight fluctuations. Orders for Lasix 40 mg IM daily for 5 days starting 12/12/23. Resident used treligy and albuterol inhalers, and supplemental O2.</p> <p>f. On 12/18/23, 12 lbs weight gain in 2 weeks. Resident continues to complain of SOB. Bumex and metolazone doses frequently adjusted due to renal failure and weight fluctuations.</p> <p>A Dr/ Nursing Communication fax revealed:</p> <p>a. On 11/21/23, weight increased 12.7 lbs in past week. Weight is 515.2 lbs. Resident compliance a challenge. Fax sent to Dr for review. The Dr responded back on 11/22/23 with orders for daily weights.</p> <p>b. On 11/27/23, resident refused AM bumex. States his kidneys are severely damaged. Resident seen by provider this AM. Printer/fax is down. Nurse has not seen any notes or orders yet, pending repair of machine. Resident stated he will take PM dose of bumex today. Dr responded back on 11/28/23: Prednisone started 11/27/23. Monitor respiratory status.</p> <p>During an interview on 12/12/23 at 7:50 AM, Resident #9 reported he had problems with kidneys retaining water and had to watch his</p>	F 684			

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F 684	<p>Continued From page 12</p> <p>sodium intake. He took Lasix and on fluid restrictions. His legs were very swollen. The resident reported he had gained a lot of weight due to fluid in his body. The resident stated he used a pro-air (albuterol) inhaler. He kept the inhaler in his room and used it when needed. He reported he had been out of the inhaler since Wednesday (12/6) last week. He told Staff A, Licensed Practical Nurse (LPN) on 12/6 it was low, she said she would get it ordered, then he told another nurse on Friday (12/8) he needed a new inhaler and she told him she would get it ordered. Resident #9 stated as of 12/12/23 he still didn't have the inhaler. He needed the inhaler to help with his breathing. It really helped him, but he can tell when he hadn't used the inhaler in awhile. The resident reported Staff B, LPN, told him she would order it today (12/12).</p> <p>Observations revealed the following:</p> <p>a. On 12/12/23 at 7:50 AM, Resident #9 sat in a chair in his room with O2 on via NC. O2 connected to an O2 concentrator with a humidifier bottle attached. The resident's legs were very swollen. Ace wraps on bilateral lower legs.</p> <p>b. On 12/12/23 at 10:25 AM, resident leaning over a table in a common area. Had O2 on via NC, and a portable O2 tank next to him. Resident #9 reported he just had his shower and had to catch his breath.</p> <p>c. On 12/12/23 at 10:30 AM, Resident #9 ambulated through the common area to the hall (approximately 15 foot) then leaned over the railing in the hallway. The resident reported since he didn't have his inhaler, it took him longer to catch his breath but he'll make it. It just took him awhile to get back to his room.</p> <p>d. On 12/12/23 at 10:33 AM, Resident #9 walked down the hall toward his room while he pushed</p>	F 684			

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F 684	<p>Continued From page 13</p> <p>an O2 tank in a holder, then again leaned over the railing in the hallway. Resident appeared short of breath but able to talk.</p> <p>e. On 12/12/23 at 10:38 AM, Resident #9 entered his room and sat on the bed.</p> <p>During an interview on 12/13/23 at 8:40 AM, Resident #9 reported the nurse told him he couldn't have his inhaler in his room because State won't let them. They would get in trouble for it. He got really mad about it and the nurse finally let him have his rescue inhaler at 5 AM, when his pulse ox was in the 80's. He is doing better now but his last pulse ox reading was at 88 %. The resident stated he really needed his inhaler to help open up his airway so he can breathe. The inhaler really helped his breathing. The resident reported he tried to weigh himself but sometimes he felt too short of breath to walk down to the scale to weigh.</p> <p>During an interview on 12/12/23 at 9:00 AM, Staff D, Certified Medication Assistant (CMA) reported whenever resident medication needed reordered, she clicked on the resident and the medication that needed ordered in the EMAR, click on "order", then "re-order". Staff D reported the pharmacy delivered the medication. Staff D reported whenever she worked, she typically had to reorder a number of medications because the card was empty or she dispensed the last pill from the medication card. Staff D provided an example of medications she had prepared and punched out the last pill on the card. Staff D demonstrated how to reorder the medication on the computer. Staff D stated she reordered medications frequently whenever she worked. The pharmacy always knew when she worked because of the number of medications she</p>	F 684			

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F 684	<p>Continued From page 14</p> <p>re-ordered. The pharmacy then delivered a tote full of medications later in the day. When asked if there was a system or protocol for when medication should be reordered, she pointed out the medication bubble cards had a "reorder" listed on it, indicating to reorder such as when there are five pills left. Inhalers reordered the same way on the computer if an inhaler running low. If a resident ran out of the inhaler, she checked the E-kit (emergency kit) to see if the medication inside, and pulled the medication from the E-kit.</p> <p>During an interview on 12/12/23 at 2:00 PM, Staff E, Registered Nurse (RN) reported the nurse or CMA reordered medication from pharmacy whenever they ran low on the medication. Staff E reported a nurse or CMA logged into the resident's EMAR, clicked on the medication, and clicked on "order" to reorder a medication. The pharmacy delivered the medication within a day.</p> <p>During an interview 12/13/23 at 10:00 AM, Staff C, CNA, reported the nurse gave her a list of residents who needed weighed. She had to get weights completed by end of her shift. The nurse documented the weights in the computer.</p> <p>During an interview 12/18/23 at 10:35 AM, the pharmacy confirmed an Albuterol inhaler dispensed and delivered to the facility on 11/27/23 and 12/12/23, and a Trilegy inhaler dispensed on 11/9/23 and 12/4/23 for Resident #9. The pharmacy reported facility staff faxed a request for a medication refill, sent a request electronically, or called the pharmacy whenever medication needed. The pharmacy reported they received a call from facility staff for Resident #9's inhalers in 12/2023 but had no record of a fax or</p>	F 684			

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F 684	<p>Continued From page 15 electronic reorder request on file.</p> <p>During an interview 12/18/23 at 1:20 PM, Staff A, LPN, reported medications reordered in the computer by clicking on the resident and the medication needed, click on "order", then "reorder" or she could remove the sticker from the medication card, place the sticker in the pharmacy book, and initial the form. She also pulled medication from the E-kit if needed. Staff A pulled up the EMAR for Resident #9 and reported the Albuterol inhaler had been ordered on 12/9/23. Staff A stated the facility didn't track when medication was delivered from the pharmacy. Medication most likely delivered later in the day when it was ordered. Staff A reported resident weights obtained by the CNA's. She gave the CNA's a list of residents who needed weighed, then documented the weights under the weight/vitals tab in the EHR. Staff A reported she sent Resident #9 to the hospital on 12/6 because he had abdominal pain and wanted to go to the hospital.</p> <p>During an interview 12/18/23 at 2:45 PM, the infection preventionist reported the nurses reordered medication on the computer whenever medication ran low or out. When reorder medication, go into the resident's EMAR summary, click on the medication needed, and click on "reorder". A date when the reorder was submitted will show up. The infection preventionist stated if medication ordered before 5:00 PM, the pharmacy delivered the medication by 9:00 PM. The infection preventionist stated residents could keep medication in their room but it depended on if they had an order to have the medication at the bedside, such as an emergency inhaler. They went by the resident BIMS and if</p>	F 684			

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F 684	<p>Continued From page 16</p> <p>the resident could use the medication on their own.</p> <p>During an interview 12/18/23 at 3:15 PM, Staff I, RN and Assistant Director of Nursing, reported a resident able to have medication in their room but they had to have an order for it, a lock box to put the medication in, and the resident had to demonstrate how to administer the medication. It's a resident's right to self-administer and keep the medication in their room.</p> <p>During an interview 12/19/23 at 8:25 AM, Staff H, LPN, reported they needed a Dr's order for a resident to self-administer medication. Staff H reported Resident #9 had an inhaler in his room. She told the resident she would send a fax to the Dr. Staff H stated she thought an assessment needed done on residents in order to for them to keep a medication in their room and self-administer the medication, but the assessment done by management. When she called the on-call Dr, the Dr said to reapproach and continue to educate the resident. On 12/19/23 AM, the resident brought it up to her again, and she sent another communication to the Dr this AM. Staff H voiced concern with over-use of the inhaler medication. She wanted the resident to let her know when he used the inhaler, so she could document when he used it. She sent a communication to the Dr when she worked, but then she was off a couple of days and thinks that's when things kind of got out of sorts and put on the back burner. She followed up on the inhaler when she came back to work. Staff H reported the AM shift normally obtained the resident's weight.</p> <p>During an interview 12/19/23 at 1:30 PM, Staff B,</p>	F 684			

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F 684	<p>Continued From page 17</p> <p>LPN, reported Resident #9 told her he needed his inhaler. She noticed he had an order for the Albuterol inhaler and contacted the pharmacy. The Albuterol inhaler was delivered later in the day. The resident didn't have an order to keep the inhaler in his room or to self-administer the inhaler. She told him they needed an order for that. Staff B reported an assessment needed in order to determine if a resident able to use or self-administer the medication. Staff B checked Resident #9's orders and stated as of 12/19, he had an order to self-administer the albuterol medication.</p> <p>During an interview 12/19/23 at 3:15 PM, the Corporate Nurse reported she got an order for Resident #9 to keep the albuterol inhaler in his room and she entered the order in the computer today (12/19/23). The Corporate Nurse reported Resident #9 not always compliant with getting weights and his diet. He ate a lot of fried foods and ordered pizza out a lot. He also got SOB and set his O2 at 7 L sometimes. The Corporate Nurse acknowledged staff could take the resident in a wheelchair to get weighed. They tried to weigh him on shower days. Staff should document in the progress notes if a resident refused to be weighed or refused other treatments, and the education that was provided to the resident.</p> <p>On 12/20/23 at 9:55 AM, the Corporate Nurse reported she checked Resident #9's record and reviewed his weights after she spoke with the surveyor on 12/19/23. She also followed up with Staff B about the resident's inhaler. Staff B told her she ordered the Albuterol inhaler on 12/12/23 when the resident told her he needed it. A pharmacy requisition showed albuterol inhaler</p>	F 684			

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F 684	<p>Continued From page 18</p> <p>delivered on 12/12/23 at 7:04 PM. The previous delivery occurred on 11/6/23. Resident weights are recorded on the TAR. Resident #9 sometimes refused weights in the AM and weighed himself in the afternoon or evening so staff entered those weights in the EHR under the "weights" section. The Corporate Nurse reported Resident #9 seen by the nurse practitioner on 11/6/23 after he got out of the hospital. He was hospitalized for CHF exacerbation and COPD. The provider saw the resident at the facility several times in the past couple of months. She found provider encounter notes in a pile of papers to be scanned. The provider is aware of the resident's weight gains and put him on IM Lasix.</p> <p>During an interview 12/20/23 2:40 PM, Staff E, RN, reported the amount of fluid a resident consumed during the shift documented on the TAR if a resident on fluid restriction.</p> <p>During an interview 12/20/23 at 3:00 PM, Staff L, RN, reported a resident who had a diagnoses of CHF not always placed on fluid restriction or daily weights. Staff L stated a Dr's order needed for daily weights or fluid restriction. Staff L stated she was not sure what nursing interventions she would do without a Dr's order for a resident with a history or diagnoses of CHF.</p> <p>In an email 12/20/23 at 3:32 PM, the Administrator wrote she was not been able to locate a policy for assessment or care of a resident with CHF.</p> <p>During an interview 12/20/23 at 4:00 PM, the Corporate Nurse reported no policy for assessment or care of a resident with a CHF</p>			F 684			

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F 684	<p>Continued From page 19 diagnoses.</p> <p>During an interview 12/21/23 at 9:10 AM, Staff A, LPN, reported no protocol or interventions put into place for residents who had a diagnoses of CHF, they just follow the Dr's orders, such as obtaining weights and using TED hose.</p> <p>During an interview 12/21/23 at 9:15 AM, the Corporate Nurse provided the surveyor information about CHF from the National Institute of Health (NIH). This would be a resource they would use to educate staff on what to do if a resident had CHF.</p> <p>During an interview 12/21/23 at 10:25 AM, the Clinic Nurse reported if a resident had a diagnoses of CHF, the provider would expect daily weights done and weight changes reported to the physician. Also to monitor the resident's respirations, pulse ox, signs of edema, and SOB. Fluid restrictions depended on lab results and the resident's kidney function.</p> <p>A document provided by the facility titled United States National Institute of Health: CHF revealed the treatment for CHF included monitoring and self-care. Knowing the symptoms and when heart failure is getting worse in order to help stay healthier and out of the hospital: Watch for changes in heart rate, pulse, blood pressure (b/p), and weight. Weight gain, especially over a day or two, could be a sign the body held onto extra fluid and heart failure worsening. It is very important to take medicine as directed to help treat heart failure.</p> <p>A Medication Reordering policy reviewed 12/2023 revealed the facility accurately and safely</p>	F 684			

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F 684	Continued From page 20 obtained medications in a timely manner to meet the needs of each resident. The nurse reordered the medication whenever six or less medication doses left.	F 684			
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. §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	F 690			

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F 690	<p>Continued From page 21</p> <p>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 clinical record review, observation, staff interview, and policy review the facility failed to provide incontinence care to prevent cross contamination and infection for two of three residents observed for incontinence care (Resident #11 and #12). The facility reported a census of 57 residents.</p> <p>Findings include:</p> <p>1. The Quarterly Minimum Data Set (MDS) assessment dated 11/11/23 revealed Resident # 11 had diagnoses of Alzheimer's disease and septicemia (infection in the blood). The MDS indicated the resident had a catheter, and took an antibiotic during the 7-day look-back period. The MDS revealed the resident had dependence on staff for toileting.</p> <p>The Care Plan initiated 5/10/23 and revised on 11/21/23 revealed the resident had self-care deficit in activities of daily living (ADL's) related to Alzheimer's disease and a recent hospitalization due to severe sepsis. The Care Plan directed staff to provide assistance of one for toileting, and use a Hoyer and two staff for transfers.</p> <p>During observation on 12/12/23 at 1:13 PM, Staff C, Certified Nursing Assistant (CNA), and Staff F, CNA, donned gloves. Staff C and Staff F connected sling straps to an EZ way mechanical lift while Resident #11 sat in a wheelchair. Staff F hung the catheter bag with urine on the mechanical lift bar, above the level of the</p>	F 690			

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F 690	<p>Continued From page 22</p> <p>resident's chest. Staff C and Staff F transferred the resident from the wheelchair to her bed, then hung the catheter bag on the bedframe. At 1:15 PM, Staff C and Staff F donned a pair of gloves. Staff C removed the tabs on Resident #11's brief, took disposable wipes and cleansed the resident's groin and front area. Staff F rolled the resident onto her left side. Staff C took disposable wipes and cleansed the resident's buttocks using a new wipe after each swipe. The resident had a small amount of stool present. Staff C used additional wipes and cleansed between the buttocks. Staff C placed a clean brief under the resident, rolled the resident onto her back, and attached the brief tabs. Staff C then reached into her uniform pocket, and pulled out an alcohol pad. Staff F obtained a graduate container and sat the container on a paper towel on the floor next to the resident's bed. Staff C removed the catheter port, unclamped the catheter, emptied the catheter bag contents into the graduate container, and resealed the port. Staff C used an alcohol pad and cleansed the end of the catheter port, then placed the port into the catheter bag holder. Staff C then removed her gloves and sanitized her hands.</p> <p>During an interview 12/18/23 at 2:45 PM, the Infection Preventionist (IP) reported she expected staff washed their hands upon entry or exit to the resident's room, before and after gloves use, and whenever went from a dirty to a clean area. The IP stated she expected gloves changed whenever visibly soiled or whenever staff went between clean and dirty tasks. The IP reported a catheter needed placed below the level of the bladder even during a transfer.</p> <p>During an interview 12/18/23 at 3:15 PM, Staff I,</p>	F 690			

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F 690	<p>Continued From page 23</p> <p>Assistant Director of Nursing, stated she expected gloves changed before and after cares, and whenever going between dirty to clean area or tasks. Staff I reported she expected staff sanitized their hands before and after cares.</p> <p>An undated Perineal Care policy revealed perineal care provided to all incontinent residents as needed to promote cleanliness, prevent infection, and prevent skin breakdown. The perineal care included the following procedural steps:</p> <ol style="list-style-type: none"> Perform hand hygiene and don gloves Set up supplies Cleanse buttocks and anus front to back; vagina to anus in females. Use a separate washcloth or wipe. Thoroughly dry area. Reposition resident in supine (on back) position Change gloves if soiled and continue perineal care. Cleanse perineum front to back. Use a new disposable wipe with each stroke. Turn resident on side and cleanse the anal area starting at the posterior vaginal opening and wipe front to back. Remove gloves. Perform hand hygiene. <p>A facility's Catheter Care policy reviewed 12/2023 revealed drainage bag kept below the level of the bladder to discourage backflow of urine.</p> <p>A facility's hand hygiene policy reviewed 12/2023 revealed all staff shall perform proper hand hygiene procedures to prevent the spread of infection to others. Hand hygiene entails cleaning hands with soap and water or an alcohol-based hand rub. Hand hygiene required whenever</p>			F 690			

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F 690	<p>Continued From page 24</p> <p>hands are visibly soiled or contaminated with blood or body fluids, before and after removal of gloves, and whenever moved from a contaminated body site to a clean body site. The use of gloves does not replace hand hygiene.</p> <p>2. The Quarterly MDS assessment dated 10/14/23 revealed Resident #12 had diagnoses of dementia. The resident had a BIMS score of 6, indication cognition severely impaired. The MDS documented the resident had incontinence and had dependence on staff for toileting and lower body dressing.</p> <p>The Care Plan revised 4/19/23 revealed the resident had a self-care deficit and required assistance with ADL's and incontinence. The Care Plan staff directives included assistance of two for peri-care and incontinence episodes.</p> <p>During observation on 12/12/23 at 9:35 AM, Staff C, CNA, donned a pair of gloves and removed the tabs on the resident's brief. Staff C took a disposable wipe, cleansed the resident's right groin, then folded the wipe and cleansed the left groin. Staff C pushed the resident's brief further down using her gloved hand, then took disposable wipes and cleansed the perineal area. Staff C rolled the resident onto her left side then removed the soiled brief. The resident had a large amount of stool present on her buttocks and skin. Staff C took disposable wipes and cleansed the buttocks. Staff C continued to use disposable wipes to cleanse the buttock area even though she had stool on her glove. Staff C then tried to remove one glove on her right hand with the soiled glove on her left hand as she leaned her right arm on the resident's hip. Staff C then took additional wipes to cleanse between the buttocks.</p>	F 690			

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F 690	Continued From page 25 Staff C tucked a clean brief under the resident, then rolled the resident onto her back. Staff C changed her gloves and pulled the resident's brief up, removed the soiled pad on the bed, and attached the brief tabs. Staff C took the bed control, lowered the bed toward the floor, placed a mat on the floor by the bed, then changed her gloves. An undated Infection Control Preventing the Spread of Infection in-service training guide revealed the facility maintained a safe, sanitary, and comfortable environment to help prevent the transmission of communicable diseases and infections.	F 690			
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and	F 725			

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F 725	<p>Continued From page 26</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, observations, staff interview, and policy review, the facility staff failed to ensure resident's call light within reach for two of nine residents reviewed for call light response and accessibility (Resident #11 and Resident #12). The facility reported a census of 57 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 11/11/23 revealed Resident # 11 had diagnoses of Alzheimer's disease. The MDS revealed the resident had a Brief Interview for Mental Status score of 5, indicating cognition severely impaired. The MDS documented the resident dependent for toileting, and required substantial to maximal assistance for transfers. The MDS documented the resident had two or more falls since admission.</p> <p>Resident #11's Care Plan initiated 5/17/23 and revised on 11/21/23 revealed the resident had a risk for falls related to gait and balance problems, and unaware of safety needs. The Care Plan directed staff to ensure the resident's call light within reach, encourage the resident to use the call light for assistance as needed, and provide a prompt response to all requests for assistance.</p>	F 725			

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F 725	<p>Continued From page 27</p> <p>2. The MDS assessment dated 10/14/23 revealed Resident #12 had diagnoses of dementia. The MDS revealed the resident had a BIMS score of 6, indicating cognition severely impaired. The MDS documented the resident had dependence on staff for transfers.</p> <p>Resident #12's Care Plan revised on 6/9/22 revealed the resident had falls related to impaired balance and poor safety awareness. The Care Plan directed staff to place the call light within reach.</p> <p>Observations revealed the following:</p> <p>a. On 12/12/23 at 9:20 AM, Resident #11 lying in bed. A mat lying on the floor by the bed. The call light was draped over the air mattress control box, and the call light push button hung near the floor at the end of bed and out of reach of the resident. A sign on the wall revealed for the resident to use her call light for things out of reach.</p> <p>b. On 12/12/23 at 9:25 AM, Staff C, Certified Nursing Assistant (CNA), reported another aide helped her put Resident #11 back in bed.</p> <p>c. On 12/12/23 at 10:55 AM, Resident #11 lying in bed. The call light remained at the end of the bed out of reach.</p> <p>d. On 12/12/23 at 12:50 PM, Staff A, Licensed Practical Nurse (LPN) wheeled Resident #11 in a wheelchair from the dining room to her room. At 12:55 PM, Staff A wheeled Resident #12 in a wheelchair to the same room as Resident #11. At 1:00 PM, Resident #11 and Resident #12 sat in their wheelchair in their room facing each other. The call light for Resident #11 remained draped over the air mattress control box at the end of the bed and the call button hung near the floor out of reach of the resident. Resident #12 sat in a</p>	F 725			

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F 725	Continued From page 28 wheelchair in the middle of the room and the call light out of reach. At 1:13 PM, Staff C and Staff F, CNA provided cares for Resident #11. Staff F then placed the call light by the resident and left the room. During an interview 12/18/23 at 2:45 PM, the Infection Preventionist reported she expected the call light clipped to the resident or placed by the resident. Staff should ensure the resident had their call light in reach. During an interview 12/18/23 at 3:15 PM, Staff I, Assistant Director of Nursing, reported she expected the call light placed in reach of the residents. Review of the facility's Call Light Accessibility and Timely Response policy reviewed 12/2023, revealed staff will ensure the resident's call light within reach and secured as needed to allow the resident to call for assistance.	F 725			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper	F 761			

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F 761	<p>Continued From page 29</p> <p>temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews, and policy review, the facility failed to ensure treatment and medication carts kept locked when not attended by staff for 3 of 4 treatment carts observed. The facility reported a census of 57 residents.</p> <p>Findings include:</p> <p>Observations revealed the following:</p> <p>a. On 12/11/23 at 12:25 PM, a treatment cart on the 400-500 Hall sat by the wall with drawers facing outward, and cart unlocked. The treatment cart drawers contained various medicated creams and treatments, such as wound cleanser, dakin's solution, ascetic acid solution, Nystatin, and betadine solution</p> <p>b. On 12/12/23 at 10:20 AM the treatment cart on the 200 hall appeared to be locked, however when pulled on the drawer the drawer opened. At the time, Staff E, Registered Nurse (RN) reported it's a manufacturer error. If the lock button is pushed in, it is expected the cart is locked, but if the drawer isn't pushed all the way in it won't lock.</p>	F 761			

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F 761	<p>Continued From page 30</p> <p>Staff E stated the staff assigned to the 200 hall cart is an agency staff and she wouldn't know that. Staff E didn't know what kind of training the agency staff received before worked the floor and passed medications. Agency nurse educated to ensure the drawers on the cart are all in before the cart locked. At 10:30 AM, Staff K, Licensed Practical Nurse (LPN), stated she thought she locked the treatment cart on the 200 hall.</p> <p>c. On 12/12/23 at 10:45 AM the treatment cart on the 300 hall unlocked. At 10:50 AM, the Corporate Nurse walked up to treatment cart, stated "they're going to have to find it", then pushed the treatment cart into a room labeled "nursing office". The Corporate Nurse told staff in the office there was a problem with the lock not sticking and the drawers could be opened even though the cart looked locked. Staff J, LPN, walked out of the office and started checking drawers on the medication and treatment carts in the other halls.</p> <p>d. On 12/12/23 at 11:00 AM, the 100 hall treatment cart found unlocked. The treatment cart contained resident treatments such as wound cleanser, betadine, and ascetic acid. At 11:02 AM, Staff A, LPN, walked out of a resident's room and locked the cart. Staff A told the surveyor she just went into a resident's room to check on a resident.</p> <p>e. During observations on 12/13/23 at 9:00 AM, Staff A laid dressing supplies on a paper plate on the treatment cart. Staff A reported she needed to find a CNA (certified nursing assistant) to assist her, then walked down the 100 hall toward the activity hall and dining room. Staff A left the treatment cart on the 100 Hall unlocked. Staff A</p>	F 761			

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F 761	<p>Continued From page 31</p> <p>then walked past the same treatment cart and into Resident #11's room. The treatment cart on the 100 hall remained unlocked.</p> <p>During an interview 12/12/23 at 11:05 AM, Staff B, LPN reported she was sure she locked the 100 hall treatment cart before she went to do a treatment for Resident #9. Staff B reported they had trouble with the drawers locking on the carts.</p> <p>During an interview 12/12/23 at 1:20 PM, the Corporate Nurse reported she called the pharmacy to send a technician to the facility to look at the carts that are not locking due to the drawer sliding out.</p> <p>During an interview 12/18/23 at 1:20 PM, Staff A, LPN, reported she let maintenance know whenever equipment not working.</p> <p>During an interview 12/18/23 at 1:45 PM, Staff G, CNA, reported she told maintenance about broken equipment or when equipment not working properly.</p> <p>During an interview 12/18/23 at 3:15 PM, Staff I, Assistant Director of Nursing, reported she expected staff always locked medication and treatment carts. Staff I stated a sign placed on the treatment carts last week to remind staff to lock the cart.</p> <p>During an interview 12/19/23 at 3:15 PM, the Corporate Nurse reported a pharmacy technician came to the facility and checked the treatment and medication carts because the drawers on the carts not locking. The drawer tracks get dirty and then the drawers don't close like they should, preventing the cart from locking. The pharmacy</p>	F 761			

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F 761	Continued From page 32 serviced the treatment and medication carts.	F 761			
F 835 SS=F	<p>A Medication Storage policy reviewed 12/2023 revealed all medications and biologicals stored in locked in medication storage area or carts.</p> <p>Administration CFR(s): 483.70</p> <p>§483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on facility record review, policy review, and staff interviews, the facility failed to have an effective quality assurance (QA) program in place to assist in the provision of quality care for residents and attain substantial compliance with Federal regulations and State rules. The facility identified a census of 57 residents.</p> <p>Findings include:</p> <p>Review of the Department of Inspections, Appeals and Licensing (DIAL) website under the facility's visit history revealed repeated deficient practices identified during the facility's annual survey 5/31/22 and 8/16/23, complaint investigations completed 8/16/23 and 10/31/23, and the current complaint investigations. The repeat deficiencies cited included:</p> <p>F658 cited 5/31/22, 8/16/23, 10/25/23, and during the current survey F684 cited 8/16/23, 10/25/23 and during the</p>	F 835			

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F 835	<p>Continued From page 33 current survey. F690 cited 8/16/23 and during the current survey F725 cited 8/16/23, 10/25/23 and during the current survey F761 cited 10/25/23 and during the current survey F880 cited 8/16/23 and during the current survey</p> <p>A Quality Assurance and Performance Improvement Plan (QAPI)) Plan established 7/2023 revealed the QAPI as a systematic approach for improving quality of care and services provided to the residents. The QAPI focused on systems and processes, identified system gaps, and identified root causes of concern. The principles guided what the facility does, why it does it, and how it does it. The QAPI committee set priorities for performance improvement projects (PIP) giving priority to issues identified as high risk, high volume, and those that fall within problem prone areas. The QAPI identified areas for improvement, developed plans of correction, and monitored system progress to ensure interventions or actions implemented made effective and sustained improvements. Policies also established to ensure the QAPI program kept sustained during transitions in leadership and staff turnover.</p> <p>In an interview 12/21/23 at 2:30 PM, the Director of Clinical Services and Administrator reported awareness of repeated deficiencies cited during the past couple of surveys and the current survey. The Director of Clinical Services reported they were cited for the same tag but for different reasons and didn't hit the mark. They came up with a new way to fix the problem and implemented new interventions to address the concerns.</p>	F 835			

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F 880 SS=E	<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> <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>	F 880			

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F 880	<p>Continued From page 35</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: Based on clinical record review, observation, staff interview, and policy review, the facility failed to ensure staff performed hand hygiene prior to or after completion of treatment and dressing change, failed to cleanse a wound after a soiled dressing removed and before application of new treatment products per physician's orders, and failed to change gloves when went from a dirty to a clean area for one of two resident treatments observed (Resident #11). The facility also failed to change gloves and sanitize hands after</p>	F 880			

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F 880	<p>Continued From page 36</p> <p>performed incontinence care and before touched other objects such as a bed control or catheter for two of three residents observed for incontinence care (Resident #11 and #12) The facility staff also failed to wear gloves when a blood sugar performed for one of two blood sugar checks observed. The facility reported a census of 57 residents.</p> <p>Findings include:</p> <p>1. The Quarterly Minimum Data Set (MDS) assessment dated 11/11/23 revealed Resident # 11 had diagnoses of septicemia (infection in the blood) and an open wound on her left buttock. The MDS indicated the resident had a Stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon or muscle) and took an antibiotic during the 7-day look-back period.</p> <p>The Care Plan initiated 5/17/23 and revised on 10/17/23 revealed the resident had a stage 4 pressure ulcer on her sacrum related to immobility. The Care Plan directed staff to administer treatments per physician's orders and monitor for effectiveness.</p> <p>The Order Summary Report revealed treatment orders to cleanse the sacrum wound with Vashe (an antimicrobial wound cleanser), apply a nickel-thick layer of Santyl to the wound bed, pack collagen loosely inside the wound, and cover with a foam border dressing once a day and as needed started on 12/5/23.</p> <p>The Treatment Administration Record (TAR) dated 12/1/23 to 12/31/23 revealed Vashe wound solution to the sacrum topically once a day started on 12/6/23. The TAR 12/13/23 at 8:54</p>	F 880			

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F 880	<p>Continued From page 37</p> <p>AM revealed Staff A's initials documented on the administration of the Vashe topical solution.</p> <p>During observations on 12/13/23 at 9:05 AM, Staff A, Licensed Practical Nurse (LPN), placed dressing supplies on a paper plate on an overbed table next to the resident's bed and placed a bottle of Vashe wound cleanser on the table. Staff A donned a pair of gloves. Staff C, certified nursing assistant (CNA), donned a pair of gloves and rolled the resident onto her left side. Staff A removed the resident's brief, then removed the dressing to the resident's coccyx area, and placed the soiled dressing into a trashbag. Staff A opened a package of Q-tips, calcium alginate, and a foam border dressing, and placed the supplies on a paper plate. Another paper plate and two 4x4 gauze dressings fell off the overbed table onto the floor. Staff A said it's a good thing she didn't need those. Staff A took a Q-tip, squeezed Santyl onto the end of the Q-tip, then placed the Santyl inside the wound bed. Staff A applied calcium alginate and a border foam dressing to the coccyx wound, then removed her gloves. Staff A did not perform hand hygiene or wash her hands prior to or after completion of treatment and dressing change, did not cleanse the coccyx wound after she removed the soiled dressing and before application of new treatment products, and failed to change gloves when she went from a dirty to a clean area.</p> <p>During an interview 12/18/23 at 2:45 PM, the Infection Preventionist (IP) reported she expected staff washed or sanitized their hands before and after gloves changed, and whenever went from a dirty to a clean area. The IP reported she expected staff changed gloves whenever gloves visibly soiled, and whenever went between dirty to</p>	F 880			

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F 880	<p>Continued From page 38 clean tasks.</p> <p>During an interview 12/18/23 at 3:15 PM, Staff I, Assistant Director of Nursing, stated she expected gloves changed before and after a treatment performed, and whenever went between a dirty to clean area or task. Staff I reported she expected staff sanitized their hands before and after treatments.</p> <p>A facility's Clean Dressing Change policy reviewed 12/2023 revealed wound care provided in a manner to decrease the potential for infection and cross-contamination. The procedural steps included:</p> <ol style="list-style-type: none"> Place a disposable cloth on the overbed table with needed supplies for wound cleansing and dressing application. Wash hands and don gloves. Remove existing dressing. Remove gloves. Wash hands and don gloves. Cleanse the wound as ordered and pat dry with a gauze. Apply topical ointment and dressing to the wound as ordered. Remove gloves Wash hands. <p>A facility's Wound Treatment Management policy reviewed 12/2023 revealed the facility provided treatments in accordance with standards of practice and physician's orders.</p> <p>2. During observation on 12/12/23 at 9:35 AM, Staff C, CNA, provided incontinence care for Resident #12. Staff C pulled the resident's brief up, removed the soiled pad on the bed, then took the bed control, lowered the bed toward the floor,</p>	F 880			

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F 880	<p>Continued From page 39</p> <p>and placed a mat on the floor by the bed. Staff C then changed her gloves.</p> <p>During an interview 12/18/23 at 2:45 PM, the Infection Preventionist (IP) reported she expected staff washed or sanitized their hands before and after gloves changed, and whenever went from a dirty to a clean area. The IP reported she expected staff changed gloves whenever gloves visibly soiled, and whenever went between dirty to clean tasks.</p> <p>An undated Perineal Care policy revealed gloves changed whenever soiled.</p> <p>A Personal Protective Equipment policy reviewed 12/2023 revealed gloves changed and hand hygiene performed whenever went between dirty and clean tasks and when heavily contaminated.</p> <p>3. During observation on 12/12/23 at 1:13 PM, after Staff C provided incontinence care for Resident #11, she placed a clean brief under the resident and attached the brief tabs. Staff C wore the same gloves, reached into her uniform pocket, and obtained an alcohol pad. Staff C then removed the catheter port, and emptied the catheter bag contents into a graduate container. Staff C took the alcohol pad and cleansed the end of the catheter port, placed the port into the catheter bag holder. Staff C then removed her gloves and sanitized her hands.</p> <p>During an interview 12/18/23 at 2:45 PM, the Infection Preventionist (IP) reported she expected staff washed or sanitized their hands before and after gloves changed, and whenever went from a dirty to a clean area. The IP reported she expected staff changed gloves whenever gloves</p>	F 880			

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F 880	<p>Continued From page 40</p> <p>visibly soiled, and whenever went between dirty to clean tasks.</p> <p>An undated Perineal Care policy revealed gloves changed whenever soiled.</p> <p>A Personal Protective Equipment policy reviewed 12/2023 revealed gloves changed and hand hygiene performed whenever went between dirty and clean tasks and when heavily contaminated.</p> <p>4. Observation on 12/12/23 at 11:10 AM, Staff A, Licensed Practical Nurse, took a lancet and poked Resident #7's finger without gloves on. Staff A squeezed the resident's finger to obtain a drop of blood. Staff A looked up and saw the surveyor, then said, "Oh I forgot my gloves". Staff A then donned a pair of gloves, placed a drop of blood on a strip inside the blood sugar machine, and removed her gloves. At 11:12 AM, Resident #7 reported to Staff A her finger was bleeding. A large drop of blood present on the resident's finger. Staff A stated she didn't hold the gauze on long enough. Staff A applied a bandaid to the resident's finger without gloves worn.</p> <p>During an interview 12/18/23 at 2:45 PM, the Infection Preventionist stated she expected gloves worn whenever staff performed a blood sugar, and anytime a potential contact with blood or body fluids.</p> <p>During an interview 12/18/23 at 3:15 PM, Staff I, Assistant Director of Nursing, stated she expected gloves worn whenever a blood sugar performed and anytime staff dealt with bodily fluids.</p> <p>A Standard Precautions Infection Control policy</p>	F 880			

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F 880	<p>Continued From page 41</p> <p>reviewed 10/2022 revealed all staff shall assume residents are potentially infected or had an organism that could be transmitted during provision of cares. All staff shall adhere to standard precautions to prevent the spread of infection to residents. All staff must wear personal protective equipment whenever had contact with residents and a likely exposure to blood or body fluid.</p> <p>A blood glucose monitoring policy reviewed 12/2023 revealed the nurse will abide by infection control practices. The procedural steps included to don gloves prior to using lancet to puncture the resident's finger.</p> <p>A facility's Hand Hygiene policy reviewed 12/2023 revealed all staff shall perform proper hand hygiene procedures to prevent the spread of infection to others. Hand hygiene entails cleaning hands with soap and water or an alcohol-based hand rub. Hand hygiene required whenever hands are visibly soiled or contaminated with blood or body fluids, between resident contacts, after handled contaminated objects, before invasive procedures, before and after removal of gloves, before and after handling clean or soiled dressings, whenever moved from a contaminated body site to a clean body site. The use of gloves does not replace hand hygiene.</p>	F 880			