

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/21/2022
NAME OF PROVIDER OR SUPPLIER  West Suburban Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  311 Edgewater Drive Bloomington, IL 60108	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0603</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45303</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from abuse/involuntary seclusion in his room.</p> <p>This failure resulted in R2 being involuntarily secluded in his room when an unidentified person tied a plastic bag from R2's door handle to the hallway hand rail, preventing R2 from being able to exit his room.</p> <p>This failure resulted in Immediate Jeopardy.</p> <p>The Immediate Jeopardy was noted to begin on July 3, 2022, when the facility failed to ensure a resident was free from abuse/involuntary seclusion when an unidentified person tied a plastic bag from R2's door handle to the hallway hand rail, preventing R2 from being able to exit his room. The Immediate Jeopardy was identified on July 14, 2022. V1 (Administrator) and V2 (DON/Director of Nursing) were notified of the Immediate Jeopardy on July 14, 2022, at 12:53 PM. The surveyor confirmed by observation, interview, and record review that the Immediate Jeopardy was removed on July 15, 2022, at 4:40 PM, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the plan of correction, including in-service training of staff.</p> <p>This applies to 1 of 3 residents (R2) reviewed for involuntary seclusion in the sample of 6.</p> <p>The findings include:</p> <p>On July 12, 2022, at 8:55 AM, R2 was ambulating in his room. Due to R2's cognitive status he was not able to be interviewed. R2 was walking back and forth from his bed to his doorway, opening and closing his room door with ease without staff assistance or the assistance of a mobility device.</p> <p>On July 14, 2022, at 2:17 PM, R2 was ambulating from his room to the hallway without staff assistance or the assistance of a mobility device.</p> <p>R2's EMR (Electronic Medical Record) showed R2 was admitted to the facility on [DATE], 0 with multiple diagnoses including: toxic encephalopathy, dementia, anxiety, depression, and falls. The EMR continued to show R2 has resided on a secured unit since June 13, 2022.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0603</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a general tour of the facility on July 12, 2022, at 8:53 AM, the second floor of the facility was noted to have four separate units. Two of the units were unsecured units. Two additional units were secured units. To enter the first secured dementia unit where R2 resides, no code is required for entry, but to exit the secured unit, a security code is required. The second secured unit required a security code to enter and exit the unit.</p> <p>R2's MDS (Minimum Data Set) dated May 25, 2022, showed R2 had severe cognitive impairment. The MDS continued to show R2 did not require the assistance of a mobility device.</p> <p>R2's care plans entitled Potential Abuse-Neglect, initiated on May 25, 2022, showed [R2]'s comprehensive assessment . is at risk due to being a vulnerable person. [R2] demonstrates: depression, impaired cognition/communication, inadequate coping skills and diagnosis of dementia. [R2] benefits from daily cueing and reminders from staff. R2's care plan showed multiple interventions initiated on May 25, 2022, including, observe [R2] for signs of fear &amp; insecurity during delivery of care. Take steps to calm the resident &amp; help him feel safe. R2's care plan, entitle, Physical and Psychosocial Needs, initiated on May 25, 2022, showed I display compromised mental status and I demonstrate movement behavior (wandering, pacing or roaming). I have trouble understanding the immediate environment. Symptoms include: pacing, roaming, or wandering in and out of rooms; demonstrating signs and symptoms of mood distress, for example, poor appetite, insomnia (often up at night, wandering and pacing, anxious). R2's care plan showed multiple interventions initiated on May 25, 2022, including, If I leave the building or go into a peer's room or become aggressive, redirect me by: use distraction or 'therapeutic fib' techniques with me . Avoid saying 'no' or 'you don't belong here' or using negatives in general. Tell me what can be done.</p> <p>The facility's undated initial report to the State Agency transmitted on July 4, 2022, at 4:10 AM UTC (Universal Time Coordinated), showed it was reported R2 received inappropriate care. The report continued to show immediate action taken: investigation initiated, family and physician notified, physical assessment done with no concerns noted, social service aware and performing well being checks, resident's needs were met via plan of care, care plans updated, and final report within five days.</p> <p>The facility's undated final report to the State Agency transmitted on July 12, 2022, at 12:09 AM UTC, showed a conclusion that it was reported R2's door was obstructed. Staff immediately removed obstruction and opened door to find R2 comfortably in the room. R2 is unable to say what happened. No person could be determined as responsible. All staff and residents on the unit interviewed, with none noting seeing the obstruction or it happening. R2 is safe and comfortable in the facility. Staff commended for immediately addressing and reporting. Assessment on R2 noted without concern or awareness of brief situation. Potential obstruction removed from unit. Family and physician aware of findings. Well-being checks in place. This will serve as the final report.</p> <p>On July 12, 2022, at 7:56 PM, V11 (CNA/Certified Nursing Assistant) said, On July 3, 2022, I started my rounds around 3:05 PM and saw [R2]'s door was tied shut with a plastic bag. I went and got [V13] (RN/Registered Nurse) right away and we cut the bag off [R2]'s door. Once the bag was cut, we still could not get the door open because [R2] was hanging on the door and pulling on the door knob. It took about ten minutes to get the door open after it was discovered.</p> <p>On July 13, 2022, at 11:55 AM, V9 (LPN/Licensed Practical Nurse) said, I was the nurse caring for [R2] on July 3, 2022 and had last seen [R2] at about 1:00 PM on July 3, 2022.</p> <p>(continued on next page)</p>		

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<p>F 0603</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On July 13, 2022, at 1:02 PM, V13 (RN) said, On July 3, 2022, we were short staffed that day with nurses and CNAs. Around 1:30 PM, on July 3, 2022, [R2] came out of the secured unit which is where he resides. [R6] started yelling at [R2]. I sent [R2] back to the secured unit, but he came back out again. [R6] looked like he was going to hit [R2]. I was able to get [R2] back to the secured unit. [R6] went downstairs to report this to [V14] (Housekeeping Director/Manager on Duty). [V14] and [V31] (Housekeeper) came upstairs and helped to supervise [R2] to keep him in the secured unit. [V14] and [V31] left the unit and went back downstairs around 2:00 PM. Before [V14] left, I asked him to stay because we needed the extra help to keep [R2] safe. The last time I saw [R2] was before 2:00 PM, and I did not see his room door because I did not know which room was his. The next shift started arriving around 3:00 PM on July 3, 2022. At 3:15 PM on July 3, 2022, I told [V11] (CNA) to go to the secured unit, and I went to another resident's room for about five minutes. When I came out of the other resident's room, [V11] was waiting for me at the nurse's station and asked if [R2]'s room was supposed to be tied shut. We rushed to [R2]'s room and I saw a plastic bag tied from the door handle of [R2]'s room to the handrail in the hallway. Because the bag was tied from the door handle to the handrail, the door could not be opened. I called through [R2]'s closed door, and he started pulling on the door handle, trying to open the door from inside his room. [V11] went and got scissors and cut the bag, but we still could not open the door. I called [V14] to let him know we could not get the door open, so I was not there when [V11] opened the door.</p> <p>On July 3, 2022, at 2:36 PM, V13 documented, R6 was very verbally aggressive, chasing another resident to the secured unit hall doors, toward the dining room trying to hit the resident with his leg. V13 continued to document R6 went to the first floor nurse manager on duty.</p> <p>R6's MDS, dated [DATE], showed R6 was cognitively intact. The MDS continued to show R6 was admitted to the facility on [DATE].</p> <p>On July 13, 2022, at 9:39 AM, R6 said, [R2] used to wander the hall with his hands in his pants and touch other people's food trays. [R2] was moved to the [secured unit]. [R2] came out of the [secured unit] on July 3, 2022. The staff were not supervising him. I cannot stand [R2].</p> <p>On July 13, 2022, at 2:01 PM, V14 said, I sat at the nurse's station for about ten to fifteen minutes on [DATE], but I could not stay because I was too busy. That was at about 1:45 PM.</p> <p>On July 15, 2022, at 12:38 PM, V29 (Psychiatrist) said, I just heard about [R2]'s incident on July 3, 2022, yesterday (July 14, 2022). I would expect them to inform me about this incident. When [R2] was involuntarily secluded, he would be more anxious, and panicky, and agitated. Staff could have protected [R2] by making sure he could not exit the secured unit he resides on. [R2] should not have been contained to his room by having a bag tied to his door, which is intentional seclusion.</p> <p>On July 14, 2022 at 1:58 PM, V4 (Agency CNA) said, If I was locked in a room I would be very upset.</p> <p>On July 14, 2022, at 2:01 PM, V9 (LPN), said, I would feel very bad if I got locked in a room.</p> <p>On July 14, 2022, at 2:03 PM, V23 (Agency CNA) said, I would be upset if I was locked in a room and could not get out.</p> <p>On July 14, 2022, at 2:06 PM, V24 (Housekeeper) said, I would be scared if I was locked in a room I could not get out of.</p> <p>(continued on next page)</p>		

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<p>F 0603</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On July 14, 2022, at 2:12 PM, V26 (Activity Aide) said, If I was locked in a room, I would feel bad.</p> <p>On July 14, 2022, at 2:18 PM, V25 (Agency LPN) said, I would feel terrible and upset if I was locked in a room.</p> <p>On July 14, 2022, at 2:58 PM, V27 (Agency CNA) said, I would be scared if I was locked in a room I could not get out of.</p> <p>On July 14, 2022, at 3:03 PM, V28 (CNA) said, If I was locked in a room, I would do everything I could to escape that room.</p> <p>The facility's undated policy entitled, Abuse Prevention Program, showed Policy: It is the policy of this facility to prevent resident abuse, neglect, mistreatment and misappropriation of resident property. Each resident receives care and services in a person-centered environment in which all individuals are treated as human beings. The following procedures shall be implemented when an employee or agent becomes aware of abuse or neglect of a resident, or of an allegation of suspected abuse or neglect of a resident by a third party. Abuse Reporting: Policy- this facility will not tolerate resident abuse or treatment by anyone, including staff members, other residents, consultants, volunteers, staff of other agencies, family members, legal guardians, friends or other individuals . For the purposes of this policy, and to assist staff members in recognizing abuse, the following definitions shall pertain . 5. Involuntary Seclusion: Separation of the resident from other residents or from his or her room or confinement to his or room (with or without roommates) against the resident's will, or the will of the resident's legal guardian or representative.</p> <p>The facility's undated policy entitled, Physical Restraints/Seclusion, showed Policy: It is the policy of the facility to use physical restraint only as a last resort and only after every other alternative to a physical restraint (based on assessment) that seemed to have the potential for being used successfully, has been tried, and has failed. The use of a physical restraint and/or device is to enable and promote functioning at the highest practicable physical, mental or psychosocial well-being. It will be used only after the resident has been assessed and it has been determined by the IDT (Interdisciplinary Team) that the restraint to be used is the least restrictive. Note: The facility does not practice 'seclusion' of residents for any reason with the only exception being used for monitoring a resident for a limited period of time to reduce agitation until professional staff can formulate a successful plan of care.</p> <p>Through observation, interview, and record review conducted on July 18, 2022, the surveyor confirmed that the facility took the following actions to remove the immediacy of the situation:</p> <p>The housekeeping carts will be monitored in all halls at least daily seven days weekly by the Administrator/DON/Nurse Manager to ensure that no trash bags are accessible to a passerby. This monitoring will be done for four weeks. Afterwards, this monitoring will continue three days weekly for a period of not less than six months to ensure ongoing compliance. After that, random monitoring will occur ongoing. Any concerns will be immediately addressed if found.</p> <p>(continued on next page)</p>		

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<p>F 0603</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>All halls will be toured at least daily seven days weekly by the Administrator/DON/Nurse Manager to ensure that no doors of resident rooms are barricaded. And that no circumstances of involuntary seclusion exist. This monitoring will be done for four weeks. See attached audit tool. It will include various shifts as well as some weekend days. Afterwards, this monitoring will continue three days weekly for a period of not less than six months to ensure ongoing compliance. After that, random monitoring will occur ongoing. Any concerns will be addressed if found.</p> <p>A member of the Regional Team, (RDO/Regional Director of Operations and RNC/Regional Nurse Consultant), will monitor housekeeping carts and tour the halls at least weekly for four weeks for additional oversight. The Regional Team, (RNC/RDO), member will review the monitoring being done by facility staff on the housekeeping carts and hall tours at this time. Any concerns will be addressed if found.</p> <p>At an in-service held July 14, 2022, for the Administrator and conducted by the RDO, the Abuse Policy was reviewed and discussed in detail, to include the Administrator's role in handling any allegation of abuse.</p> <p>At an in-service held July 14, 2022, for the DON and conducted by the RNC, the Abuse Policy was reviewed and discussed in detail, to include the DON's role in handling any allegation of abuse.</p> <p>At an in-service held for all staff on July 14, 2022, and conducted by, Administrator/DON/Nurse Manager, with Regional Team input, (RNC/RDO), the following was reviewed and discussed:</p> <p>Abuse Policy---with emphasis on different types to include seclusion to include: (any of the following scenarios, against the resident's will or the will of the resident's representative)</p> <p>a) Separation of a resident from other residents</p> <p>b) Separation of a resident from their room</p> <p>c) Confinement to his/her (resident's) room with or without roommate</p> <p>What should you do if you find a resident who is secluded</p> <p>a) Immediately stop the seclusion and intervene to provide resident safety</p> <p>b) Immediately assess resident head to toe for any injury or harm to include emotional upset</p> <p>c) Notify the Abuse Coordinator for further guidance and instruction, Abuse Policy will be implemented</p> <p>Use of trash bags within the facility to include:</p> <p>a) What type of bags are to be used and where they are to be used</p> <p>b) Where these bags are stored, and how to obtain a bag should you as a staff member need one</p> <p>(continued on next page)</p>		

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<p>F 0603</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>c) Inappropriate use of bags: tied to a door, anywhere in a resident bed, near a heating element etc.</p> <p>d) Questions/Answers</p> <p>Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. New agency staff who come to the facility after hours or weekends will be provided an educational packet regarding abuse, specifically related to involuntary seclusion and the prompt reporting of injuries of unknown origin. The education will be provided via phone through Administrator, designee, or charge nurse in the building. No staff will work after July 15, 2022, unless they have been in-serviced. This includes agency staff, PRN (as needed) staff, any staff on any type of vacation or leave, newly hired staff or any other staff. This education will be conducted by Administrator/DON/Nurse Managers/MDS Coordinator.</p> <p>All monitoring done by facility staff as well as by Regional Team staff (RNC/RDO), will be presented to the QAPI (Quality Assurance and Performance Improvement) Committee at their weekly meetings. Any concerns will have been addressed. However, any patterns will be identified. If indicated, an Action Plan will be written by the QAPI Committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.</p> <p>A member of the Regional Team will attend the QAPI meetings either in person or remotely for a period of not less than 3 months to serve as additional oversight, reference, and support.</p> <p>Note: When the facility is placed back into substantial compliance, QAPI meetings will go to monthly.</p> <p>An Ad-Hoc QAPI meeting was held for the IDT (Interdisciplinary Team) on July 15, 2022, and conducted by the Administrator, with input from the Regional Team, (RDO/RNC) to discuss the points of this AOC (Allegation of Compliance).</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45303</p> <p>Based on interviews and record reviews the facility in response to allegations of abuse and mistreatment failed to have evidence that all alleged abuse allegations are investigated, prevent further potential abuse during the investigation, and take corrective action because of the investigation. This failure resulted in the facility failing to validate abuse and act when R2 was noted secluded in his room by having a plastic bag tied from the door handle to hallway handrail. The facility failed to take action to prevent further incidents regarding seclusion during the investigation. The facility also failed to notify the abuse coordinator of an injury of unknown origin, investigate the injury and report the injury to the State Agency for R1 who was noted with bruising to the neck on July 5, 2022. R1's injury was not reported or investigated until July 12, 2022, during the survey.</p> <p>These failures resulted in Immediate Jeopardy.</p> <p>The Immediate Jeopardy was noted to begin on July 3, 2022, when the facility failed to ensure a resident was free from abuse/involuntary seclusion when an unidentified person tied a plastic bag from R2's door handle to the hallway hand rail, preventing R2 from being able to exit his room. The Immediate Jeopardy was identified on July 14, 2022. V1 (Administrator) and V2 (DON/Director of Nursing) were notified of the Immediate Jeopardy on July 14, 2022, at 12:53 PM. The surveyor confirmed by observation, interview, and record review that the Immediate Jeopardy was removed on July 15, 2022, at 4:40 PM, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the plan of correction, including in-service training of staff.</p> <p>This applies to 2 of 5 residents (R1 and R2) reviewed for abuse (involuntary seclusion and injury of unknown origin) in the sample of 6.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>On July 12, 2022, at 8:55 AM, R2 was ambulating in his room. R2 could not be interviewed due to his cognitive status. R2 was walking back and forth from his bed to his doorway, opening and closing his room door with ease without staff assistance or the assistance of a mobility device.</li> </ol> <p>On July 14, 2022, at 2:17 PM, R2 was ambulating from his room to the hallway without staff assistance or the assistance of a mobility device.</p> <p>R2's EMR (Electronic Medical Record) showed R2 was admitted to the facility on [DATE] with multiple diagnoses including: toxic encephalopathy, dementia, anxiety, depression, and falls. The EMR continued to show R2 has resided on a secured unit in the facility since June 13, 2022.</p> <p>During a general tour of the facility on July 12, 2022, at 8:53 AM, the second floor of the facility was noted to have four separate units. Two of the units were unsecured units. Two additional units were secured units. To enter the first secured dementia unit where R2 resides, no code is required for entry, but to exit the secured unit, a security code is required. The second secured unit required a security code to enter and exit the unit.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R2's MDS (Minimum Data Set) dated May 25, 2022, showed R2 had severe cognitive impairment. The MDS continued to show R2 did not require the assistance of a mobility device.</p> <p>R2's care plans entitled Potential Abuse-Neglect, initiated on May 25, 2022, showed [R2]'s comprehensive assessment . is at risk due to being a vulnerable person. [R2] demonstrates: depression, impaired cognition/communication, inadequate coping skills and diagnosis of dementia. [R2] benefits from daily cueing and reminders from staff. R2's care plan showed multiple interventions initiated on May 25, 2022, including, Observe [R2] for signs of fear and insecurity during delivery of care. Take steps to calm the resident and help him feel safe. R2's care plan, entitled, Physical and Psychosocial Needs, initiated on May 25, 2022, showed I display compromised mental status and I demonstrate movement behavior (wandering, pacing or roaming). I have trouble understanding the immediate environment. Symptoms include: pacing, roaming, or wandering in and out of rooms; demonstrating signs and symptoms of mood distress, for example, poor appetite, insomnia (often up at night, wandering and pacing, anxious). R2's care plan showed multiple interventions initiated on May 25, 2022, including, If I leave the building or go into a peer's room or become aggressive, redirect me by: use distraction or 'therapeutic fib' techniques with me . Avoid saying 'no' or 'you don't belong here' or using negatives in general. Tell me what can be done.</p> <p>The facility's undated initial report to the State Agency transmitted on July 4, 2022, at 4:10 AM UTC (Universal Time Coordinated), showed, It was reported [R2] received inappropriate care. The report continued to show Immediate action taken: Investigation initiated, family and physician notified, physical assessment done with no concerns noted, social service aware and performing well being checks, resident's needs were met via plan of care, care plans updated, and final report within 5 days.</p> <p>The facility's undated final report to the State Agency transmitted on July 12, 2022, at 12:09 AM UTC, showed Conclusion: It was reported [R2]'s door was obstructed. Staff immediately removed obstruction and opened door to find [R2] comfortably in the room. [R2] is unable to say what happened. No person could be determined as responsible. All staff and residents on the unit interviewed, with none noting seeing the obstruction or it happening. [R2] is safe and comfortable in the facility. Staff commended for immediately addressing and reporting. Assessments on [R2] noted without concern or awareness of brief situation. Potential obstruction removed from unit. Family and MD aware of findings. Well-being checks in place. This will serve as the final report.</p> <p>On July 12, 2022, at 4:03 PM, V1 (Administrator) said, From what I can conclude, during my investigation, someone wrapped a bag around [R2]'s door knob to shut the door. I cannot substantiate this incident as abuse because I did not see it. Some staff have had abuse training since last week, but the training is still going on.</p> <p>On July 12, 2022, V1 provided a document entitled, Employee Education Record, dated, 7/5/22 - on. Topic of educations, Abuse Policy, what is abuse and reporting. The education record included 40 staff signatures. An undated list of facility staff, provided by the facility, listed 123 staff members employed by the facility.</p> <p>On July 12, 2022, at 4:40 PM, V1 said, [R2]'s door was locked for such a short amount of time, it didn't affect [R2], and there was no negative consequence, so we are unsubstantiating any abuse.</p> <p>(continued on next page)</p>		



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NAME OF PROVIDER OR SUPPLIER  West Suburban Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  311 Edgewater Drive Bloomington, IL 60108	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On July 12, 2022, at 7:56 PM, V11 (CNA/Certified Nursing Assistant) said, On July 3, 2022, I started my rounds around 3:05 PM and saw [R2]'s door was tied shut with a plastic bag. I went and got [V13] (RN/Registered Nurse) right away and we cut the bag off [R2]'s door. Once the bag was cut we still could not get the door open because [R2] was hanging on the door and pulling on the door knob. It took about ten minutes to get the door open after it was discovered. I have not received any in-services or trainings after this incident</p> <p>On July 13, 2022, at 11:55 AM, V9 (LPN/Licensed Practical Nurse) said, I was the nurse caring for [R2] on July 3, 2022, and had last seen [R2] at about 1:00 PM on July 3, 2022.</p> <p>On July 13, 2022, at 1:02 PM, V13 (RN) said, The last time I saw [R2] was before 2:00 PM (on July 3, 2022), and I did not see his room door because I did not know which room was his. At 3:15 PM on July 3, 2022, I told [V11] (CNA) to go to the secured unit, and I went to another resident's room for about five minutes. When I came out of the other resident's room, [V11] was waiting for me at the nurse's station and asked if [R2]'s room was supposed to be tied shut. We rushed to [R2]'s room and I saw a plastic bag tied from the door handle of [R2]'s room to the handrail in the hallway. Because the bag was tied from the door handle to the handrail, the door could not be opened. I called through [R2]'s closed door, and he started pulling on the door handle, trying to open the door from inside his room. [V11] went and got scissors and cut the bag, but we still could not open the door. I called [V14] (Housekeeping Director/Manager on Duty) to let him know we could not get the door open so I was not there when [V11] opened the door.</p> <p>On July 15, 2022, at 12:38 PM, V29 (Psychiatrist) said, I just heard about [R2]'s incident on July 3, 2022, yesterday (July 14, 2022). I would expect them to inform me about this incident. When [R2] was involuntarily secluded, he would be more anxious, and panicky, and agitated. Staff could have protected [R2] by making sure he could not exit the secured unit he resides on. [R2] should not have been contained to his room by having a bag tied to his door, which is intentional seclusion.</p> <p>On July 14, 2022, V1 said, I did not interview the other nurses (V9 and V32) that were working on the second floor the day of the incident.</p> <p>On July 18, 2022, at 1:28 PM, V2 said, There was never an incident report done on [R2] regarding the incident on July 3, 2022. An incident report should have been done.</p> <p>2. On July 12, 2022, at 9:00 AM, R1 was in his room, sitting on his bed eating breakfast. R1 was wearing a hospital gown that was not tied around his neck and was draped across his lap. R1 had two bruises, dark purple in color, on the left side of his neck.</p> <p>On July 12, 2022, at 1:35 PM, V8 (Wound Nurse) measured R1's neck bruising and said, He has two bruises, one on top of the other. The lower bruise measures two centimeters long by 0.5 centimeters wide. The top bruise measures 4.7 centimeters long by 0.8 centimeters wide. The bruises are deep red in color, kind of reddish purple in color. I have not assessed his bruises before.</p> <p>R1's EMR showed R1 was admitted to the facility on [DATE], with multiple diagnoses including: dementia, Alzheimer's disease, psychosis, neck fracture, and difficulty walking.</p> <p>R1's MDS dated [DATE], showed R1 was severely cognitively impaired, required supervision for eating, and required extensive assistance of facility staff for all other activities of daily living.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1's care plan entitled, Potential Abuse- Neglect, initiated on March 30, 2021, showed [R1]'s comprehensive assessment reveals a history of factors that may increase my susceptibility to abuse/neglect related to diagnoses: dementia with behavioral disturbances and [alcohol] abuse . During heightened periods of distress, [R1] may become agitated with verbal/physical aggression, [R1] has a history of verbal aggression/physical aggression towards other staff members and co-peers. R1's care plan showed multiple interventions initiated on March 30, 2021, including, Speaking calmly and professionally in a soft tone of voice. Staff should avoid raising own voice, since this tends to make [R1] more upset. This may cause the situation to escalate. R1's care plan entitle, Cognitive Impairment, initiated on March 30, 2021, showed [R1] is alert, oriented times one being noted to only identify self . [R1] is a poor historian, his attention span is delayed with response to stimuli and follows one step/verbal commands. His overall memory is decreased per any recall of recent events and short term/long term memory loss. R1's care plan showed multiple interventions initiated on March 30, 2021, including, Provide reassurance to help the resident feel safe and secure. Use a calming, soothing tone of voice. Repeat information politely and respectfully. Avoid phrases using words such as 'just' and 'already,' avoid 'I just told you that,' for example.</p> <p>The facility did not have documentation to show V1 (Administrator/Abuse Coordinator) was notified of R1's injury of unknown origin/neck bruising prior to July 12, 2022. The facility did not have documentation to show an abuse investigation had been initiated for R1's neck bruising prior to July 12, 2022.</p> <p>The facility's undated initial report to the State Agency transmitted on July 12, 2022, at 9:37 PM UTC (Universal Time Coordinated), showed: [R1] noted with a skin discoloration on left neck area. The report continued to show, Immediate action taken: head to toe assessment completed, no other injuries or pain noted, nurse practitioner in house and x-ray ordered; resident unable to provide details as to the cause of the discoloration; physician and family notified; resident placed on well-being checks and care plan to be updated accordingly; police notified, report number to follow.</p> <p>On July 12, 2022, at 1:53 PM, V2 (DON/Director of Nursing) said, There was no noted skin condition for [R1] on July 5, 2022. On July 6, 2022, when the CNA (Certified Nursing Assistant) went into [R1]'s room there was ecchymosis (bruising) on his neck. V8 (Wound Nurse) was supposed to follow up on this. I have not done an investigation into this as an injury of unknown origin. An investigation should be started within 24 hours. We do not know how [R1] obtained this bruising. V5 (RN/Registered Nurse) notified V10 (Nurse Manager), but V10 did not notify the abuse coordinator.</p> <p>On July 12, 2022, at 2:15 PM, V10 (Nurse Manager) said, [V5] (RN) mentioned [R1]'s bruising to me on July 6, 2022. I told her to notify the doctor. [R1] has behaviors of becoming aggressive and when you try to stop him he starts swinging. I did not assess [R1] right away because I was busy. I do not know how [R1] got the bruise, and I did not report this to the abuse coordinator. An investigation should have been done.</p> <p>On July 12, 2022, at 2:20 PM, V2 (DON) said, The nurse or the nurse manager should have reported this to the Administrator. A bruise of unknown origin is something that should be investigated. My expectation is staff should be reporting this as potential abuse. My expectation of V10 (Nurse Manager) is to investigate bruises immediately and report it.</p> <p>On July 12, 2022, at 2:49 PM, V1 (Administrator/Abuse Coordinator) said, I was unaware of bruising on [R1]'s neck from July 6, 2022. I will start the investigation now.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On July 13, 2022, at 11:41 AM, V2 (DON) said, I have looked more into it and found out the bruise was there the day before on July 5, 2022. [V3] (Agency LPN/Licensed Practical Nurse) saw it, but did not report it because he thought it looked old.</p> <p>On July 18, 2022, at 10:43 AM, V3 said, I worked on July 5, 2022 and saw discoloration on [R1]'s neck. I rubbed it and could not see a skin tear. I looked in the chart and didn't see any documentation about it. I told the next shift nurse, and they were supposed to report it.</p> <p>On July 6, 2022, at 4:24 PM, V5 (RN) documented, the CNA on duty reported a skin discoloration on the left side of R1's neck, purplish in color. V5 continued to document the CNA observed the discoloration while in the process of getting R1 up for breakfast. V5 noted no swelling, no tenderness was noted at the site, the nurse practitioner was notified, and V5 called and left a message with POA (Power of Attorney).</p> <p>On July 8, 2022, at 10:33 PM, V7 (RN) documented R1 continued with deep purple discoloration on the left side of his neck.</p> <p>The facility's undated policy entitled, Abuse Prevention Program, showed Policy: It is the policy of this facility to prevent resident abuse, neglect, mistreatment and misappropriation of resident property. Each resident receives care and services in a person-centered environment in which all individuals are treated as human beings. The following procedures shall be implemented when an employee or agent becomes aware of abuse or neglect of a resident, or of an allegation of suspected abuse or neglect of a resident by a third party . IV. Identification: Employees are required to report any incident, allegation or suspicion of potential abuse, neglect or mistreatment they observe, hear about or suspect to the Administrator or an immediate supervisor who will immediately report the allegation to the Administrator . V. Investigation: All incidents will be documented, whether or not abuse occurred, was alleged or suspected . Abuse Reporting: Policy- this facility will not tolerate resident abuse or treatment by anyone, including staff members, other residents, consultants, volunteers, staff of other agencies, family members, legal guardians, friends or other individuals. This policy will define how the investigation of abuse allegations and mistreatment will be conducted and outline the process of reporting, investigating and arriving at a conclusion or disposition of the allegation. All personnel must promptly report any incident or suspected incident or resident abuse, mistreatment or neglect, including injuries of unknown origin. (An injury should be classified as an 'injury of unknown origin' when the source of the injury was not observed or known by any person, and the initial risk management investigation could not determine the cause of the injury.) . For the purposes of this policy, and to assist staff members in recognizing abuse, the following definitions shall pertain . 5. Involuntary Seclusion: Separation of the resident from other residents or from his or her room or confinement to his or room (with or without roommates) against the resident's will, or the will of the resident's legal guardian or representative . Additionally, the person(s) observing an incident of resident abuse or suspecting resident abuse must IMMEDIATELY report such incidents to the Charge Nurse, regardless of the time lapse since the incident occurred. The Charge Nurse will immediately report the incident to the Administrator or the individual in charge of the facility during the Administrator's absence . The Charge Nurse must complete an incident report and obtain a written, signed and dated statement from the person reporting the incident.</p> <p>Through observation, interview, and record review conducted on July 18, 2022, the surveyor confirmed that the facility took the following actions to remove the immediacy of the situation:</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The housekeeping carts will be monitored in all halls at least daily seven days weekly by the Administrator/DON/Nurse Manager to ensure that no trash bags are accessible to a passerby. This monitoring will be done for four weeks. It will include some weekend days. Afterwards, this monitoring will continue three days weekly for a period of not less than six months to ensure ongoing compliance. After that, random monitoring will occur ongoing. Any concerns will be immediately addressed if found.</p> <p>All halls will be toured daily seven days weekly by the Administrator/DON/Nurse Manager to ensure that no doors of resident rooms are barricaded. This monitoring will be done for four weeks. It will include various shifts as well as some weekend days. Afterwards, this monitoring will continue three days weekly for a period of not less than six months to ensure ongoing compliance. After that, random monitoring will occur ongoing. Any concerns will be addressed if found.</p> <p>Residents were assessed for any injuries of unknown origin on July 12, 2022, through July 14, 2022, by DON and licensed nurses. None were discovered. Charge nurses and nurse manager were educated on proper reporting of injury of unknown origin to abuse coordinator/Administrator. Audit will be conducted two times a week for four weeks, then weekly for six months for residents with injury of unknown origin to ensure that proper reporting per policy is in effect. See attached audit tool. Any issues noted will be reported promptly to the Abuse Coordinator and all other required entities, to include the resident's physician, resident's responsible party, APS (Adult Protective Services), Ombudsman, authorities, State Board of Health as appropriate. Any concerns will be addressed if found.</p> <p>A member of the Regional Team, (RDO/Regional Director of Operations and RNC/Regional Nurse Consultant), will review the assessments done for unknown injury weekly for four weeks for additional oversight to ensure that any needed follow up occurred. Any concerns will be addressed if found.</p> <p>At an in-service held for all staff on July 14, 2022, and conducted by the Administrator/DON/Nurse Manager with Regional Team input, (RDO/RNC), the following was reviewed and discussed:</p> <p>Abuse Policy-with emphasis on different types to include seclusion and reporting (to include immediate need to report to the Abuse Coordinator/Administrator)</p> <p>Injuries of unknown origin---What to do in your role should you observe one or hear about the possibility of one? Whom do you immediately report this to? (Abuse Coordinator/administrator) When?</p> <p>Why it is critical that injuries of unknown origin be assessed/investigated/reported/addressed?</p> <p>Why it is important that you, as a staff member, promptly share any knowledge you have related to an injury of unknown origin?</p> <p>It is critical that upon discovery of an injury of unknown origin-the following must take place:</p> <p>a) Immediately report to the Abuse Coordinator/Administrator-who will initiate the investigation with assistance of appropriate staff</p> <p>b) Ensure the safety of all other residents to identify and immediately report any others who might have an injury of unknown origin</p> <p>c) Abuse sweep to be conducted to ensure that no other residents have been affected</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Use of trash bags within the facility to include:</p> <p>a) What type of bags are to be used and where they are to be used</p> <p>b) Where these bags are stored, and how to obtain a bag, should you as a staff member need one</p> <p>c) Inappropriate use of bags-tied to a door, anywhere in a resident bed, near a heating element, etc.</p> <p>Questions/Answers</p> <p>Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. No staff will work after July 15, 2022, unless they have been in-serviced. This includes agency staff, PRN (as needed) staff, any staff on any type of vacation or leave, newly hired staff or any other staff. This education will be conducted by the Administrator/DON/Nurse Managers/MDS Coordinator.</p> <p>All monitoring done by facility staff as well as by Regional Team staff (RDO/RNC) will be presented to the QAPI Committee at their weekly meetings. Any concerns will have been addressed. However, any patterns will be identified. If indicated, an Action Plan will be written by the QAPI Committee. Any Action Plan will be monitored weekly by the Administrator until resolved.</p> <p>A member of the Regional Team, (RDO/RNC), will attend the QAPI meetings either in person or remotely for a period of not less than three months to serve as additional oversight, reference and support. Note: When the facility is placed back into substantial compliance, QAPI meetings will go to monthly.</p> <p>An Ad-Hoc QAPI meeting was held for the IDT (Interdisciplinary Team) on July 15, 2022, and conducted by the Administrator, with input from the Regional Team, (RDO/RNC) to discuss the points of this AOC (Allegation of Compliance).</p>		