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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145753 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/08/2021 |
| NAME OF PROVIDER OR SUPPLIER LA Bella of Danville | | STREET ADDRESS, CITY, STATE, ZIP CODE 1701 North Bowman Danville, IL 61832 | |
| 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on observation, interview, and record review the facility failed to provide privacy during wound treatments. This failure has the potential to affect two (R39, R91) of 22 residents reviewed for privacy in the sample list of 68.</p> <p>Findings include:</p> <p>R39's Minimum Data Set, dated dated dated [DATE] documents R14 is cognitively intact.</p> <p>On 12/07/21 at 11:31 AM V13 Wound Nurse entered R39's room to administer R39's abdominal and buttock wound treatments. R39's side of the room did not have a privacy curtain in the track. R91's side of the room contained a privacy curtain. V13 did not pull the privacy curtain during R39's wound treatments. R39's buttocks and penis were exposed and in view of R39's room mate (R91.)</p> <p>On 12/07/21 at 11:48 AM V13 confirmed V13 did not pull the privacy curtain between R91 and R39 during R39's wound treatments. V13 stated R39 does not have a privacy curtain.</p> <p>On 12/07/21 at 11:51 AM R39 stated R39 has reported to unidentified staff that R39 does not have a privacy curtain.</p> <p>The facility's Dignity policy revised 4/23/18 documents: The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>The facility's Resident Rights policy revised 1/4/19 documents the facility will promote the exercise of resident rights including privacy.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 145753 |
| | | If continuation sheet Page 1 of 27 |

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| <p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on observation, interview, and record review the facility failed to assess for the ability to self-administer medications for one (R69) of four residents reviewed for oxygen in the sample list of 68.</p> <p>Findings include:</p> <p>On 12/05/21 at 8:12 AM a nebulizer machine and equipment, and a box of Albuterol nebulizer solution was sitting on R69's nightstand. R69 stated R69 self-administers R69's nebulizer treatment three times a day. 12/06/21 at 11:53 AM R69's nebulizer machine, equipment, and Albuterol solution was located on R69's nightstand.</p> <p>R69's Minimum Data Set, dated dated dated [DATE] documents R69 is cognitively intact.</p> <p>R69's Physician's Orders dated 12/6/21, do not document an active order for Albuterol nebulizer treatments. R69's order for Albuterol Sulfate 0.083% nebulizing solution inhale 3 ml (milliliters) every 6 hours as needed, may keep at bedside, was discontinued on 11/1/21 due to nonuse.</p> <p>R69's medical record does not document an assessment for R69's ability to self-administer medication.</p> <p>On 12/06/21 at 2:58 PM V29 Licensed Practical Nurse stated: Residents should have an assessment and an order to self-administer medications and keep at the bedside. R69 should not have Albuterol at R69's bedside.</p> <p>On 12/06/21 at 3:02 PM V2 Director of Nursing stated: Residents would have a documented assessment to determine if they can self-administer medications and keep medications at the bedside. V2 confirmed R69 does not have a documented assessment to self-administer R69's Albuterol nebulizer solution.</p> <p>The facility's Medication Administration Policy revised on 1/1/15 documents Residents may self-administer medication if the interdisciplinary team has determined that this practice is safe.</p> | | |

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| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34201</p> <p>Based on interview and record review, the facility failed to accurately record resident choices for life sustaining measures in the medical record for one of four residents (R63) reviewed for advanced directives on the sample list of 68.</p> <p>Findings Include:</p> <p>R63's MDS (Minimum Data Set) dated [DATE] documents R63 is alert and oriented.</p> <p>R63's [DATE] Physician Orders document R63 as a full code, wishing to have CPR (Cardiopulmonary Resuscitation).</p> <p>R63's POLST (Practitioner Orders for Life Sustaining Treatment) Form dated [DATE] documents R63 does not want CPR attempted.</p> <p>On [DATE] at 1:37 pm, V12 LPN (Licensed Practical Nurse) stated V12 looks at the Physician Orders to determine a residents' code status in the case of an emergency. At this time, V28 Regional Nurse Consultant stated a resident code status is reviewed with the resident at least quarterly and new orders and POLST should be obtained with any changes, per the resident request. V28 confirmed that R63's physician order for code status does not match R63's POLST.</p> <p>On [DATE] at 1:45 PM, R63 stated, I don't want CPR. If God says it's my time to go, it's my time to go.</p> <p>The facility Advanced Directives Policy dated [DATE] documents Advanced Directives means a written instrument, such as a living will or life prolonging procedure declaration, appointment of health care representative and power of attorney for health care purposes. If a health care representative indicates an Advanced Directive regarding CPR, the appropriate forms will be filled out, including a POLST, along with obtaining a written physician order, in response to the resident's Advanced Directive. The Physician Orders shall be specific and address each Advanced Directive.</p> | | |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>40385</p> <p>Based on interview and record review the facility failed to notify a resident's representative of a change in condition for one (R72) of 22 residents reviewed for changes in condition in the sample list of 68.</p> <p>Findings include:</p> <p>R72's Diagnosis List dated 12/8/21 documents R72 has a diagnosis of Dementia.</p> <p>R72's Face Sheet dated 12/8/21 documents V30 is R72's Healthcare Power of Attorney.</p> <p>R72's Order Summary Report dated 12/7/21 documents an order for Doxycycline Hyclate (antibiotic) 100 mg (milligrams) by mouth twice daily for 7 days for infection starting on 12/1/21, and Ceftriaxone Sodium (antibiotic) 1 gram intramuscularly daily for 7 days for fever starting on 12/2/21.</p> <p>R72's weights document R72 weighed 92.4 lbs. (pounds) on 11/2/21, 81.2 (12.12% loss) on 11/9/21 and 82.1 lbs. on 11/30/21.</p> <p>R72's Nursing Notes document: On 11/15/21 at 3:49 PM V3 Assistant Director of Nursing discussed with V30 the possibility of a hospice referral due to R72's medical condition. There is no documentation that V30 was notified of R72's significant weight loss.</p> <p>On 11/30/21 at 12:20 PM R72's temperature was 99.9 degrees Fahrenheit. V35 Nurse Practitioner was notified. A portable chest x-ray was ordered. V3 notified V30 of new orders.</p> <p>On 12/1/21 at 12:43 PM R72 was assessed by V35 and R72's chest x-ray indicated bibasilar pneumonia. Doxycycline was ordered.</p> <p>On 12/2/21 at 8:34 PM V19 Primary Medical Director conducted a telehealth visit and ordered Ceftriaxone 1 gram intramuscularly administer as soon as possible, and then daily for 7 days. There is no documentation that V30 was notified of R72's chest x-ray results or that R72 was started on antibiotics.</p> <p>On 12/05/21 at 2:18 PM V30 stated: V30 is the person the facility would contact for a change in R72's condition. V30 has not been notified that R72 has lost weight since R72 admitted to the facility. V30 was not notified that R30 is currently receiving antibiotic treatment for pneumonia.</p> <p>On 12/7/21 at 3:30 PM V2 Director of Nursing stated resident's family should be notified of weight loss of 5 % and 10 %, infections, and antibiotic orders. Notification would be documented in the progress notes. On 12/8/21 at 9:00 AM V2 stated V2 was unable to provide documentation that V30 was notified of R72's weight loss or treatment for pneumonia.</p> <p>(continued on next page)</p> | | |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The facility's Physician and Family Notification - Change in Contrition policy revised 11/13/18 documents: The facility will notify the resident or resident's representative when there has been a change in the resident's physical/mental/psychosocial condition including the need to alter treatment significantly.</p> |

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| <p>F 0675</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Honor each resident's preferences, choices, values and beliefs.</p> <p>34201</p> <p>Based on observation, interview and record review, the facility failed to provided skin treatments as ordered for one of four residents (R78) reviewed for non-pressure wounds on the sample list of 68. This failure resulted in R78 having uncontrolled itching and discomfort.</p> <p>Findings Include:</p> <p>R78's MDS (Minimum Data Set), dated 10/11/21, documents that R78 is alert and oriented.</p> <p>R78's Care Plan dated 10/26/21 documents, R78 has Impaired Skin Integrity, multiple lesions to multiple areas of the R78's body due to immobility, weakness, severe malnutrition, adult failure to thrive, and Bullous Pemphigoid (skin condition that causes large fluid-filled blisters). This Care Plan documents R78 creates wounds due to excessive scratching, sometimes with a back scratcher even when educated not to do so with interventions to encourage good nutrition and hydration, and to see TAR (Treatment Administration Record) for orders for wound treatment and perform as ordered.</p> <p>On 12/05/21 at 8:41 AM, R78 was lying in bed yelling out that R78's leg is hurting. V16 Restorative Nurse/Care Plan Coordinator entered R78's room at this time. V16 went to get an unidentified nurse, who entered R78's room and administered liquid Morphine {Narcotic} for R78's pain. R78 had open sores/skin lesions covering all R78's visible skin other than R78's face; arms, chest, and feet. R78 stated R78 has a skin condition causing the sores and is being seen by a physician for it. R78 stated they {staff} are to put cream on R78 but that it doesn't get applied twice a day like it is supposed to. R78 stated the sores itch, causing discomfort, and make R78 miserable, therefore R78 don't want to be bothered.</p> <p>On 12/6/21 at 10:15 am, R78 was lying in bed and stated staff has not completed the skin treatment yet and R78 is itching bad and uncomfortable. I (R78) just want to sleep so I (R78) don't itch so bad.</p> <p>On 12/7/21 at 12:16 pm, R78 was asleep in bed with R78's lunch tray untouched on the overbed table.</p> <p>On 12/7/21 at 1:53 pm, R78 was lying in bed awake but stated R78 just wanted to rest and not talk.</p> <p>R78's December Physician Orders document an order for Triamcinolone Acetonide Cream {Corticosteroid to reduce itching} 0.1 %, with directions to apply all over body topically every day and evening shift related to Bullous Pemphigoid - apply to neck, chest, abdomen, back, hand, armpits. These orders also document an order for Morphine 100 mg (milligrams) per 5 ml (milliliters) - give 0.25 ml/5 mg every hour PRN (as needed) for pain.</p> <p>R78's November 2021 TAR (Treatment Administration Record) does not document that R78's cream was applied on 11/10, 11/11, 11/12, 11/13, 11/23, 11/24, 11/29 and 11/30 on day shift, at all on 11/14 and 11/19, and 11/25 evening shift.</p> <p>R78's December 2021 TAR does not document R78's cream was applied on 12/1 or 12/3 day shift.</p> <p>(continued on next page)</p> | | |

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| F 0675 Level of Harm - Actual harm Residents Affected - Few | <p>On 12/8/21 at 10:00 AM, V2 DON (Director of Nursing) confirmed R78's treatments are not signed off, on the above dates, and stated when a treatment is completed, it needs to be signed out on the TAR.</p> <p>On 12/08/21 at 10:06 AM, V27 RN (Registered Nurse) stated R78 is supposed to get cream to R78's entire body twice a day, and it should be signed off in TAR when completed. V27 stated R78 goes through a lot of it at a time, so it might not have been signed out due to not having any cream to apply. V27 checked both treatment carts and could not find any of R78's cream in either one.</p> <p>The facility Medication Administration Policy, dated 1/1/2015, documents only a licensed nurse (RN, LPN (Licensed Practical Nurse)) may prepare, administer and/or record the administration of medications (prescription ointments are considered medications), and that the time, date and initials of the licensed nurse who administered the medications should document the administration, once administered on the MAR (Medication Administration Record) or TAR. Medications must be administered in accordance with a physician's order, including the right resident, right medication, right dosage, right route, and right time.</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on observation, interview, and record review the facility failed to provide assistance with shaving, nail care, and showers for five (R39, R46, R72, R63, R10) of seven residents reviewed for Activities of Daily Living (ADL's) in the sample list of 68.</p> <p>Findings include:</p> <p>The facility's Nail Care policy, revised 1/25/18, documents: Resident's nail condition should be assessed with each bath and nails should be trimmed in an oval fashion. Document care and observations.</p> <p>The facility's Bathing- Shower and Tub Bath policy, revised 1/31/18, documents the facility will offer showers, baths, or bed baths twice per week, as needed upon request, or more frequently per the resident's preference. Document bathing assistance in the resident's medical record.</p> <p>1. On 12/5/21 at 9:00 AM, R39 stated R39 needs assistance with showers, and R39 doesn't always get R39's showers. R39 is supposed to receive showers two to three times per week.</p> <p>R39's Diagnosis List, dated 12/7/21, documents R39 has diagnoses of Spina Bifida and bilateral above knee amputations. R39's Minimum Data Set (MDS), dated [DATE], documents R39 is cognitively intact and dependent upon assistance of one staff for bathing.</p> <p>The North Hall Shower Schedule documents R39 is scheduled for showers on Mondays and Thursdays on 1st shift. R39's October-December 2021 Shower Sheets were provided by V2 Director of Nursing (DON), R39's shower sheets do not document R39 was offered or received a shower from 10/15/21-10/24/21, from 10/29/21-11/10/21, from 11/12/21-11/25/21, and after 11/25/21.</p> <p>On 12/7/21 at 3:30 PM V2 DON stated: Showers are to be given twice weekly. V2 reviewed R39's shower sheets and confirmed R39 is missing shower documentation from 10/15/21-10/24/21, from 10/29/21-11/10/21, from 11/12/21-11/25/21, and after 11/25/21. On 12/8/21 at 10:18 AM, V2 stated V2 had no additional shower documentation to provide.</p> <p>2. On 12/05/21 at 11:52 AM, R46 was sitting up on the side of bed feeding R46's self. R46's fingernails were long past R46's fingertips. R46 stated staff do not trim R46's fingernails, and R46 would like R46's fingernails to be trimmed. R46's fingernails are longer than R46 would like. On 12/06/21 at 12:36 PM R46's fingernails were long and past R46's fingertips.</p> <p>R46's MDS, dated [DATE], documents R46 requires extensive assistance of two staff for personal hygiene.</p> <p>The North Hall Shower Schedule documents R46's showers are scheduled on Wednesdays and Saturdays on 1st shift.</p> <p>On 12/07/21 at 9:04 AM V34 Certified Nursing Assistant (CNA) stated R46 is a diabetic, so the nurses are responsible for trimming R46's nails.</p> <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 12/7/21 at 3:30 PM V2 DON stated: The facility has a CNA assigned to trim nails every Monday. Nail care is also part of bathing. On 12/8/21 at 10:18 AM V2 stated V2 had no documentation to provide that R46 regularly receives nail care.</p> <p>3. On 12/05/21 at 11:56 AM V10 CNA was feeding R72 in room. V10 Pulled down R72's covers to expose R72's hands. R72's fingernails were long and past R72's fingertips. On 12/06/21 at 12:28 PM V32 CNA stated: The CNAs trim the resident's fingernails, if they're not diabetic, on shower days. R72 was given a bed bath this morning, but we didn't trim R72's fingernails since we didn't give R72 a shower. V32 confirmed R72's fingernails were long and past R72's fingertips.</p> <p>On 12/05/21 at 2:12 PM V30 (R72's Healthcare Power of Attorney) stated V30 has had to trim R72's fingernails at times. V30 would prefer to have R72's fingernails trimmed to fingertip length.</p> <p>R72's Diagnosis List dated 12/8/21 documents R72 has a diagnosis of Dementia. R72's MDS, dated [DATE], documents R72 has cognitive impairment, is dependent on assistance of two staff for personal hygiene and bathing.</p> <p>The North Hall Shower Schedule documents R72 is scheduled for showers on Mondays and Thursdays on 2nd shift. R72's October-December 2021 Shower Sheets were provided by V2 DON. R72's Shower Sheets document R72 received showers on 10/13/21, and 11/27/21. The 10/9/21 shower sheet is blank and not signed by a nurse or CNA. R72's Nursing note dated 12/1/21 at 10:27 PM documents R72 was given a shower. There are no other documented showers from 10/1/21-11/30/21 in R72's medical record.</p> <p>On 12/7/21 at 3:30 PM V2 DON stated: The facility has a CNA assigned to trim nails every Monday. Nail care is also part of bathing. Showers are to be given twice weekly. V2 confirmed R39's October and November 2021 shower sheets only document three dates 10/9/21, 10/13/21, and 11/27/21. On 12/7/21 at 10:18 AM V2 stated V2 had no additional shower documentation to provide.</p> <p>34201</p> <p>4. R63's MDS (Minimum Data Set), dated 10/6/21, documents R63 is alert and oriented and requires extensive assist of two staff for personal hygiene.</p> <p>R63's undated Facesheet documents R63 has a diagnosis of Rheumatoid Arthritis.</p> <p>On 12/05/21 at 8:34 AM, R63's fingernails were extremely long, sticking out at least an inch past the end of R63's finger tips. R63 stated, they are too long and they need cut. R63 stated R63 has asked staff to cut them but they haven't been done yet. Currently, V15 CNA (Certified Nursing Assistant) and V16 Restorative Nurse/Care Plan Coordinator were also in R63's room.</p> <p>On 12/07/21 at 1:45 PM, R63's fingernails remain out at least one inch past R63's finger tips on the first, third, fourth and fifth finger of left hand and third, fourth, and fifth finger on the right hand. R63 stated they are so long and brittle if I (R63) barely bump them they break. I (R63) use to like them long but not anymore. They need cut down.</p> <p>42702</p> <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>5. On 12/5/21 at 9:00AM, R10 had facial hair on R10's bilateral jaw line, in between the eye brows and on the chin, approximately 1/4 inch long.</p> <p>On 12/06/21 at 9:07AM, R10 had facial hair on R10's bilateral jaw line, in between eye brows and on the chin, approximately 1/4 inch long.</p> <p>On 12/6/21 at 10:00AM R10 stated, I would like to be shaved. I have a razor around here somewhere, but they would have to help me get it.</p> <p>On 12/7/21 at 9:30AM, R10 had facial hair on R10's bilateral jaw line, in between eye brows and on the chin, approximately 1/4 inch long.</p> <p>On 12/7/21 at 9:52AM, V10 Certified Nursing Assistant stated, They were short staffed last night. I am behind today. I didn't set up R10 for a shave. We do it sometimes when it gets really bad.</p> <p>On 12/8/21 at 9:39AM R10 stated, I finally shaved yesterday. They had to get me another razor because they couldn't find mine. They don't help me shave very often at all, not with my showers and not weekly. R10's face is shaved in between eye brows, on bilateral jawline and chin.</p> <p>R10's care plan, revised 12/6/21, documents R10 requires extensive assistance with personal hygiene and oral care.</p> <p>R10's Minimum Data Set, dated [DATE], documents R10 as cognitively intact.</p> <p>The undated facility Shaving Male and Female Residents Policy documents that female residents will be assessed weekly and assistance provided in accordance with the resident's preference.</p> |

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| NAME OF PROVIDER OR SUPPLIER LA Bella of Danville | | STREET ADDRESS, CITY, STATE, ZIP CODE 1701 North Bowman Danville, IL 61832 | |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32853</p> <p>Based on observation, interview and record review the facility failed to prevent cross contamination between staff and residents by failing to post signage outside a C-diff (Clostridium Difficile) positive resident's room and failing to don appropriate PPE (Personal Protective Equipment) before entering said room for one of 22 residents (R101) reviewed for infection control in the sample list of 68.</p> <p>Findings include:</p> <p>The facility's Clostridium Difficile - (C-Diff) policy with a revised date of 6/27/19 documents, 1. Any resident diagnosed with a clostridium difficile infection will be placed on contact precautions when symptomatic (diarrhea).</p> <p>According to https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf website, contact precautions consist of the following: Clean hands before entering and when leaving the room, put on gloves before room entry, discard gloves before room exit, put on gown before room entry, discard gown before room exiting.</p> <p>On 12/5/21 at 8:22 AM, R101's room had a three-drawer plastic cart outside of the room. There were no signs on R101's door or around R101's door. There was no indication that R101 was on isolation besides the cart sitting in the hall. At this time V38 Certified Nursing Assistant (CNA) exited R101's room and stated R101 has C-diff. On 12/5/21 at 8:30 AM V39 Licensed Practical Nurse (LPN) stated R101 has C-diff.</p> <p>On 12/6/21 at 10:30 AM, V8 Human Resources/Social Services was in R101's room making R101's bed. V8 did not have a gown or gloves on. V8 was making R101's bed. When V8 left R101's room V8 stated V8 did not have PPE on because V8 did not know R101 was on isolation.</p> <p>On 12/6/21 at 12:55 PM there are no signs posted on R101's door to indicate that R101 is on isolation or what PPE should be donned prior to entering.</p> <p>On 12/7/21 at 11:00 AM, V6 LPN entered R101's room without a gown on and proceeded to check R101's blood glucose level. When finished, V6 removed V6's gloves but did not perform hand hygiene prior to exiting R101's room.</p> <p>On 12/7/21 at 11:29 AM, when V6 was asked why R101 now had a stop sign on R101's door, V6 replied (R101) has C-diff.</p> <p>R101's Order Summary Report dated 12/8/21 documents a diagnosis of Enterocolitis due to Clostridium Difficile. This Order Summary Report documents an order for Vancomycin (antibiotic) 125 mg (milligrams) QID (four times a day) with a start date of 12/3/21 for 10 days, then Vancomycin 125 mg bid (twice a day) for 7 days with a start date of 12/13/21, then Vancomycin 125 mg QD (once a day) for 7 days for Diarrhea.</p> <p>(continued on next page)</p> | | |

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| F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | On 12/8/21 at 11:35 AM, V3 Assistant Director of Nursing confirmed R101 has C-diff and contact precautions are in place. V3 confirmed that anyone entering R101's room should be wearing a gown and gloves and should remove them before leaving R101's room. | | |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on observation, interview and record review the facility failed to administer pressure ulcer treatments, complete weekly pressure ulcer assessments and measurements, and timely implement nutritional interventions for one (R39) of four residents reviewed for pressure ulcers in the sample list of 68.</p> <p>Findings include:</p> <p>On 12/05/21 at 9:00 AM R39 stated, R39 was admitted to the facility with a pressure ulcer to R39's buttocks R39's daily pressure ulcer treatment is not always administered.</p> <p>R39's Minimum Data Set, dated [DATE], documents R39 has a stage IV pressure ulcer and R39 is cognitively intact. R39's Care Plan revised on 12/5/21, documents R39 has an abrasion wound to the left abdomen and a pressure area to the right ischium with interventions to administer treatments as ordered, and document weekly measurements, type of tissue, exudate, and any changes or observations.</p> <p>R39's Order Summary Report, dated 12/6/21, documents an order for a supplemental drink twice daily for wound healing beginning on 11/1/21.</p> <p>R39's Nutrition Recommendations, dated 10/1/21, documents V32 Registered Dietitian recommended supplemental drink twice daily for wound healing. There is no documentation that this recommendation was implemented prior to 11/1/21.</p> <p>R39's Wound Evaluation & Management Summaries by V36 Wound Physician document: On 10/3/21 R39's Stage IV pressure ulcer measured 0.8 cm (centimeters) long by 0.6 cm wide by 0.8 cm deep with 2.5 cm of undermining at 7 o'clock.</p> <p>On 11/14/21 R39's pressure ulcer measured 1 cm by 0.3 cm by 2 cm with 3 cm of undermining at 7 o'clock. V36 ordered to pack the wound with collagen powder mixed with Triple Antibiotic Ointment, apply calcium alginate, cover with an abdominal pad and secure with tape daily.</p> <p>On 11/21/21 R39's pressure ulcer measured 0.8 cm by 0.6 cm by 1.2 cm with 2.5 cm of undermining at 7 o'clock.</p> <p>On 12/5/21 R39's pressure ulcer measured 0.3 cm by 0.2 cm by 1 cm with 1.5 cm of undermining. There are no documented measurements of R39's pressure ulcer after 11/22/21 until 12/5/21.</p> <p>R39's November 2021 Treatment Administration Record (TAR) documents starting on 11/13/21 cleanse R39's wound with wound care, rinse with normal saline to remove old collagen, pack with collagen powder and Triple Antibiotic Ointment, cover with abdominal pad, and secure with tape daily. This order does not specify the location of the wound treatment and is not documented as administered on 11/19/21, 11/24/21, and 11/26/21-11/28/21. R39's December 2021 TAR documents this same treatment was not administered on 12/1/21.</p> <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 12/07/21 at 11:31 AM V13 Wound Nurse administered R39's right buttock pressure ulcer treatment. R39's wound was small, circular and pink in color. V13 packed R39's wound with collagen powder and triple antibiotic treatment as ordered.</p> <p>On 12/07/21 at 11:25 AM V13 stated R39's pressure ulcer is measured weekly by V36 Wound Physician. On 12/7/21 at 12:46 PM V13 confirmed there was no documentation of R39's wound measurements/assessments after 11/22/21 until 12/5/21. V13 stated: V39 did not round at the facility from 11/22/21 until 12/5/21. V13 administers R39's wound treatment Monday-Friday, but sometimes V13 does not complete the treatment on Mondays. Treatments should be documented on the TAR when the treatment is completed, or the nurses should document the treatment was completed by V13.</p> <p>On 12/07/21 at 12:34 PM V32 Registered Dietitian stated, V32 expects V32's recommendations to be implemented within 48-72 hours.</p> <p>On 12/7/21 at 3:30 PM V2 Director of Nursing stated: V32 Registered Dietitian gives V32's recommendations to V2 via electronic mail to implement. V2 confirmed V32's recommendation on 10/1/21 for R39 to have a supplemental drink twice daily was not implemented until 11/1/21. On 12/08/21 at 9:00 AM V2 stated, V2 has provided all of the measurements for R39's pressure ulcer from October 2021-December 2021.</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>34201</p> <p>Based on interview, and record review, the facility failed to complete a Smoking Safety Risk Assessment and implement safe smoking interventions in the plan of care for one of one residents who began smoking while at the facility (R109) who were reviewed for smoking on the sample list of 68.</p> <p>Findings Include: On 12/06/21 at 12:51 PM, R109 stated R109 is a smoker, and started smoking after coming to the facility.</p> <p>R109's MDS (Minimum Data Set) dated 11/13/21 documents R109 is alert and oriented.</p> <p>R109's Smoking Safety Risk Assessment, dated 11/12/21, documents R109 does not smoke. There are no other smoking assessments in R109's medical record.</p> <p>R109's Care Plan, dated 12/1/21, documents R109 has a Diagnosis of COPD (Chronic Obstructive Pulmonary Disease) related to smoking however it does not document if R109 is independent or requires assistance to smoke, or any interventions to ensure R109 is safe while smoking.</p> <p>On 12/6/21 at 1:41 PM, V16 Care Plan Coordinator stated when R109 began smoking at the facility, after admission, R109 should have had a new smoking assessment completed at that time. V16 also stated R109's smoking status should have been care planned to include any interventions to ensure R109's safety while smoking.</p> <p>The facility Smoking Safety Risk Assessment, dated 12/6/21, documents the purpose of this policy is to determine the individual's ability and willingness to comply with facility rules and regulation governing smoking. This assessment should be completed on resident's who smoke/use tobacco products within the first hours of admission and with changes. The assessment shall include a determination of the level of supervision, ability to safely store smoking materials and any safety devices recommended. Appropriate care planning should be developed following the recommendation and outcome of the assessment.</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on observation, interview, and record review the facility failed to administer nutritional interventions for two (R39, R46) of six residents reviewed for nutrition in the sample list of 68.</p> <p>Findings include:</p> <p>1. R39's Minimum Data Set (MDS) dated [DATE] documents R39 is cognitively intact, has a stage IV pressure ulcer, and has had a significant weight loss of 5 % or more in one month or 10 % or more in 6 months.</p> <p>R39's Care Plan revised on 10/4/21 documents R39 is at risk for imbalanced nutrition, less than body requirements. This Care Plan documents an intervention to provide and serve R39's diet as ordered including regular diet, whole milk at meals, and ice cream once daily.</p> <p>R39's Order Summary dated 12/6/21 documents a diet order dated 4/5/21 for Regular with whole milk at meals.</p> <p>R39's Weight Log dated 12/7/21 documents R39's weights as follows: 109.9 lbs (pounds) on 5/24/21, 105.7 lbs on 6/4/21, 99.8 lbs on 7/1/21 (9.19 % loss compared to 5/24/21 weight), 101.9 lbs on 8/5/21, 101.9 lbs on 9/1/21, 109 lbs on 10/6/21, and 108.7 lbs (pounds) on 11/8/21.</p> <p>R39's Dietary Notes document: On 5/10/21 V37 Registered Dietitian documented R39 has had weight loss since admission in March and R39 has a stage IV pressure ulcer. V37's diet included whole milk at meals.</p> <p>On 12/05/21 at 8:57 AM R39 stated, R39 had gotten sick and had lost some weight. R39's weight has fluctuated up and down. On 12/05/21 at 12:09 PM, R39 was eating the noon meal. R39's meal tray included apple juice and water. R39's diet ticket documents whole milk at meals. R39 stated R39 only gets served milk once per day, and it is usually 2% milk. R39 stated R39 likes milk and would drink it if served. On 12/06/21 at 12:03 PM, R39 stated R39 is supposed to receive a frozen nutritional supplement every day. The nurse is supposed to deliver the supplement, but R39 does not always receive the supplement. R39 has not gotten R39's frozen supplement yet today.</p> <p>2. R46's MDS dated [DATE] documents R46 has had a significant weight loss of 5 % or more in one month or 10 % or more in 6 months.</p> <p>R46's Care Plan revised on 10/20/21 documents R46 is at risk for imbalanced nutrition, less than body requirements, related to failure to thrive and refusal to eat. This care plan includes an intervention that R46's diet includes whole milk at meals and ice cream once daily.</p> <p>R46's Order Summary Report dated 12/7/21 documents an order for regular diet, whole milk with meals, and ice cream once daily.</p> <p>R46's Dietary Note dated 12/1/21 recorded by V32 Registered Dietitian documents R46 has weight loss trending and R46's diet includes whole milk at meals and ice cream once daily.</p> <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R46's Weight Log dated 12/7/21 documents R46's weights as follows: 150 lbs on 2/2/21, 132 lbs on 6/22/21 (a 12 % loss), and 133.3 on 11/8/21.</p> <p>On 12/05/21 at 11:52 AM R46's diet card documented ice cream at lunch, whole milk at meals. R46 was eating R46's noon meal. R46's meal tray included water and lemonade, and R46 was not served whole milk and ice cream. R46 stated R46 likes milk and ice cream, and R46 is only served milk and ice cream occasionally.</p> <p>On 12/6/21 at 12:36 PM R46 was eating lunch. R46's meal did not include ice cream.</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32853</p> <p>Based on observation, interview and record review the facility failed to prevent cross contamination by failing to keep oxygen tubing off the floor and failing to store oxygen tubing and nebulizer supplies properly. The facility also failed to document oxygen tubing changes and failed to obtain an order to administer oxygen for four of four residents (R1, R88, R69, R93) reviewed for oxygen administration in the sample list of 68.</p> <p>Findings include:</p> <p>The facility's Oxygen & Respiratory Equipment - Changing/Cleaning policy with a revision date of 1/7/19 documents, Handheld nebulizer (HHN) and Mask, if applicable. a. The handheld nebulizer should be changed weekly and PRN (as needed). b. A clean plastic bag with a zip lock or draw string, etc. will be provided with each new set up, and will be marked with the date the set up was changed.</p> <p>1.) On 12/5/21 at 10:19 AM, R1 was in bed in R1's room with an oxygen concentrator running at 3L (liters) being administered via a nasal cannula. R1's oxygen tubing was not dated to indicate when it had been changed. On 12/6/21 at 12:30 PM, 12/7/21 at 1:00 PM and on 12/8/21 at 9:59 AM, R1 had the oxygen concentrator running at 3L via the nasal cannula.</p> <p>R1's Order Summary Report, dated 12/6/21, does not document an order for oxygen administration nor does it document an order to change the oxygen tubing. R1's Medication Administration Records and Treatment Administration Records dated 11/1/21 through 11/30/21 and 12/1/21 through 12/6/21 do not document an order for oxygen administration nor the oxygen tubing changes.</p> <p>R1's Care Plan dated 9/19/18 documents, (R1) uses oxygen therapy d/t (due to) c/o (complaints of) SOB (shortness of breath), oxygen settings via nasal cannula PRN to keep sats (Oxygen saturation) >92 (greater than) 9/19/18.</p> <p>R1's Minimum Data Set (MDS) dated [DATE], documents R1 was on oxygen while a resident of the facility.</p> <p>2.) On 12/5/21 at 10:19 AM, R88 was in bed with an oxygen concentrator running at 3L via a nasal cannula. R88's oxygen tubing was not dated to indicate the date it had been changed. On 12/6/21 at 12:30 PM, 12/7/21 at 1:00 PM and on 12/8/21 at 9:59 AM R88 had the oxygen concentrator running at 3L via the nasal cannula.</p> <p>R88's Order Summary Report documents an order with a start date of 11/1/21 to apply oxygen as needed to keep sats >93% or for comfort.</p> <p>R88's Care Plan dated 11/10/21, documents R88 has oxygen on continuous with a setting of 2L.</p> <p>R88's MDS dated [DATE], documents R88 uses oxygen while a resident of the facility.</p> <p>R88's Medication Administration Record and Treatment Administration Record, dated 12/1/21 through 12/7/21, does not document an order for oxygen tubing changes.</p> <p>(continued on next page)</p> |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 12/8/21 at 11:35 AM, V3 Assistant Director of Nursing confirmed R1 does not have an order for oxygen administration or an order for oxygen tubing changes. V3 also confirmed that R88 did not have an order for oxygen tubing changes.</p> <p>40385</p> <p>3.) On 12/05/21 at 8:12 AM, there was a nebulizer machine, equipment, and Albuterol nebulizer solution located on R69's nightstand. The nebulizer tubing and mouthpiece was uncovered and not labeled with a date. R69 stated R69 self-administers R69's nebulizer three times daily, and staff changed R69's tubing about a month ago. On 12/06/21 at 11:53 AM R69 stated R69 self-administered R69's nebulizer solution today. R69's nebulizer tubing was uncovered and not labeled with a date. R69's Albuterol nebulizer solution was on R69's nightstand.</p> <p>R69's Minimum Data Set (MDS) dated [DATE] documents R69 is cognitively intact.</p> <p>R69's Care Plan revised 3/11/21 documents R69 is at risk for impaired gas exchange related to Chronic Obstructive Pulmonary Disease with an intervention to administer aerosol or bronchodilators. This care plan does not document use of nebulizer or the frequency to change R69's nebulizer tubing.</p> <p>R69's Order Summary Report dated 12/6/21, does not document an order for Albuterol nebulizer solution, or an order to change R69's nebulizer tubing. R69's order for Albuterol Sulfate (2.5 mg (milligrams)/3 ml (milliliters) 0.083 % inhale 3 ml every 6 hours as needed began on 6/24/21 and was discontinued on 11/1/21.</p> <p>R69's November and December 2021 Medication and Treatment Administration Records (MAR and TAR) do not document R69's Albuterol nebulizer administrations or that R69's nebulizer tubing was changed.</p> <p>4.) On 12/05/21 at 8:36 AM, R93 was lying in bed. R93 was wearing oxygen per nasal cannula at 2 liters per minute. R93's portable oxygen tank tubing and nasal cannula was lying on the floor. R93's concentrator and portable tank oxygen tubing were not labeled with dates. R93 stated the oxygen tubing is changed 1-2 times per month. On 12/05/21 at 12:05 PM, R93's oxygen tubing for the concentrator and portable tank were not labeled with a date. On 12/6/21 at 12:24 PM, R93 portable oxygen nasal cannula and tubing was lying on the floor and was not dated. R93 was lying in bed holding R93's oxygen concentrator tubing with the nasal cannula touching the floor. The concentrator tubing was not dated. R93's oxygen concentrator was administering 3 liters per minute.</p> <p>R93's MDS dated [DATE], documents R93 is cognitively intact.</p> <p>R93's Care Plan revised on 10/29/21, documents R93 is noncompliant with oxygen orders and removes R93's nasal cannula at times. This care plan includes an intervention for Oxygen at 2 Liters per minute as needed to maintain an oxygen saturation level greater than 90 %. This care plan does not include the frequency to change R93's oxygen tubing.</p> <p>R93's Order Summary Report dated 12/6/21, documents an order to administer oxygen as needed to maintain an oxygen saturation of greater than 90%. This order does not give parameters for oxygen to be administered, and there is no order to change R93's oxygen tubing regularly.</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R93's November 2021 and December 2021 TAR document R93's oxygen saturation was checked, and portable oxygen tank was filled every shift. These TARs do not document the liters per minute that R93's oxygen was administered or that R93's oxygen tubing was changed.</p> <p>On 12/06/21 at 2:58 PM, V12 Licensed Practical Nurse stated oxygen and nebulizer tubing is changed weekly on night shift and is documented on the TAR. Tubing should be labeled with a date.</p> <p>On 12/06/21 at 3:02 PM, V2 Director of Nursing (DON) stated: Oxygen and nebulizer tubing should be changed weekly and V2 would expect the tubing to be labeled with a date. Residents should have orders to change the tubing and document on the TAR. Residents should have a plastic drawstring bag on the oxygen concentrator to store the tubing when not in use.</p> |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34201</p> <p>Based on observation, interview and record review the facility failed to ensure residents had an appropriate diagnosis and targeted behaviors for the use of antipsychotic medications, failed to track behaviors, obtain consents and assess for the use of psychotropic medications, and failed to ensure as needed psychotropic medications were not ordered for more than 14 days for four of four residents (R39, R77, R88 and R105) reviewed for psychotropic medications on the sample list of 68.</p> <p>Findings Include:</p> <p>1.) On 12/5/21 at 8:07 am, 12/5/21 at 11:50 am, 12/6/21 at 11:40 am, and 12/6/21 at 12:46 pm, R77 was in R77's room and did not display any behaviors.</p> <p>R77's December 2021 Physician Order Sheets document an order for Risperdal {Antipsychotic} 0.25 mg (milligrams) daily starting 6/25/21, which was decreased from Risperdal 0.25 mg BID (twice a day), which started on 3/19/21, for a diagnosis of Vascular Dementia without Behavioral Disturbances.</p> <p>R77's medical record does not contain a psychotropic medication assessment completed prior to the start of Risperdal on 3/19/21.</p> <p>R77's Psychotropic Medication Observation/assessment dated [DATE], documents R77 receives Risperdal 0.25 mg BID but there is no documented diagnosis or targeted behaviors listed for the use of the Risperdal.</p> <p>R77's Behavior Monitoring and Intervention Report dated 3/1/21 - 12/6/21 does not document targeted behaviors or interventions specific for R77. There are no documented behaviors until 8/5/21 which consisted of cursing at others, repetitive motions, agitated, and refusing care.</p> <p>R77's Progress Notes dated 3/10/21, by V8 Social Services/Human Resources documents - R77 was sexual inappropriate with V8, by grabbing V8 by the hips and trying to pull V8 towards R77's lap.</p> <p>On 12/7/21 at 3:07 PM, V3 ADON (Assistant Director of Nursing) stated R77 was started on Risperdal due to sexually inappropriate behaviors towards a staff member. V3 also stated one occurrence of trying to pull staff onto their lap would not constitute putting someone on an antipsychotic medication, nor would a diagnosis of Vascular Dementia without Behaviors. V3 confirmed there is no behavior tracking for R77 until August 2021, five months after being started on the Risperdal. V3 also confirmed R77 did not have Psychotropic Medication Assessment complete prior to starting the Risperdal. V3 stated V3 does assessments quarterly and not sure if they need completed prior to starting medications or not.</p> <p>On 12/8/21 at 11:54 AM, V1 Administrator stated R77 has dementia and did have a couple instances of inappropriate behavior towards staff but that doesn't warrant starting (R77) {on} an antipsychotic.</p> <p>(continued on next page)</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>38859</p> <p>2.) R39's medical record documents a physician's order on 9-3-2021 for Seroquel (antipsychotic medication) 50 milligrams by mouth at bedtime dated 9-3-2021, diagnosis: Major Depressive Disorder.</p> <p>R39's medical record documents a physician's order on 10-1-2021 to discontinue Seroquel 50 milligrams and start Seroquel 100 milligrams by mouth at bedtime for Major Depression.</p> <p>R39's medical record documents a physician's order, dated 10-1-21, for Mirtazapine (antidepressant medication) tablet, give 30 milligrams by mouth at bedtime for depression.</p> <p>R39's medical record did not document an increase in behaviors or episodes of depression between 9-4-21 and 10-1-21.</p> <p>R39's medical record did not contain consent for the administration of Mirtazapine 30 milligrams or the increase in Seroquel to 100 milligrams.</p> <p>R39's Psychotropic Medication Observation form dated 10-1-2021 did not list Mirtazepine 30 milligrams under current Psychotropic Medications.</p> <p>On 12/08/21 at 12:20 PM, V2 Director of Nursing confirmed R39's medical record did not document consent was obtained prior to the administration of Mirtazepine on 10-1-21 and the increase in Seroquel on 10-1-21. V2 also confirmed R39's Psychotropic Medication Observation form did not list R39 was receiving Mirtazepine and that R39's medical record did contain documentation to warrant the increase of Seroquel on 10-1-21. V2 stated, consent is to be obtained when a psychotropic medication is started or increased and residents records should document behaviors occurring to know why a psychotropic medication was increased.</p> <p>On 12/08/21 at 10:40 AM, V3 Assistant Director Of Nursing stated, I am responsible for psychotropic medication assessments. I do them quarterly and upon initiation of psychotropic medication orders or changes.</p> <p>3.) R88's medical record documents under physician orders: Ativan Tablet (antianxiety medication) 0.5 milligrams, give one tablet by mouth every six hours as needed for Anxiety, start date: 11/30/2021 and Risperdone 0.25 milligrams, give one tablet by mouth one time a day, start date: 10-23-21.</p> <p>R88's medical record documents R88's last completed Psychotropic Medication Observation form was dated 7-22-21.</p> <p>R88's medical record did not contain documentation that consent was received prior to the administration of physician ordered Ativan 0.5 milligrams on 11-30-21.</p> <p>R88's December Medication Administration Records document the administration of physician ordered Ativan 0.5 milligrams on 12-5-21 at 6:49 PM and 12-6-21 at 5:16 PM.</p> <p>On 12/08/21 at 12:20 PM, V2 DON confirmed R88 did not have a Psychotropic Medication Assessment completed since July 2021. V2 confirmed R88 should have had one completed in October 2021. V2 stated, there is no documentation of consent for Ativan ordered on 11-30-21.</p> <p>(continued on next page)</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>4.) R105's medical record documents under physician orders: Lorazepam tablet (antianxiety medication), give 0.5 milligrams by mouth as needed for anxiety TID (three times a day), start date: 11-5-2021.</p> <p>R105's Medication Administration Records document the administration of Lorazepam 0.5 milligrams on 12-2-21 at 6:51 PM.</p> <p>R105's medical record did not document a clinical rationale for extended use of as needed Lorazepam.</p> <p>At 12/08/21 at 12:20 PM, V2 DON confirmed R105's medical record does not document a clinical rationale for the extended use of as needed Lorazepam, exceeding 14 days. V2 stated, a PRN psychotropic medication should not exceed 14 days without a rationale by the physician.</p> <p>The facility's policy, with a revision date of 2-1-2018, titled Psychotropic Medication- Gradual Dose Reduction documents, Purpose: To ensure that residents are not given psychotropic drugs unless psychotropic drug therapy is necessary to treat a specific or suspected condition as per current standards of practice, and are prescribed at the lowest therapeutic dose to treat such conditions. Guidelines: Informed consent shall be obtained as follows: a) Psychotropic medications shall not be administered without the informed consent of the resident or the authorized resident representative. Monitoring: Staff will monitor residents for side effects, withdrawal symptoms and/or changes in behavior and report to physician and/or psychiatrist. PRN (as needed) Psychotropics: PRN hypnotic, antianxiety or antidepressant medications shall not be used beyond 14 days unless the prescribing practitioner indicates the clinical rationale for extended use and the expected duration for PRN use of the medication.</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>32853</p> <p>Based on observation, interview and record review the facility failed to maintain pharmacy labels and open dates on insulin pens for three residents (R108, R77, R90) and failed to label an open date on eye drops for one resident (R96) reviewed for medication storage in the sample list of 68.</p> <p>Findings include:</p> <p>The facility's Medication Administration policy with a revised date of 1/1/2015 documents, Labels that do not contain the correct order, correct name of the resident and/or correct name of the resident's Physician should be returned to the pharmacy for relabeling.</p> <p>The facility's Medication Storage policy with a revised date of 7/2/19 documents, 5. Once any medication or biological package is opened, facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened. 6. Facility should destroy and reorder medications and biologicals with soiled, illegible, worn, makeshift, incomplete, damaged or missing labels.</p> <p>On 12/8/21 at 11:15 AM, V27 Registered Nurse opened the East hall medication cart for review. This medication cart contained insulin pens with no pharmacy label or date opened documented on them. There was a Basaglar Kwik Pen (insulin pen) that did not contain any prescription label or handwritten label. This pen did not have an open date written on it either. V27 stated the pen belongs to R108 and V27 took the pen and wrote R108's name on it with a permanent marker.</p> <p>There was a Lantus pen (insulin pen) that did not contain a pharmacy label and was not dated with an open date. V27 stated that this pen belongs to R77. V27 took the Lantus pen and wrote R77's name on it in permanent marker.</p> <p>There was a Novolog pen (insulin pen) that did not contain a pharmacy label and was not dated with an open date. V27 stated that that pen should not be in there.</p> <p>There was a vial of insulin (type - Aspart) that was half full. This vial had a prescription label for R90. This vial did not contain a date in which the vial was opened.</p> <p>There was a bottle of Latanoprost 0.005% (Glaucoma eye drops) labeled for R96. This bottle was open but did not contain a date in which it was opened.</p> <p>At this time V27 confirmed that these all should have open dates written on them and should contain the resident's names on them.</p> <p>(continued on next page)</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The Basaglar (insulin pen) package insert documents the pen should not be used more than 28 days after opening. The Lantus insulin pen) package insert documents the pen can only be used for 28 days after opening. The Novolog (insulin pen) package insert documents the pen should only be used for 28 days. The insulin (type - Aspart) vial insert documents the vial should only be used for 28 days after opening.</p> <p>The Latanoprost (Glaucoma eye drops) package insert documents the eye drops may be kept at room temperature for 6 weeks after opening.</p> <p>On 12/8/21 at 3:00 PM, V1 Administrator confirmed all medication in the medication carts should be labeled with pharmacy labels.</p> | | |

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| <p>F 0868</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>38859</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review the facility failed to conduct quarterly Quality Assessment and Assurance Committee meetings with Medical Director participation. This failure has the potential to affect all residents 107 residing in the building.</p> <p>Findings include:</p> <p>The facility's form titled, Quality Assessment and Assurance Committee (QAA) members documents the following committee member participants: Administrator, Assistant Administrator, Medical Director/Designee, Director of Nursing, Social Services Director, Activities Director, Dietary Manager, Housekeeping/Laundry Supervisor, Maintenance Director, Human Resources and Care Plan/Minimum Data Set Assessment Coordinator.</p> <p>The facility's Quality Assurance Performance Improvement (QAPI) Meeting Minutes participation sign in sheet record form, dated 1-18-21, documents under Medical Director: V30- Previous Medical Director by phone.</p> <p>The facility's Quality Assurance Performance Improvement Meeting Minutes participation sign in sheet record forms dated 1-27-21, 2-3-21, 2-11-21, 2-18-21, 2-24-21, 3-3-21, 3-10-21, 3-17-21, 3-24-21, 3-31-21, 4-7-21, 4-14-21, 5-12-21, 6-8-21, 7-14-21, 8-26-21, 9-23-21, 10-8-21 and 11-24-21 are blank on the Medical Director/Designee's participation signature line, indicating no Medical Director/Designee participated in the meetings.</p> <p>On 12/7/2021 at 12:00 PM, V22 Assistant Administrator stated, we have three medical directors, V19, V20 and V21, the Medical Director's either attend the QAA meetings in person or by telephone. If they attend by telephone it should be documented on the sign in sheets. V22 stated, we use the form titled, QAPI Meeting Minutes sign in sheet for our Quality Assurance Meeting attendance.</p> <p>On 12/07/21 01:17 PM, V1 Administrator stated, we hold QAA meetings quarterly, generally they are held monthly. Our Primary Medical Director currently is V19. V1 Administrator stated, no medical director/designee has attended/participated in any QAA meetings since I started at the facility in August of 2021. V1 also confirmed the facility's QAPI Meeting Minutes participation sign in sheet record forms do not document Medical Director/Designee participated in any Quality Assessment and Assurance Meetings held since 1-18-21.</p> <p>The facility's Resident Census and Conditions of Residents form signed by V1 Administrator on 12-7-21 documents 107 residents reside in the facility.</p> | | |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>42702</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview and record review the facility failed to provide effective measures to prevent harborage of roaches in the south facility kitchen and south dry storage area. This failure has the potential to affect all 107 residents residing in the facility.</p> <p>Findings include:</p> <p>On 12/5/21 at 8:13AM, a soiled, wet blanket was lying on the floor to the right of the stove.</p> <p>On 12/5/21 at 8:15AM V5 Cook stated, We put a blanket on the floor to sop up the water when water comes in.</p> <p>On 12/5/21 at 8:15AM, empty boxes were lying on the floor in the dry storage area.</p> <p>On 12/6/21 at 8:40AM, a dime sized roach crawled from under the sink to under the freezers in the south kitchen.</p> <p>On 12/6/21 at 10:15AM, empty boxes were on lying on the floor in the dry storage area.</p> <p>On 12/7/21 at 11:15AM, a large roach was crawling under the dishwasher sink.</p> <p>On 12/7/21 at 9:57AM, V11 Maintenance Director stated that the blanket that was on the floor in the kitchen on Sunday was from the sink overflowing which happens whenever too much water is poured down at one time.</p> <p>On 12/7/21 at 12:06PM V23 Pest Control Provider stated, (The staff) just cannot leave wet blankets and sheets on the floor. If they create areas of harborage, nothing I do will matter. They can't leave boxes on the floors either.</p> <p>The facility Pest Control report dated 11/18/21, documents that the situation in the south facility kitchen is slightly improved except for employees tossing down bed sheets to soak up water that is getting saturated with moisture and food debris. This is giving the roaches a safe (uncontaminated by control chemicals) area to feed and lay eggs. Found one such sheet laying in front of catch basin under dishwasher and sheet as totally infested with all stages and of roaches from newborns to pregnant females carrying egg sacks.</p> <p>The facility Pest Control policy revised date 2/14/18 documents that The facility shall be kept in such condition and cleaning procedure used to prevent the harborage or feeding of insects or rodents.</p> <p>The facility Resident Census and Condition of Residents Report form dated 12/7/21 documents 107 residents residing in the facility.</p> | | |