

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/04/2023
NAME OF PROVIDER OR SUPPLIER Loft Rehab of Rock Springs, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 North Monroe Street Decatur, IL 62526	

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** 35510</p> <p>Based on observation, interview and record review, the facility failed to maintain dignity while assisting residents with eating meals. This failure affects two residents (R8, R251) reviewed during dining observations on the sample of 62.</p> <p>Findings include:</p> <p>1. R8's Minimum Data Set, dated dated dated [DATE] documents R8 requires extensive assistance of one staff member for eating.</p> <p>On 5/1/23 at 9:04am, V20, Certified Nursing Assistant (CNA) stood to R8's left side of R8's bed while assisting R8 with eating/feeding R8 breakfast.</p> <p>On 5/3/23 at 4:25pm, V2, Director of Nursing (DON) stated the staff should not stand while feeding residents.</p> <p>2. R251's Electronic Medical Diagnoses document R251's diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction affecting left dominant side.</p> <p>On 05/01/23 09:24 AM V17, Licensed Practical Nurse (LPN) was standing while assisting R251 with eating/feeding R251 breakfast.</p> <p>On 5/3/23 at 4:25pm, V2, Director of Nursing (DON) stated the staff should not stand while feeding residents.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>38859</p> <p>Based on observation, interview and record review the facility failed to have a safe, functioning homelike environment for eight of 62 (R26, R86, R49, R55, R351, R52, R11 and R56) residents reviewed for environment on the total sample list of 62.</p> <p>Findings include:</p> <p>On 4/30/23 at 10:06 AM R26 stated, the paper towel holder in my bathroom is on the floor. It has been broken for a while now. There was a hole in the wall where it was and they fixed that but never hung it back up. My daughter brought in paper towels for me, I can't reach them and get them out of the holder on the floor.</p> <p>On 4/30/23 at 10:10 AM R26's bathroom had a void in the wall approximately 12 inches wide by 20 inches long, beside the sink, with broken pieces of dry wall inside the wall on the floor and water pipes exposed. There was a lever activated paper towel dispenser sitting on the floor beside the sink area.</p> <p>On 4/30/23 at 10:15 AM there were 3 ceiling tiles on the fifth floor, located by the entrance of R86's room that were bulging and sagging with a liquid substance dripping. There was a trash can located on the floor directly under the ceiling tiles with liquid substance inside. On 5/1/23 at 8:41 AM the ceiling tiles were discolored brown and sagging.</p> <p>On 5/02/23 10:15 AM ceiling tiles on first floor of the facility by the bistro area had a liquid substance on them and were dripping water onto floor in main hallway. Ceiling tiles surrounding the area were wet, with discoloration. R49, R55, R351, R52 and R11 were observed sitting in this area prior to going outside to smoking area.</p> <p>On 5/01/23 at 8:42 AM at the entrance of R56's room there was no base board on the floor, covering the lower wall area. The exposed wall area had dry wall chipping off and marring.</p> <p>On 5/2/23 at 10:30am- V29 Maintenance stated, the whole hallway, on the 1st floor is leaking, the knuckles on the boiler system are starting to go bad, it started in January. V29 stated V29 noticed the leaks are still there. V29 stated that from what V29 understands it has been going on a long time, and they should be replacing the ceiling tiles once daily. V29 stated the knuckles that connect the pipes are old and just need replaced. The baseboards are in process of being replaced but they are expensive, so the facility cannot replace them all at once. V29 stated I was not aware of the hole in the bathroom wall in R26's room, I knew the paper towel dispenser needed put back up. The ceiling tiles on the fifth floor are wet because of the rain, I will have them replaced. The ceiling on the fifth floor is going to be repaired.</p> <p>Facility Supervisor Daily Floor Round sheets dated 2/14/23 documents, Room (number)- Floor boarder off wall. Written below is need baseboard supply.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on observation, interview and record review the facility failed to report an injury of unknown origin in one (R49) of two residents reviewed for abuse from a total sample list of 62.</p> <p>Findings include:</p> <p>The facility abuse policy dated 12/5/22 documents that injuries of unknown source are reported immediately to the administrator of the facility and to other officials (including the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law.</p> <p>R49's progress notes do not document any injuries sustained in the past 30 days.</p> <p>On 4/30/23 at 9:45AM R49's left forehead had an approximately one inch laceration that was slightly red, straight, approximating and open to air.</p> <p>On 4/30/23 at 9:46AM, R49 stated that she sustained the laceration from a fall but could not recall when she fell .</p> <p>R49's Minimum Data Set, dated dated [DATE] documents moderate cognitive impairment.</p> <p>On 5/1/23 at 10:55AM, V31 Licensed Practical Nurse stated that she did not know how R49 got the wound and that she did not know of it being reported.</p> <p>On 5/1/23 at 10:55AM, R38 Certified Nursing Assistant (CNA) stated that weeks ago she was told that it was from a fall.</p> <p>On 5/2/23 at 3:00PM, V2 Acting Director of Nursing said (R49's) injury should have been investigated and reported. There should be some documentation of what it is from or how it happened.</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on observation, interview and record review the facility failed to investigate an injury of unknown origin in one (R49) of two residents reviewed for abuse from a total sample list of 62.</p> <p>Findings include:</p> <p>On 4/30/23 at 9:45AM R49's left forehead had an approximately one inch laceration that was slightly red, approximating and open to air.</p> <p>On 4/30/23 at 9:46AM, R49 stated that she sustained the laceration from a fall but could not recall when she fell .</p> <p>R49's Minimum Data Set, dated dated dated [DATE] documents moderate cognitive impairment.</p> <p>On 5/1/23 at 10:55AM, V31 Licensed Practical Nurse (LPN) stated that she did not know how R49 got the wound.</p> <p>On 5/1/23 at 10:55AM, R38 Certified Nursing Assistant (CNA) stated that weeks ago she was told that it was from a fall but didn't know anything more than that.</p> <p>On 5/1/23 at 11:00AM, R15 LPN stated that she did not know how R49 got the wound on her head.</p> <p>R49's progress notes do not document any falls in the last thirty days, nor injuries sustained.</p> <p>On 5/2/23 at 3:00PM, V2 Acting Director of Nursing said (R49's) injury should have been investigated and reported. There should be some documentation of what it is from or how it happened.</p> <p>The facility abuse policy dated 12/5/22 documents that the facility must have evidence that all alleged violations are thoroughly investigated.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38859</p> <p>Based on interview and record review the facility failed to develop comprehensive plans of care for three of 30 residents (R25, R303 and R36) reviewed for care plans on the total sample list of 62.</p> <p>1). R25's progress notes document on 2/16/2023, Spoke with Power of Attorney regarding current condition. Family aware of resident need for hospice services and is in agreement with pursuing hospice. R25's progress notes also document on 2/20/2023, Spoke with (hospice) and resident will be admitted to hospice effective 2/20/23.</p> <p>R25's comprehensive care plan did not document R25 is receiving hospice services.</p> <p>On 5/03/23 at 11:10 AM V2 Acting Director of Nursing confirmed R25 did not have care plan for hospice.</p> <p>2). R303's medical record documents R303 readmitted to the facility on [DATE].</p> <p>R303's physician orders dated 4/7/23 document, NPO (nothing by mouth), Tube feeding only.</p> <p>R303 did not have comprehensive care plan after the placement of R303's enteral feeding tube.</p> <p>On 5/03/23 at 11:10 AM V2 Acting Director of Nursing confirmed R303 did not have a care plan for enteral feeding tube.</p> <p>34201</p> <p>3.) R36's Smoking assessment dated [DATE] documents R36 is alert and oriented, and safe to smoke but needs supervision.</p> <p>On 4/30/23 at 9:26 AM, R36 stated the facility keeps R36's smoking materials and gives them to the residents when they go outside to smoke. R36 stated that staff usually go outside with the residents, including R36 when they are smoking, but not always.</p> <p>R36's Comprehensive Care Plan dated 3/13/23 does not document that R36 smokes and/or that R36 requires supervision while smoking.</p> <p>35510</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34201</p> <p>Based on observation, interview and record review, the facility did not revise resident care plans to ensure they accurately reflected resident needs for four of 30 residents (R4, R7, R8, and R62) reviewed for care plans on the sample list of 62.</p> <p>Findings Include:</p> <p>1.) R7's Care Plan dated 4/16/23 documents R7 is at risk for developing and/or has an actual contracture related to generalized weakness, history of CVA (Cerebrovascular Accident) with left sided hemiplegia, with an intervention to apply a splint to the left upper extremity every day for two hours or as tolerated then release it and check skin routinely.</p> <p>On 4/30/23 at 10:19 AM, R7 was lying in bed. R7's left hand and both legs were contracted. R7 stated they have been like that for years due to having a CVA. R7 was not wearing a splint to the left upper extremity and R7's fingers on the left hand were curling into R7's left palm.</p> <p>On 5/01/23 at 12:26 PM, R7 was lying in bed, with V49 (R7's family) at the bedside. R7 was not wearing a splint to the left upper extremity. At this time, R7 stated R7 use to have a brace for R7's left hand but that R7 hasn't worn it for several months, maybe a year due to not being able to find the brace. V49 stated V49 hasn't ever seen R7 in a brace, R7 never wears it when I'm (V49) here but R7 will occasionally have a wash rag in R7's hand.</p> <p>On 5/01/23 at 12:27 PM, V35 CNA (Certified Nursing Assistant) stated R7 won't wear the brace, but it's in R7's top drawer V35 explained R7 hasn't worn it in a very long time, so V35 normally put a wash rag in R7's hand to keep it open. V35 confirmed R7 doesn't have a splint or wash cloth in R7's hand at this time. V35 checked R7's drawers and didn't find the ordered hand splint, stating, I (V35) don't know where it is.</p> <p>2.) On 4/30/23 at 9:02 AM, R62 was lying in bed and appeared emaciated. At this time, R62 stated R62 use to weigh about 140 pounds but now weighs in the 80's.</p> <p>R62's ongoing Census documents R62 was admitted to the facility on [DATE].</p> <p>R62's ongoing computerized weight history documents at the time of admission, R62 weighed 70 pounds. In March 2023, R62's weight had increased to 80.2 pounds but then in April 2023, R62's weight was down to 71 pounds.</p> <p>R62's April Physician Order Sheet documents an order obtained on 4/16/23 for Liquid Protein BID (twice a day) for weight monitoring.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R62's Care Plan dated 2/17/23 documents R62's current weight is below BMI (Body Mass Index) with interventions to monitor for any significant weight loss or gain and have the RD (Registered Dietician) evaluate and make recommendations. The care plan does not contain any updates regarding R62's weight loss or the ordered nutritional supplement.</p> <p>35510</p> <p>3. R8's Care Plans dated 4/8/23 were reviewed on 4/30/23 and document R8 requires a urinary catheter related to Neurogenic Bladder. These care plans document to store R8's urinary collection bag inside a protective dignity pouch.</p> <p>On 04/30/23 08:45 AM R8's urinary catheter collection bag was visible from hall with dark amber urine in the bag.</p> <p>On 5/1/23, R8's urinary catheter collection bag was covered with a protective covering.</p> <p>On 5/1/23 at 9:00am, R8's Care Plans were reviewed and the intervention to store R8's urinary collection bag had been removed from R8's Care Plans.</p> <p>On 5/3/23 at 4:25pm, V2, Director of Nursing (DON) stated residents with a urinary catheter should have a protective cover/pouch covering the urinary catheter collection bag as it is standard of practice and that this information should be included on the care plan. V2 stated R8's intervention for the protective urinary catheter bag/pouch should not have been removed during review/revision of R8's Care Plans.</p> <p>42702</p> <p>4. R4's Minimum Data Set, dated dated dated [DATE] documents R4 as severely cognitively impaired.</p> <p>On 4/30/23 at 10:52AM, V48 (R4's guardian/family member) stated she did not get called for care conferences and that she wanted to be included in them. Since Covid, they just don't call me and I always return the form and mark that I want a telephone care conference.</p> <p>The facility provided care conference letters document on 5/31/22, 10/5/22, 1/11/23 and 3/22/23 letters were sent to V48 guardian/family member and returned with the guardian/family member's signature indicating that a phone conference was preferred. Care plan meeting review sheets provided by the facility document that the guardian/family member were not included in the care plans on the above dates.</p> <p>On 5/2/23 at 8:55AM, V37 Care Plan Coordinator (CPC) said that she tried to communicate with R4's guardian/family member quarterly, but that she didn't answer the call at the time and date of the appointment.</p> <p>On 5/4/23 at 10:23 AM, V37 CPC stated, Maybe I need to try to call her from my cell phone. I will check the number I have and I'm going to try to call her right now. I haven't talked to (V48 guardian/sister) in a long time.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The undated facility Care Planning-Resident Participation policy documents, The facility will discuss the plan of care with the resident and /or representative at regularly scheduled care plan conferences, and allow them to see the care plan, initially and at routine intervals and after significant changes. The facility will make an effort to schedule the conference at the best time of the day for the resident's representative. The facility will obtain a signature from the resident and /or resident representative after discussion or viewing of the care plan.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 35510</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident received hygiene care for the presence of facial hair. This failure affects one of one resident (R8) reviewed for activities of daily living on the sample list of 62.</p> <p>Findings include:</p> <p>R8's Minimum Data Set (MDS) dated [DATE] documents R8 requires extensive assist of one staff member for personal hygiene.</p> <p>R8's Care Plans dated 4/4/22 document R8 receives hospice care and the facility is to work cooperatively with hospice team to ensure the resident's spiritual, emotional, intellectual, physical and social needs are met. These care plans do not document the level of physical assistance R8 requires for hygiene.</p> <p>On 04/30/23 at 09:15 AM R8 was laying in R8's bed in R8's room with hair/whiskers observed above R8's upper lip and on R8's chin. On 5/1/23 at 9:04am, R8's chin and above R8's upper lip continued to be observed to have hair/whiskers. At this time, R8 was noted to have contracture's to R8's hands.</p> <p>On 5/3/23 at 4:25pm, V2, Director of Nursing (DON) stated staff usually ask and should ask residents about shaving/trimming facial hair for all residents. The nurse should document refusals for shaving/trimming facial hair in the progress notes. The facility should assist with/complete facial hair hygiene as needed.</p>		

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<p>F 0686</p> <p>Level of Harm - 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** 38859</p> <p>Based on observation, interview and record review the facility failed to complete accurate and thorough wound assessments, notify physician of wound development, obtain treatment orders, administer physician ordered treatments and implement pressure ulcer prevention measures for three of six residents (R303, R7 and R8) reviewed for pressure ulcers on the total sample list of 62. This failure resulted in R303 not receiving any treatment measures to a Stage IV pressure ulcer for 3 days, then developing a wound infection.</p> <p>Findings include:</p> <p>The facility's policy, with a revision date of 9/5/22, titled Pressure Ulcer Prevention and Management documents, Policy- the facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries. 1- There are multiple term used to describe this type of skin damage, including pressure ulcer, pressure injury, pressure sore, decubitus ulcer and bed sore. For the purpose of this policy, pressure injury, as the current standard terminology, will be used. 2- The facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment, intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions, and modifying the interventions as appropriate. 3- Assessment of Pressure Injuries- c- licensed nurses will conduct a full body skin assessment on all residents upon admission/readmission, weekly and after any newly identified pressure injury. Findings will be documented in the medical record. d- Assessment of pressure injuries will be performed by a licensed nurse, and documented on the Skin Assessment, staging of pressure injuries will be clearly identified to ensure correct coding on the MDS. 4- Interventions for prevention and promote healing: a- After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions. c- Evidence-based interventions for prevention will be implemented for all residents who are assessed at risk or who have a pressure injury present. d- Evidence based treatment in accordance with current standards of practice will provided for all residents who have a pressure injury present. ii- treatment decisions will be based on the characteristics of the wound, including the stage, size, exudate, presence of pain, signs of infection, wound bed, wound edge and surrounding tissue characteristics. 5- Monitoring- b- the attending physician will be notified of: i- the presence of a new pressure injury upon identification.</p> <p>The facility's policy, with a revision date of 12/6/22, titled Wound Treatment Management documents, 1- Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing and frequency of dressing changes. 2- In the absence of treatment orders, the licensed nurse will notify the physician to obtain treatment orders. This may be the treatment nurse or the assigned licensed nurse in the absence of the treatment nurse. 7- Treatments will be documented on the Treatment Administration Records.</p> <p>R303's medical record documents a readmission back to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R303's hospital records documents on 4/4/23, patient has a stage IV pressure injury to coccyx measuring 3 centimeters by 3 centimeters by 0.5 centimeters. Wound base is whitish gray in center and pink edges, bone palpable.</p> <p>R303's admission summary note documents on 4/7/2023 3:15 PM, Resident arrived at facility per ambulance on stretcher and readmitted to room.</p> <p>R303's Braden skin risk assessment completed on 4/7/23 documents a risk score of 6, indicating at very high risk for skin breakdown.</p> <p>R303's Admit/Readmit Screener assessment form documents under section C: Skin integrity- Site Coccyx (sacrum), Type: Pressure. Length, Width, Depth are blank, Stage: III (3). Site: Right Heel, Type: Pressure. Length, Width and Depth are blank, Stage is blank. Site: Left Heel, Type: Pressure. Length, Width and Depth are blank, Stage is blank.</p> <p>R303's medical record does not document physician notification was completed upon the identification of R303's pressure injury wound on 4/7/23.</p> <p>R303's medical record does not document wound assessments, measurements or descriptions from readmission on 4/7/23 through 4/9/23.</p> <p>R303's physician order summary does not document treatment orders were received for R303's pressure injury to the coccyx/sacrum area and bilateral heels until 4/10/23.</p> <p>R303's Treatment Administration Records do not document the completion of treatments to R303's Coccyx/Sacral pressure injury area until 4/10/23.</p> <p>R303's medical record documents on 4/10/23, seen during wound rounds, new orders given.</p> <p>R303's Wound Weekly Observation tool dated 4/10/23 Sacrum, Stage IV, 3.5 by 4 by 1.5 centimeters. Right Heel, Unstageable Deep Tissue Injury, 2 x 2. Left Heel, Unstageable Deep Tissue Injury.</p> <p>R303's medical record documents on 4/11/23 at 12:41 PM, resident noted to be running temp for shift, temp running 101-101.5 degrees Fahrenheit, Tylenol given throughout shift, seen by Nurse Practitioner, orders given to culture wound, possible infection noted to wound, wound cultured today.</p> <p>R303's medical record documents on 4/11/22 at 9:30 AM by V22 Advanced Practice Nurse. Chief Complaint: Initial visit, to establish care with provider, and readmit from hospital 4/7/2023, with new onset of lethargy. HPI (history of present illness): Patient admitted to facility 2/9/2020 for delusional disorders and unspecified dementia, and readmitted [DATE] for surgical aftercare following gastrostomy placement, after 3/10/23 hospitalization for COVID pneumonia. PEG (percutaneous endoscopic gastrostomy) tube was inserted for patient's nourishment while ill with COVID and it remains in place. Patient also developed a stage 4 decubitus ulcer on her sacrum while in the hospital. She was seen 4/10/23 by Wound care and the ulcer was cleaned and debrided. ADON (assistant director of nursing) requested visit to assess patient's alertness. Patient was alert and confused prior to hospitalization and is barely responsive today. Wound cultured today. ASSESSMENT/PLAN: Patient is lethargic and weak but seems to be tracking minimally. Heart sounds are tachy with normal S1, S2. Skin is hot and patient has a temp of 101.76 F. Gastrostomy tube is nicely healed. Decubitus has a foul odor.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R303's Wound Culture Lab report collected on 4/11/23 documents, Final results on 4/16/23- Moderate Proteus Mirabilis, Moderate Escherichia coli, Extended Spectrum Cephalosporin. Isolation for: Extended Spectrum Cephalosporin Resistant (ESCR) is required.</p> <p>On 5/02/23 10:20 AM Wound Care observations were conducted with V24 Wound Nurse. V24 removed R303's old dressing. R303's wound had a foul odor. R303 had an open area approximately 6 centimeters by 3 centimeters with a 2 centimeter depth, wound bed was beefy red tissue with a scant amount of yellow slough present in the wound, the wound had macerated white edges surrounding the area. V24 stated, when a resident admits with an area, the floor nurses do the initial wound assessment (including measurements and description) and if they do not have a treatment order, then notify the doctor for a treatment order, sometimes they will notify me, but I am newer to the position so not everyone knows that. They (staff) most definitely should have measured R303's pressure areas and gotten a treatment order. R303 was seen by V23 Wound physician on 4/10/23, V23 wanted to wait a week for the treatment to be effective and then get a wound culture, but then R303 got the temperature, and the Nurse Practitioner ordered the wound culture. It showed the ESCR (infection) in the wound.</p> <p>On 5/03/23 at 8:30 AM V24 confirmed not able to locate measurements or physician orders 4/7/23 through 4/9/23.</p> <p>On 5/4/23 V22 APN stated, I saw R303's wound on 4/11/23, the wound had a foul odor, you could tell the wound had recently been debrided, it was a Stage 4, you could see muscle. I think the nursing staff could have documented wound care better with R303.</p> <p>34201</p> <p>2.) R7's April Physician Orders documents an order to cleanse R7's sacrum, apply a Bacteriostatic Foam Wound Dressing (cut to size, and pack into wound cavity), then apply 2-3 dry woven gauze pads over the Bacteriostatic Foam, then cover with a thick absorbent pad and secure dressing with retention tape daily and PRN (as needed) for wound healing.</p> <p>R7's Wound Notes dated 5/1/23 by V23 Wound Physician document R7 has a stage IV pressure ulcer to the sacrum measuring 3.5 cm (centimeters) by 2 cm by 0.5 cm that is covered in 15% slough and 55% viable tissue (muscle).</p> <p>On 5/02/23 at 11:40 AM, V24 Wound Nurse and V35 CNA (Certified Nursing Assistant) both entered R7's room to complete the ordered dressing change. R7 was lying in bed on R7's left side with an undated thick absorbent dressing to the sacrum. R7 also had an uncovered full thickness open wound to the upper left posterior thigh. V24 removed the dressing and the inner dressing consisted of gauze pads, that were saturated in a greenish drainage. The ordered Bacteriostatic Foam primary dressing to pack the wound was not in place. V24 confirmed the dressing in place was not what was ordered and that it was not dated. V24 completed the treatment as ordered. At this time, V24 confirmed R7 had an additional pressure ulcer/shear that V24 was not aware of, which did not have a dressing on it. V24 stated, V24 would guess it was 0.5 cm by 1 cm. V24 explained R7 use to have a pressure ulcer in that same location which has since healed. V35 CNA stated V35 noticed the wound this morning while performing cares around 9:00 am and that V35 reported it to V25 RN (Registered Nurse), who is R7's primary nurse. At this time, V24 stated that when a new wound is observed, the primary nurse should assess the wound, measure it and obtain a treatment order. V24 left the new pressure ulcer uncovered and left the room.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>As of 5/02/23 at 12:46 pm, there is no documentation of R7's new pressure ulcer in R7's Progress Notes and no new wound assessment completed.</p> <p>35510</p> <p>3. R8's Admission Record dated 5/4/23 documents R8's diagnoses including Adult Failure to Thrive, Cerebral Palsy, Disorder of the skin and subcutaneous tissue, Contracture to the Right Ankle, and a history of multiple different Pressure Ulcers.</p> <p>R8's Wound Evaluation and Management Summary dated 10/17/22 documents R8's pressure ulcers including a Stage 1 pressure wound with partial thickness to the right ankle with recommendations for R8 to wear a heel protector while in bed. This summary documents R8 also has a Stage 3 pressure wound of the right proximal dorsal foot deteriorated due to larger and deeper, full thickness with recommendation of heel protector while in bed.</p> <p>R8's Hospice orders dated 10/27/22 document R8 does not need seen by a wound physician per V52, R8's Guardian.</p> <p>R8's Care Plans dated 3/24/23 document R8 has a Stage 1 pressure wound of the right lateral ankle and an Unstageable pressure wound of right proximal dorsal foot related to rubbing. These Care Plans document to administer treatment per physician's order and monitor for effectiveness. These Care Plans also document R8 is at risk for skin breakdown related to friction and shear and requires extensive assist of ADLs (Activities of Daily Living) and transfers with interventions to maintain adequate nutrition & hydration and to provide R8 with any and all treatments/dressings if ordered by the physician.</p> <p>The facility's wound log documents date of 4/17/23 with R8 having the following wounds: trauma/injury to R8's right foot with measurements of 0.4 x 0.3cm (centimeters), and no change in the wound. This wound log also documents R8 has a trauma/injury to R8's right ankle with measurements of 0.2 x 0.2cm, and no change in the wound. This wound log does not document these wounds are pressure related.</p> <p>R8's Registered Dietician (RD) assessment dated [DATE] and 3/23/23 document R8 has multiple diagnoses including a history of skin breakdown, but that R8 is no longer on the facility's wound report. This assessment documents R8 requires increased calories related to weights as evidenced by review including history of skin breakdown and that R8 has multiple supplements ordered for additional protein and calories. R8's RD assessment dated [DATE] and 4/20/23 that document R8 has a treatment to the right foot and right ankle.</p> <p>R8's Order Summary Report dated 5/4/23 documents R8 is to have bilateral heel protectors on when in bed and while up in wheelchair. This summary documents an order dated 4/5/23 to cleanse R8's Right Dorsal Foot with Normal Saline solution and apply Petroleum gauze and bordered gauze daily and as needed. These orders document R8 is to receive a fortified frozen nutritional treat twice daily for decreased diet. These orders document R8 is to receive a regular diet, mechanical soft texture, thin consistency with double protein for all meals, offer magic cups x 2 daily and fortified soup at lunch.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/1/23 at 09:04 AM R8's meal tray was delivered to R8 by V20, Certified Nursing Assistant (CNA). This tray contains a tray ticket that documents R8 is to receive double protein at all meals, and one carton of whole milk. There was one thin slice of French toast, sugar free syrup, oatmeal and a small portion appeared around the size of a half dollar of mechanically ground sausage with gravy. V20, CNA stated there have been multiple on-going issues with portions mechanical soft/mechanically ground meats, and that dietary is aware. V20 stated the facility consistently serves very small portions, and this has been going on for a while. V20 confirmed R8 did not receive the carton of whole milk. R8 did not receive a frozen nutritional supplement at this time.</p> <p>On 5/1/23 at 9:20am, V20, Certified Nursing Assistant (CNA) assisted to remove R8's covers to R8's feet. R8's right foot and ankle were covered with a rolled gauze dressing with the outside of the gauze dated as 4/28/23. V20 confirmed the date on the dressing to R8's right ankle. R8 did not have heel protectors on at this time.</p> <p>There is no documentation R8's dressing to R8's right foot had been changed daily as ordered on 4/29/23 or 4/30/23.</p> <p>On 5/3/23 at 4:25pm, V2, Director of Nursing stated R8's wounds were classified at one time by V23, Wound Physician as traumatic injury. V2 stated the hospice company refused to allow the wound physician to treat R8 anymore. V2 stated R8's wound documentation would be updated to accurately reflect they are pressure related. V2 stated the facility should be providing R8's double portions and diet as ordered and agreed these dietary interventions would benefit R8's pressure ulcer wounds.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>34201</p> <p>Based on observation, interview and record review, the facility failed to follow physician orders for a splint restorative for a hand contracture for one of four residents (R7) reviewed for limited range of motion on the sample list of 62.</p> <p>Findings Include:</p> <p>R7's April 2023 Physician Orders document an order obtained on 7/28/21 for a restorative program to apply a splint to the left upper extremity daily for two hours or as tolerated, release and check skin routinely.</p> <p>R7's Care Plan dated Care Plan 4/16/23 documents R7 is at risk for developing and/or has an actual contracture related to generalized weakness, and history of CVA (Cerebrovascular Accident) with left sided hemiplegia with an intervention to apply a splint to the left upper extremity every day for two hours or as tolerated, release and check skin routinely.</p> <p>R7's MDS (Minimum Data Set) dated 4/9/23 documents R7 is alert with moderately impaired cognition, limited ROM (Range of Motion) on one upper extremity and both on lower extremities and is not receiving a splint/brace restorative program.</p> <p>On 4/30/23 at 10:19 AM, R7 was lying in bed. R7's left hand and both legs were contracted. R7 stated they have been like that for years due to having a CVA. R7 was not wearing a splint to the left upper extremity and R7's fingers on the left hand were curling into R7's left palm.</p> <p>On 5/01/23 at 12:26 PM, R7 was lying in bed, with V49 (R7's family) at the bedside. R7 was not wearing a splint to the left upper extremity. At this time, R7 stated R7 use to have a brace for R7's left hand but that R7 hasn't worn it for several months, maybe a year due to not being able to find the brace. V49 stated V49 hasn't ever seen R7 in a brace, R7 never wears it when I'm (V49) here but R7 will occasionally have a wash rag in R7's hand.</p> <p>On 5/01/23 at 12:27 PM, V35 CNA (Certified Nursing Assistant) stated R7 won't wear the brace, but it's in R7's top drawer V35 explained R7 hasn't worn it in a very long time, so V35 normally put a wash rag in R7's hand to keep it open. V35 confirmed R7 doesn't have a splint or wash cloth in R7's hand at this time. V35 checked R7's drawers and didn't find the ordered hand splint, stating, I (V35) don't know where it is.</p> <p>The facility Restorative Nursing Programs Policy dated 12/20/22 documents a Restorative Nursing Program refers to nursing interventions that promoted the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental and psychosocial functioning. Facility staff should assist residents in adjustment to their disabilities and use of any assistive devices. Residents, as identified during the comprehensive assessment process, will receive services from restorative aides when they are assessed to have a need for restorative nursing services that include splint or brace assistance.</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>35510</p> <p>Failures at this level required more than one deficient practice statement.</p> <p>A. Based on observation, interview and record review, the facility failed to ensure a wall heating unit in a room where two residents (R51, R68) reside had the front cover secured in place to prevent the electrical wires and heating elements from being exposed and/or accessible to residents for two of two residents reviewed for wall heating units on the sample list of 62.</p> <p>B. Based on observation, interview and record review the facility failed to implement fall prevention measures for one of five residents (R25) reviewed for falls on the sample list of 62.</p> <p>Findings include:</p> <p>a. The facility's Electronic Medical Record system documents R51 and R68 reside in the same room.</p> <p>On 04/30/23 09:00 AM the heating unit in R51 and R68's room was open/front cover off, leaning against the front of the unit with heating and electrical components exposed. This heating unit is located next to R68's bed within a foot of the heating unit.</p> <p>On 05/01/23 09:00 AM the heating unit in R51 and R68's room remains open with front cover not secured with the heating and electrical components exposed.</p> <p>On 5/2/23 at 11:30am, the heating unit front cover remained uncovered, exposing electrical wires and heating components. At this time, V29, Maintenance Director observed the front panel/cover to the heating unit in R68's room. V29 stated the front covers can pop off when they are bumped and do so. V29 stated the facility is to notify maintenance of this so they can be secured back in place to prevent resident access to the heating and electrical components.</p> <p>38859</p> <p>b.) R25's medical record documents on 2/16/23 at 9:25 AM, Writer went to look for resident, resident was found lying on floor beside bed. When asked res stated I'm trying to put my shoes on. Resident was observed with shoes already on.</p> <p>R25's Fall Interdisciplinary Team note documents, Time of fall: 9:25 AM, Date of fall: 2/16/2023, Location of fall & position found: Lying on floor in resident's room, Resident/Staff (if witnessed) description of fall: Resident stated, I'm trying to put my shoes on. Root Cause: At time of fall resident was trying put on his shoe and slid out of chair. Description of actions/interventions taken: Ensure and remind proper footwear.</p> <p>R25's medical record documents on 2/18/23 at 11:50 AM, found resident in dining room, lying on floor on his back, 5-10 minutes before fall resident was sitting up in wheel chair resting his eyes in dining room.</p> <p>(continued on next page)</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>R25's Fall Interdisciplinary Team note documents, Time of fall: 11:50 AM, Date of fall: 2/18/2022, Location of fall & position found: Lying on the floor in the dining room. Root Cause: At time of fall resident was trying to self-transfer from his wheelchair to a regular chair and lost his balance during transfer. Description of actions/interventions taken: Transfer to a regular (chair) for meals.</p> <p>On 4/30/23 at 8:45 AM and 12:45 PM and 5/1/23 at 8:30 AM R25 was in R25's wheelchair in dining room consuming meal. R25 was not in a dining room chair. R25 had a tray table in front of him while eating.</p> <p>R25's medical record documents on 4/18/23 at 11:15 AM, Patient found on floor in room. Large risen area at Left side of forehead.</p> <p>R25's Fall IDT note documents, Time of fall: 11:44 AM, Date of fall: 4/18/23, Activity at time of fall: walking unassisted in room. Resident/Staff (if witnessed) description of fall: resident states he was trying to tie his shoe. Root Cause: Attempting to put on his own shoes independently, lost balance and fell forward. Description of actions/interventions taken: Staff to assist resident with putting on shoes at all times, continue to encourage resident to request assistance.</p> <p>R25's Fall Interdisciplinary Team note documents, Time of fall: 7:15 AM, Date of fall: 4/26/23. Location of fall & position found: Hallway of fifth floor lying on his right side</p> <p>Root Cause: res without shoes. Description of actions/interventions taken: staff educated to ensure res has proper footwear on when out of bed.</p> <p>R25's care plan documents Category: Falls, Resident at risk for falling related to history of falls, weakness and Seizures, muscle weakness, muscle wasting and atrophy, lack of coordination, abnormalities of gait and mobility, weakness, DM, anxiety, anemia, psychological development. Resident alert et oriented, able to voice needs, noted to transfer without assist, non-compliant with safety devices, combative and aggressive at times, crawls on floor at times, refuses to come out of room, likes to spend long periods of time in bathroom without any purpose, curses at staff at times, self-transfers at times, refuses assist with ADL's (activities of daily living), thinks he is able to do more for himself than he actually can, non-compliant with requesting for assist with functional mobility, no safety awareness or awareness of own deficits. Noted to place shoes on wrong foot and take off after staff places shoes on. Staff assist with ADLs. Interventions: 2/18/23 - Transfer to regular chair in dining room for meals. 2/16/23 - Ensure and remind proper footwear in place. 4/18/23 - Staff to assist with putting residents shoes. 4/26/23- encourage not to remove shoes after staff put on, staff to redirect as needed.</p> <p>On 5/03/23 08:43 AM V2 Acting Director of Nursing stated the intervention on 2/18/23 was for R25 is to be placed in a regular chair in the dining room. V2 stated the intervention on 4/18/23 was for staff to ensure R25 is wearing shoes at all times, on 4/26/23 R25 was attempting to put shoes on and fell .</p> <p>The facility's policy, with a revision date of 1/5/23, titled Accidents and Supervision documents, Policy- The resident environment will remain as free of accident hazards as possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes: 3- implementing interventions to reduce hazards and risks.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>35510</p> <p>Based on observation, interview and record review, the facility failed to ensure a residents urinary catheter bag was covered with a protective bag/pouch. This failure affects one of three residents (R8) reviewed for urinary catheters on the sample list of 62.</p> <p>Findings include:</p> <p>R8's Care Plans dated 4/8/23 document R8 requires a urinary catheter related to Neurogenic Bladder. These care plans document to store R8's urinary collection bag inside a protective dignity pouch.</p> <p>On 04/30/23 08:45 AM R8's urinary catheter collection bag was visible from hall with dark amber urine in the bag.</p> <p>On 5/3/23 at 4:25pm, V2, Director of Nursing (DON) stated residents with a urinary catheter should have a protective cover/pouch covering the urinary catheter collection bag as it is standard of practice.</p> <p>The facility's Catheter Care policy dated 1/24/23 documents the facility is to ensure residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. This policy documents privacy bags will be available and catheter drainage bags will be covered at all times while in use.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>34201</p> <p>Based on observation, interview and record review, the facility failed to keep oxygen tubing off the floor to prevent contamination and failed to ensure oxygen tubing was attached to the concentrator for proper oxygen delivery for two of two residents (R50, R63) reviewed for oxygen on the sample list of 62.</p> <p>Findings Include:</p> <p>1.) R50's April 2023 Physician Orders document an order for oxygen at 2 liters per nasal cannula to maintain an oxygen saturation level of greater than 90% with a diagnosis of COPD (Chronic Obstructive Pulmonary Disease).</p> <p>R50's Care plan dated 4/14/23 documents R50 requires oxygen therapy related to Respiratory Failure with Hypoxia, and COPD with an intervention to administer oxygen as ordered.</p> <p>On 4/30/23 at 9:34 AM, R50 was sitting up in a recliner in R50's room wearing an oxygen nasal cannula. At this time, R50 stated R50 was short of breath and that V18 RN (Registered Nurse) is aware and had told R50 it would take a few minutes for R50's oxygen levels to elevate after V18 turned R50's oxygen up. R50's oxygen concentrator was turned on and set at 4 Liters however the nasal cannula that R50 was wearing was not attached to the oxygen concentrator, it was lying on the floor. At this time, R50 activated R50's call light.</p> <p>On 4/30/23 at 9:38 AM, V19 CNA (Certified Nursing Assistant) answered R50's call light, confirmed the oxygen tubing was not attached to the oxygen concentrator. V19 picked the tubing up off the floor and connected it to the concentrator and stated, V19 would get V18.</p> <p>On 4/30/23 at 9:41 AM, V18 RN entered R50's room and checked R50's oxygen saturation level, which was at 97% with oxygen running at 4 liters. V18 stated, earlier when V18 was in R50's room, R50 was short of breath and R50's oxygen saturation level was in the low 80's percentile so V18 bumped R50's oxygen up from 2 liters to 4 liters at that time.</p> <p>42702</p> <p>2) R63's physician order sheet dated 3/9/23 documents oxygen per nasal cannula to be delivered at two liters for congestive obstructive pulmonary disease.</p> <p>On 4/30/23 at 12:12PM, R63 was lying in bed, wearing a nasal cannula attached to an oxygen concentrator that was turned off.</p> <p>On 5/1/23 at 1:02PM, R63 was lying in bed, wearing a nasal cannula with the oxygen concentrator connected and providing four liters of oxygen.</p> <p>On 5/1/23 at 1:04PM, V16 Licensed Practical Nurse stated that the order for R63's oxygen was for two liters of oxygen per nasal cannula.</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 - Few</p>	<p>On 5/2/23 at 2:30 PM, R63 was sleeping in her bed wearing four liters of oxygen.</p> <p>On 5/3/23 at 9:24AM, R63 was sitting in the activity room on the 3rd floor with oxygen being delivered at four liters per nasal cannula.</p> <p>The facility provided oxygen policy documents that oxygen is to be administered under the order of a physician.</p>		

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<p>F 0740</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on observation, interview and record review the facility failed to provide behavioral services to meet the emotional and psychosocial needs of one (R4) of 21 residents reviewed for behavioral services from a total sample list of 62. This failure resulted in R4 inconsolably screaming, crying, and preventing care for herself for the past year without effective intervention.</p> <p>Findings include:</p> <p>R4's electronic medical record dated 7/1/21 documents admission to the facility.</p> <p>R4's Minimum Data Set, dated dated dated [DATE] documents that R4 is severely cognitively impaired with the following diagnoses include: congestive obstructive pulmonary disease, lack of normal childhood development, paranoid schizophrenia, Barrett's esophagus, diabetes and dementia.</p> <p>R4's progress notes dated from 8/12/21 through 4/30/23 document R4 screaming at staff, sobbing uncontrollably, preventing cares, preventing maintenance of her room and threatening staff with physical harm.</p> <p>On 4/30/23 at 10:00AM, R4 was lying in bed screaming, Get out! Get out! I'm gonna kill you! R4's face was angry and posture was defensive.</p> <p>On 4/30/23 at 10:10AM, R4 was sitting at the nurse's station screaming and sobbing. This behavior continued for another 15 minutes with R4 saying, They are going to kill me!</p> <p>On 4/30/23 at 10:05AM, V16 Licensed Practical Nurse (LPN) stated that R4 has exhibited the behaviors of uncontrolled screaming and crying since admission.</p> <p>R4's physician orders dated 8/4/21 document Risperidone (antipsychotic) 1 milligram per milliliter to be given twice a day.</p> <p>R4's physician orders dated 2/15/23 document Risperidone 1 milligram per milliliter to be decreased and given once a day.</p> <p>On 5/1/23 at 3:36PM, V50 Certified Nursing Assistant (CNA) stated, I have worked here for four years and during this time, (R4) has been difficult to handle. She yells at people, hits and has stabbed a staff member with a butter knife. She has to be left alone when she doesn't want to do something. Only V51 CNA can get her to do things.</p> <p>On 5/2/23 at 10:00AM, V31 Licensed Practical Nurse stated, (R4) just calmed down from really getting upset. She was screaming and crying because we just took her meal tray out of the room. We have to hide her medications in her food and if she sees them, she won't take her medicine.</p> <p>(continued on next page)</p>		

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F 0740 Level of Harm - Actual harm Residents Affected - Few	<p>On 5/2/23 at 12:00PM, V33 CNA stated, (R4) has a meltdown at least 3 x a week. She screams and gets really upset; she will threaten to kill you.</p> <p>On 4/30/23 at 10:00AM, V48 guardian/family member stated that there is only one employee who can get (R4) to do anything.</p> <p>R4's electronic medical record documents that R4 has only seen behavioral health one time in the last year, dated 3/16/23.</p> <p>On 5/1/23 at 2:25PM, V21 Social Services Director said, When I came into this role in September 2022, there was no one providing psychiatric services to the residents. I reinstated the program. I don't know how long that the residents had been without psychiatric services before that.</p> <p>On 4/30/23 at 10:52AM, V48 guardian/family member stated, My sister is slow, she always has been. She only went through sixth grade and she just doesn't like to be bothered. She is worse now; she didn't used to be like this. She just yells all the time. I'm not aware of her having psychiatric services but if she needs them, I want her to have them. I don't want her to be miserable.</p> <p>The facility Behavioral Health Services policy dated 12/5/22 documents the behavioral health care plans shall be reviewed and revised as needed, such as when interventions are not effective.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>38859</p> <p>Based on interview and record review the facility failed to document the administration of Physician ordered intravenous medication for one of two residents (R301) reviewed for intravenous treatment on the total sample list of 62.</p> <p>Findings include:</p> <p>R301's Physician order summary documents, Cefepime Hydrochloride Intravenous Solution (antibiotic) 2 grams/100 milliliters, 2 grams intravenously every 12 hours for infection for 45 days. Start date 4/27/23 at 8:00 AM and 8:00 PM.</p> <p>R301's Medication Administration Records document, Cefepime Hydrochloride Intravenous Solution (antibiotic) 2 grams/100 milliliters, 2 grams intravenously every 12 hours for infection for 45 days at 8:00 AM and 8:00 PM. These same MAR's do not document staff initials after the administration at 8:00 PM on 4/27/23, 4/29/23 and 4/30/23.</p> <p>On 5/3/23 at 1:10 PM V2 Acting Director of Nursing stated, the nurses did not sign out the doses of Cefepime administered at 8:00 PM on 4/27/23, 4/29/23 and 4/30/23, not sure why, they may have forgotten.</p> <p>The facility's policy, with a revision date of 1/4/23 titled Medication Administration documents, 15. Administer medications as ordered in accordance with manufacturer specifications, 18- Sign the Medication Administration Record after administered. The facility's Intravenous Therapy policy documents 11- IV documentation is recorded in the nurses notes and/or Medication Administration Record.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 interview and record review, the facility failed to complete psychotropic medication assessments, identify targeted behaviors and appropriate diagnosis for the justification of use for medications and monitor behaviors for three of five residents (R7, R9 and R86) reviewed for unnecessary medications on the sample list of 62.</p> <p>Findings Include:</p> <p>1.) R7's ongoing Diagnosis Listing documents the following diagnoses: Depressive Disorder, Unspecified Schizophrenia, and Anxiety.</p> <p>R7's ongoing Census documents R7 was readmitted to the facility, from the hospital, on 4/7/23.</p> <p>R7's April 2023 Physician Orders document the following orders:</p> <p>4/9/23 -Clonidine {Sedative} 0.5 mg (milligrams); administer one tablet BID (two times a day) for recurrent Depressive Disorder.</p> <p>4/8/23 - Haloperidol Tablet {Antipsychotic} 5 mg; administer half a tablet by mouth one time a day for Schizophrenia</p> <p>4/8/23 - Trazodone {Antidepressant} 100 mg; administer one tablet by mouth at bedtime for Insomnia</p> <p>4/8/23 - Lamictal {Anticonvulsant} 25 mg; administer one tablet by mouth BID for Schizophrenia and Anxiety</p> <p>The only Psychotropic Medication Assessment in R7's medical record is dated 9/30/21 and documents R7 is on these medications for Schizoaffective Disorder, Depression and Insomnia. This assessment does not identify any specific behaviors.</p> <p>R7's Progress Notes from 4/7/23 - 5/2/23 does not document any behaviors.</p> <p>On 5/01/23 at 1:36 PM, after reviewing R7's medical record, V3 Nurse Manager confirmed R7 has not had a psychotropic medication assessment completed since 2021 and stated, they are to be completed upon admission and quarterly.</p> <p>On 5/01/23 at 1:39 PM, after reviewing R7's medical record, V1 Administrator stated R7 has no behavior monitoring on file.</p> <p>2.) R9's ongoing Diagnosis Listing documents the following diagnoses: Anxiety, Bipolar, and Recurrent Major Depressive Disorder.</p> <p>R9's ongoing Census documents R9 was admitted to the facility on [DATE].</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 - Few</p>	<p>R9's April 2023 Physician Order Sheets document the following orders:</p> <p>3/11/22 - Trazodone {Antidepressant} 100 mg (milligrams); administer one tablet at bedtime related to Depression</p> <p>3/12/22 - Aripiprazole {Antipsychotic} 10 mg; administer one tablet daily for Depression, Anxiety, and Bipolar</p> <p>3/11/22 - Trileptal {Anticonvulsant} 300 mg; administer one tablet at bedtime for Depression</p> <p>3/12/22 - Prozac {Selective Serotonin Reuptake Inhibitor} 40 mg; administer one capsule every morning for depression.</p> <p>R9's computerized medical record does not contain any psychotropic medication assessments or behavior charting.</p> <p>On 5/01/23 at 1:36 PM, after reviewing R9's medical record, V3 Nurse Manager confirmed R9 did not have a psychotropic medication assessment completed at the time of admission, prior to starting the ordered medications.</p> <p>On 5/01/23 at 1:39 PM, after reviewing R9's medical record, V1 Administrator stated R9 has no behavior monitoring on file.</p> <p>38859</p> <p>3. R86's Physician order summary documents orders for Seroquel (anti-psychotic) tablet 50 milligrams, give one tablet by mouth two times a day, start date 12/31/22 and Lorazepam (anti-anxiety) tablet 1 mg by mouth every eight hours, start date: 11/29/22.</p> <p>R86's medical record contained a Psychoactive Medication Monitoring form dated 4/15/22. No other Psychoactive/Psychotropic medication assessment were located in R86's medical record.</p> <p>R86's medical record contained an AIMS (abnormal involuntary movement scale) assessment form dated 8/31/22. No other AIMS assessments were located in R86's medical record.</p> <p>On 5/2/23 at 12:01 PM V2 stated, psychotropic medication assessments are to be completed on admission, quarterly and with the initiation or increase of psychotropic medications, AIMS should be done every 6 months. V2 confirmed R86 did not have any other Psychoactive/Psychotropic medication assessment completed after 4/15/22 and no other AIMS assessments could be located in R86's medical record.</p> <p>R86 did not have a care plan for the use of Lorazepam.</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 - Few</p>	<p>The facility's policy, with a revision date of 12/20/22, titled Use of Psychotropic Drugs documents, 1- A psychotropic drug is any drug that affects brain activities associated with mental processes and behaviors. Psychotropic drugs include but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety and hypnotics. 2- The indications for initiating, withdrawing or withholding medications as well as the use on non-pharmacological approaches, will be determined by: a- assessing the residents underlying condition, current signs, symptoms, expression and preferences and goals for treatment. b- Identification of underlying causes. 4- The indications for use of any psychotropic drug will be documented in the medical record. a- Pre-admission screening and other pre-admission data shall be utilized for determining indications for the use of medications ordered upon admission to the facility, documentation shall include the specific condition as diagnosed by the physician. i- Psychotropic medications shall be initiated only after medical, physical, functional, psychosocial, and environmental causes have been identified and addressed. ii- non-pharmacological interventions that have been attempted, and the target symptoms for monitoring shall be included in the documentation. 9- the effects of the psychotropic medications on a residents physical, mental and psychosocial well-being will be evaluated on an ongoing basis.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>35510</p> <p>Based on observation and record review, the facility failed to administer medications per manufacturer's instructions and physician's orders for two residents (R3, R65) reviewed for medication administration. The facility had two errors out of 25 opportunities for a medication error rate of 8%.</p> <p>Findings include:</p> <p>The facility's Medication Administration policy dated 1/4/23 documents medications are administered by licensed nurses or other legally authorized staff as ordered by the physician and in accordance with professional standards of practice. This policy documents to compare medication with the medication administration record (MAR) to verify resident name, medication name, form and dose. This policy documents if other than oral route, administer in accordance with facility policy for the relevant route. This policy documents to identify the expiration date and administer the medication as ordered in accordance with manufacturer specifications.</p> <p>1. R65's Order Summary Report dated May 4, 2023 documents R65's medication orders including Anoro Ellipta 62.5-25mcg (micrograms)/ACT (actuation) Aerosol powder, breath activated, give 1 puff by mouth in the morning for Chronic Obstructive Pulmonary Disease (COPD).</p> <p>On 4/30/23 at 8:15am, V16, Licensed Practical Nurse (LPN) prepared medications for R65. V16 took R65's Anoro Ellipta inhalation device out of the medication cart. This device did not document a date when the tray containing the medication was opened, nor did it document a discard date. The box to this medication was not dated with a tray open or discard date. V16 took R65 the medication, told R65 to inhale deep. R65 was not instructed to fully exhale and did not exhale and inhaled the medication. R65 was not instructed to hold R65's breath for 3 to 4 seconds and R65 exhaled immediately after inhaling this medication.</p> <p>The manufacturer's package insert for Anoro Ellipta for oral inhalation dated August 2020 documents to Anoro Ellipta exactly as prescribed. This insert documents to write the tray opened and discard dates on the inhaler label. The discard date is 6 weeks from when you open the tray. This insert documents while holding inhaler away from the mouth, exhale fully, place the mouthpiece between lips and take one long steady deep breath in through the mouth. This insert documents to remove the inhaler from the mouth and hold breath for about 3 to 4 seconds and breathe out slowly and gently.</p> <p>The facility's Administration of Dry Powder Inhalers dated 2/28/23 documents medications are administered as prescribed in accordance with nursing principles and practices. This policy documents to gather equipment and check expiration date on the medication. This policy documents to instruct the resident to exhale away from the device, seal lips around the mouthpiece and to hold breath for as long as possible to ensure deep instillation of medication.</p> <p>2. R3's Order Summary Report dated 5/4/23 documents R3's medication orders including Carbidopa/Levodopa 25-100mg (milligrams) give two tablets orally three times daily for Neuroleptic Induced Parkinsonism.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/3/23 at 12:07pm, V46, Licensed Practical Nurse (LPN) prepared medications for R3. V46 took R3's medication supply card labeled Carbidopa-Levodopa 25-100 mg Tablet, take 2 tablets to administer 50/200mg by mouth three times daily and placed one tablet in R3's medication cup. V46 administered the one tablet of the Carbidopa-Levodopa medication to R3, instead of two tablets. When questioned, V46 stated V46 was sure the dose of R3's medication was one tablet and not two tablets. V46 reviewed R3's Electronic Medical Record Orders and stated R3 is supposed to receive two tablets and confirmed the order documents this.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>38859</p> <p>Based on interview and record review the facility failed to administer a physician ordered intravenous antibiotic for one of two residents (R301) reviewed for intravenous therapy on the total sample list of 62.</p> <p>Findings include:</p> <p>R301's physician order summary documents, Daptomycin (antibiotic) Intravenous Solution, 700 milligrams one time a day for infection for 42 days at 12:00 PM, start date: 4/27/23 and Contact isolation for persistent skin infections.</p> <p>R301's Medication Administration Records document a 9 (indicating to see progress notes) for Daptomycin 700 milligrams on 5/1/23 at 12:00 PM. R301's progress notes documents, Orders - Administration note: Daptomycin Intravenous Solution Reconstituted, use 700 mg intravenously one time a day for infection for 42 Days, omitted during med pass.</p> <p>R301's BIMS (Brief Interview of Mental Status) score of 14 dated 5/3/23, indicates R301 is cognitively intact.</p> <p>On 5/02/23 at 9:30 AM R301 stated, I have gotten my IV antibiotic three times a day, every day except yesterday (5/1/23), I did not get one of the doses, I was going to ask the nurse if the doctor changed my orders.</p> <p>On 5/03/23 at 11:10 AM V2 Acting Director of Nursing stated, R301 did not receive noon dose of antibiotics (Daptomycin) on 5/1/23, not sure why, have notified the physician.</p> <p>The facility's Medication Administration Policy, with a revision date of 1/4/23, documents, Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician in accordance with professional standards of practice.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>35510</p> <p>Based on observation, interview and record review, the facility failed to ensure medication storage/supply areas were kept clean. The facility also failed to ensure medications were labeled. These failures affect all 95 residents who reside in the facility.</p> <p>Findings include:</p> <p>On 05/01/23 at 9:33am, the 5th floor medication storage room had a medication refrigerator that contained a box labeled Acetaminophen Suppository 650mg suppositories containing four suppositories labeled with the expiration date of January 2023. This refrigerator contained a large amount of ice accumulation in the freezer section located inside this refrigerator. V13, Licensed Practical Nurse (LPN) stated V13 thinks the medication refrigerators are defrosted monthly but was unsure of when the 5th floor medication storage refrigerator was defrosted last. V13 observed the ice accumulation with ice pack noted in the freezer section. This refrigerator freezer section is missing the cover to the freezer section.</p> <p>05/01/23 09:42 AM the 4th floor medication room was observed. The locked electronic medication supply cart preparation surface has dark, dingy debris on it. The 4th floor medication area countertop was unclean with multiple areas of dried brown substances. There was a chemical free bug trapping and zapping device positioned upside down in the outlet between the hand soap dispenser and the sink. There was an accumulation of a white/clear substance with small insects. This medication storage/preparation area had a vent located on the wall near the ceiling above the medication preparation area and sink that had debris accumulation between the vent grill openings. There was a black spore like substance accumulation below the sink on the board of the shelf. This shelf board also showed expansion damage of approximately an inch thick of the shelf. This medication area's medication refrigerator padlock was unlocked and contained R301's Intravenous Antibiotic medications including Cefepime and Daptomycin, Stock box labeled Acetaminophen 650mg suppositories with the box warped with dried brown substance on the box. At this time, V14, LPN confirmed the box was soiled and that V14 would dispose of the box containing the Acetaminophen medication. V14 stated V14 was unsure of how often the refrigerator is defrosted or when it was defrosted last.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Loft Rehab of Rock Springs, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 North Monroe Street Decatur, IL 62526	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>05/01/23 10:00 AM the third-floor medication room was observed. At that time, V15, Licensed Practical Nurse (LPN) got up from sitting at the nurses station as the surveyor went in to the medication room and began moving supplies and cleaning up the top of the refrigerator where R80's Intravenous medications were being stored as well as additional Intravenous medications being stored on top of the counter of the medication room. A drawer under the medication preparation counter contained Intravenous Administration infusion tubing sets with dried yellow substances. There was a syringe in this drawer labeled as Heparin lock solution in this drawer that was stuck to a packet labeled mayonnaise. The medication storage refrigerator contained six doses of Bisacodyl 10mg suppositories labeled with the expiration date of January 2023. There was also a warped box of Acetaminophen 650mg suppositories with 10 doses inside the warped/damaged box. The freezer section located in the upper right corner inside the refrigerator contained a 3-inch accumulation of ice to the rear right corner of the freezer section. The cover to the freezer was open positioned on top of the freezer. At 10:15am, V16, LPN stated night shift defrosts the medication refrigerator/freezers but V16 was unsure the last time it was done. There was a bottle of Aspirin 325mg tablets labeled with the expiration date of September 2022 in the cabinet containing stock medication supply ready for use. V16 stated V16 would discard the warped/damage box of Acetaminophen suppositories. V16 stated the Bisacodyl suppositories were stock supply and that V16 threw the box away on 4/30/23 but forgot to throw the rest of the supply that were not in the box away.</p> <p>The facility's Medication Storage policy dated 4/28/23 documents to ensure all medications housed on premises will be stored in the medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, ventilation, moisture control and security. This policy documents unused medications are routinely inspected by the pharmacy for discontinued, outdated, defective or deteriorated medications with worn, illegible or missing labels. These medications are destroyed.</p> <p>On 4/30/23 at 8:15 am V3 Nurse Manager stated all residents in the facility reside on the 3rd, 4th or 5th floors of the building.</p> <p>The facility's Resident Census and Conditions of Residents dated 4/30/23 document 95 residents reside in the facility.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food and Nutrition Services. This failure has the potential to affect all 95 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/30/2023 at 11:30AM, V5 (Dietary Manager) was actively supervising dietary operations in the facility kitchen. V5 reported being the full-time manager of the facility food service and reported not being a clinically qualified Certified Dietary Manager or having the equivalent training.</p> <p>Throughout the duration of the survey from 4/30/2023-5/4/2023, the facility failed to serve menus as planned, failed to ensure planned portion sizes for pureed diets, failed to maintain sanitary food preparation surfaces and other kitchen areas (floors, walls, equipment surfaces), failed to properly label time and temperature control for safety foods, failed to ensure sanitary dishwashing areas, failed to effectively sanitize dishes, failed to provide sufficient staff for dietary operations, failed to exclude flying insect pests and direct cross-contamination of food contact surfaces, failed to ensure sanitary dishwashing areas, and failed to effectively sanitize dishes.</p> <p>The Resident Census and Conditions of Residents report (4/30/2023) documents 95 residents reside in the facility.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to employ sufficient dietary staff to maintain effective food service sanitation and serve timely and palatable meals. This failure has the potential to affect all 95 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/30/2023 at 7:55AM, V9 (Cook) was preparing resident breakfast trays in the main kitchen of the facility, located on the first floor. No other staff were present in the kitchen at this time. V9 reported the only other dietary employee present was V6 (Cook), who was currently passing resident meal trays on the third, fourth, and fifth floors. V9 reported residents only reside on the third, fourth, and fifth floors of the facility. V9 reported the facility does not currently have enough staff to assemble resident meals in the kitchenettes located adjacent to the resident dining rooms located on each of the above floors. V9 reported all resident meal trays are assembled in the main kitchen on the first floor and then transported to the resident floors with a cart.</p> <p>On 4/30/2023 at 8:22AM, V6 (Cook) reported the kitchen is currently low on staff and as a result has to assemble resident meal trays in the main kitchen instead of in the kitchenettes located adjacent to each of the resident dining rooms on the third, fourth, and fifth floors of the facility.</p> <p>On 4/30/2023 at 11:45AM, V5 (Dietary Manager) reported the facility food service is currently low on staffing.</p> <p>On 5/1/2023 at 10:15AM, V12 (Cook) reported the dietary department is low on staffing and getting all the needed food service cleaning and food preparation tasks completed is difficult because the facility does not employ enough dietary staff.</p> <p>On 5/1/2023 at 10:27AM, V5 (Dietary Manage) was preparing food in the main kitchen area and reported also being the cook today due to staffing issues.</p> <p>On 4/30/2023 at 9:19AM, R36 reported the food is always cold, staff don't serve what is on the menu, and the food tastes terrible. R36 reported the facility also runs out of food all of the time including peanut butter, salt, and ketchup.</p> <p>On 4/30/2023 at 10:14AM, R47 reported food is always cold.</p> <p>On 4/30/2023 at 11:25AM, R9 reported the facility food is generally always cold.</p> <p>On 5/02/2023 at 10:06AM, R47 reported supper has been as late as 6:30pm and food is cold.</p> <p>Resident Council Meeting minutes document the following:</p> <p>8/5/2022--Many residents complained about the food being cold</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>12/2022--food late and cold, not getting all of the food listed on the meal ticket.</p> <p>3/2023--food is cold and residents reported wanting kitchen staff to serve their meals directly from the resident floors (instead of from tray carts transported from the main kitchen on the first floor).</p> <p>4/14/2023--residents reported not being able to order from the alternative menu, food is cold, and wanting kitchen staff to serve their meals directly from the resident floors (instead of from tray carts transported from the main kitchen on the first floor).</p> <p>Throughout the duration of the survey from 4/30/2023-5/4/2023, the facility failed to serve menus as planned, failed to maintain sanitary food preparation surfaces and other kitchen areas (floors, walls, equipment surfaces), failed to properly label time and temperature control for safety foods, failed to ensure sanitary dishwashing areas, and failed to effectively sanitize dishes.</p> <p>The Resident Census and Conditions of Residents report (4/30/2023) documents 95 residents reside in the facility.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to serve menu items as planned resulting in missed menu items for all residents and undersized food portions during multiple meals for residents receiving puree and mechanical soft diets. These failures have the potential to affect all 95 residents in the facility.</p> <p>Findings include:</p> <p>On 4/30/2023 at 9:19AM, R36 reported the facility does not serve what is on the menu and the facility runs out of food all of the time.</p> <p>On 4/30/2023 at 10:14AM, R47 reported the facility does not serve what is on the menu, but serves whatever food the kitchen has.</p> <p>On 4/30/2023 at 11:45AM, V5 (Dietary Manager) was assisting dietary staff with preparing resident lunch meal trays for the third, fourth, and fifth floors of the facility. V5 reported residents only reside on those floors in the building, and the third floor meal tray cart had already left the kitchen and facility staff were currently serving those trays to residents. No bread and margarine was observed on any resident tray prepared for lunch. V9 (cook) was present and reported not making any puree bread for the noon meal service. When questioned if the kitchen was serving any bread or margarine today for residents, V5 did not respond and immediately directed dietary staff, including V9, to retrieve bread and margarine to begin serving to residents. V9 then resumed preparing resident meal trays, but did not fully fill the food scoops, including pureed pulled pork and pureed vegetable blend, when plating each resident's food. V9 served very small pureed portions of pulled pork and vegetables to residents who receive puree diets, with each portion appearing about one ounce total in volume.</p> <p>On 4/30/2023 at 12:00PM, R53 did not receive any pureed bread or margarine and R53's portion sizes of pureed food (pulled pork and vegetable blend) appeared very small (about one ounce in volume) and R53 fully consumed each served food item with no leftovers remaining on R53's plate.</p> <p>On 4/30/2023 at 12:25PM, V9 (Cook) reported not following any recipe for puree food preparation during the noon meal service and reported taking a bunch of pulled pork and pureeing the unmeasured pork quantity with an unmeasured amount of liquid from the cooking process to prepare the pureed pulled pork.</p> <p>On 4/30/2023 at 12:30PM, residents eating lunch on the fourth floor did not have any bread or margarine and R11's pureed food portion sizes appeared very small, about one ounce in total volume, before R11 began eating R11's lunch. V7 (Activity Aide) was present and looked at R11's pureed pulled pork serving located in R11's bowl and stated Oh my God, the cup should be full!</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/30/2023 at 12:40PM, residents who received a pureed diet on the fifth floor did not have any portion of pureed bread/margarine. Portion sizes of pureed pulled pork appeared very small, about one ounce in total volume. V8 (Licensed Practical Nurse) was present and stated I agree (pureed portions sizes of pulled pork were undersized).</p> <p>The facility Week At a Glance menus (4/30/2023-5/6/2023) documents the facility should serve residents one slice of bread and one teaspoon of margarine during the noon meal on 4/30/2023. The same record documents the facility should serve residents receiving pureed diets four ounces of pureed pulled pork and two and two-thirds ounces of pureed vegetable blend during the lunch meal on 4/30/2023.</p> <p>On 5/1/2023 at 9:04AM, V20 (Certified Nurse Aide) served a breakfast meal tray to R8. R8's meal tray included a printed diet order slip documenting facility staff should serve R8 double protein at all meals, and one carton of whole milk. R8's breakfast tray included one slice of french toast, sugar free syrup, oatmeal, and a small, single portion of ground sausage with gravy. V20 stated the dietary service in the facility has had multiple ongoing issues with puree foods, including inadequate puree and mechanical soft food portion sizes. V20 reported the facility consistently serves very small portions and the issue is ongoing.</p> <p>On 5/1/2023 at 12:10PM, V9 (Cook) was preparing resident meals in the kitchen including pureed spinach, pureed chicken breast, and pureed potatoes. V9 was using a two ounce scoop to portion ground chicken for residents who receive mechanical soft diets, instead of a four ounce scoop as directed by the facility menu. V5 (Dietary Manager) was present and reported not using recipes for preparation of pureed food items. V5 was unable to describe the process V5 used to prepare the pureed menu items. V5 reported always using a two and two-thirds ounce scoop for measuring puree meat portions and a three ounce scoop for measuring pureed vegetable portions when making resident plates.</p> <p>The facility Week At a Glance menus (4/30/2023-5/6/2023) documents dietary staff should have served residents who eat a mechanically soft diet four ounces of ground chicken during the noon meal on 5/1/2023.</p> <p>Resident Council Meeting minutes document the following:</p> <p>8/5/2022--not big enough portions to feed one person.</p> <p>12/2022--small food portions; not getting all of the food listed on the meal ticket.</p> <p>3/2023--food portions not big enough to feed one person</p> <p>Resident Concern Form (April 2023) documents: residents have voiced concern they are not receiving enough food to eat and reported people in jail get better food.</p> <p>The facility Diet Type Report (5/2/2023) documents R7, R8, R20, R22, R25, R31, R45, R56, R68, R70, R71, R75, R95, and R251 receive mechanical soft diets. The same record documents R5, R11, R12, R13, R28, R44, R53, R57, R76, R77, R78, R86, and R97 receive puree diets and R19 and R21 receive both mechanical and puree food items during each meal.</p> <p>On 4/30/2023 at 8:00AM, V9 (Cook) reported the food in the kitchen is available for all residents to eat.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 5/4/2023 at 2:00PM, V54 (Corporate Dietary Consultant) reported the facility should be serving residents the amount of food planned on the facility menus.</p> <p>The Resident Census and Conditions of Residents report (4/30/2023) documents 95 residents reside in the facility.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to serve palatable resident meals. This failure has the potential to affect all 95 residents in the facility.</p> <p>Findings include:</p> <p>On 4/30/2023 at 9:19AM, R36 reported food is always cold and tastes terrible. R36 stated Half the time, if they (the facility dietary service) would serve me a can of (commercial national brand) dog food, I'd rather eat that.</p> <p>On 4/30/2023 at 10:14AM, R47 reported food is always cold.</p> <p>On 4/30/2023 at 11:25AM, R9 reported food is generally always cold.</p> <p>On 5/2/2023 at 10:06AM, R47 reported supper has been as late as 6:30pm and food is cold.</p> <p>On 5/2/2023 at 10:06AM, R60 reported residents are supposed to eat supper at 5:00pm, but meals are coming real late.</p> <p>Resident Council Meeting minutes document the following:</p> <p>8/5/2022--Many residents complained about the food being cold</p> <p>12/2022--food late and cold, not getting all of the food listed on the meal ticket.</p> <p>3/2023--food is cold and residents reported wanting kitchen staff to serve their meals directly from the resident floors (instead of from tray carts transported from the main kitchen on the first floor).</p> <p>4/14/2023--residents reported not being able to order from the alternative menu, food is cold, and wanting kitchen staff to serve their meals directly from the resident floors (instead of from tray carts transported from the main kitchen on the first floor).</p> <p>On 5/2/2023 at 12:16PM, a test tray was requested from facility staff and sent on the routine lunch tray meal cart to the fifth floor from the kitchen located on the first floor. The meal tray contained a China plate with a baked pork chop in gravy and noodles and was covered with a plastic lid. The tray was removed from the tray cart upon arrival to the fifth floor and food temperatures were immediately measured Illinois Department of Public Health thermometer. The pork temperature measure 120 degrees Fahrenheit and the noodles measure 115 degrees Fahrenheit. The pork was very tough to cut and chew and tasted lukewarm. The noodles were chewy and tasted lukewarm.</p> <p>Throughout the duration of the survey from 4/30/2023-5/4/2023, resident meals were plated on uncovered China plates stored on an open cart in the kitchen and not in a plate warmer. Nearby kitchen windows were open when dietary staff assembled resident plates, and a constant breeze of cool air blew across the plates, pans of resident food, and assembled meal trays.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/30/2023 at 8:00AM, V9 (Cook) reported the food in the kitchen is available for all residents to eat.</p> <p>The Resident Census and Conditions of Residents report (4/30/2023) documents 95 residents reside in the facility.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to serve evening or bedtime snacks to residents as required. This failure has the potential to affect all 95 residents in the facility.</p> <p>Findings include:</p> <p>On 5/2/2023 at 10:06AM, R72 reported the facility is not passing any evening or bedtime snacks for anyone in the facility.</p> <p>Resident Council Meeting minutes document the following:</p> <p>8/5/2022--not big enough portions to feed one person.</p> <p>12/2022--small food portions; not getting all of the food listed on the meal ticket.</p> <p>3/2023--food portions not big enough to feed one person</p> <p>4/2023--residents concerned about not getting snack trays</p> <p>On 5/2/2023 at 10:50AM, V53 (Activities Director) reported the facility does not pass evening or bedtime snacks to residents and the facility serves supper at 5:00PM and breakfast is served at 7:30AM, a period of 14.5 hours between meals.</p> <p>On 4/30/2023 at 8:00AM, V9 (Cook) reported the food in the kitchen is available for all residents to eat.</p> <p>No resident snacks were observed anytime in the facility throughout the duration of the survey from 4/30/2023-5/4/2023.</p> <p>The Resident Census and Conditions of Residents report (4/30/2023) documents 95 residents reside in the facility.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to maintain sanitary food service areas (floors, walls, equipment surfaces), failed to maintain sanitary food contact surfaces, failed to properly label time and temperature control for safety foods, failed to effectively sanitize dishes, and failed to maintain functional food equipment. These failures have the potential to affect all 95 residents in the facility.</p> <p>Findings include:</p> <p>On 4/30/2023 the following dietary service observations were made:</p> <p>8:00AM--equipment surfaces throughout the kitchen and dish room areas were excessively soiled with accumulations of food debris, grease, staining, splatters, and liquid leaks. Affected equipment included preparation tables, coolers, freezers, fryers, ovens, range tops, and the dishwasher.</p> <p>8:01AM--the flooring surfaces in the kitchen and adjacent dishwasher room areas were soiled throughout with accumulations of food debris, paper waste, single-use condiment packets, and grease deposits. The fryer area was excessively soiled with heavy grease deposits below and surrounding the fryer floor areas.</p> <p>8:01AM--the juice dispenser nozzles were soiled with accumulations of dried, sticky juice deposits and a long human hair dangled from one of the nozzles. When opened, the juice dispensing machine was soiled with accumulations of dried juice deposits around the perimeter of the door seal to the machine.</p> <p>8:05AM--a two basin sink was integral to a main food preparation table surface in the main kitchen. The sink faucet continuously dripped water with both the hot and cold valves turned off. The table-mounted can opener and receiver were soiled with accumulations of food debris. The range top griddle was heavily soiled with grease and oil accumulations and food debris.</p> <p>8:06AM--A water supply line located beneath the dishwasher was continuously leaking water onto the floor creating a puddled floor area beneath and in front of the dishwasher measuring 5x6 feet in area. The adjacent hand sink basin was soiled with unidentifiable debris.</p> <p>8:15AM-- The upright reach-in cooler in the cooler room had multiple metal pans of food with no date and no label, including ground meat (cooked), pulled pork, and baked potatoes. An unopened box of garlic bread was located directly on the floor.</p> <p>8:17AM--Resident dishes were stored on an open cart in the main kitchen area. The cart was soiled with food debris directly in contact with the dishes.</p> <p>8:20AM-- The upright reach-in cooler in the main kitchen area had multiple undated/unlabeled stored food products including a partial bag of cooked meat crumbles, partially used 2.5 pound plastic package of turkey deli meat, and five homemade deli meat sandwiches tightly wrapped with plastic wrap.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Loft Rehab of Rock Springs, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 North Monroe Street Decatur, IL 62526	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>11:40AM--V5 (Dietary Manager) was present and reported the two-basin sink integral to the food preparation countertop is used for hand washing. V5 looked down and noticed food was located in the sink and reported the sink was being used for food at the moment. When asked if dietary staff also use the hand washing sink for food preparation, V5 stated I would assume so.</p> <p>11:45AM--The same box of garlic bread from above was still located directly on the floor in the cooler room.</p> <p>On 5/1/2023 the following dietary service observations were made:</p> <p>10:05AM--the upright reach-in cooler from above still contained unlabeled/undated pans of food. Additionally, a one-pound package of sliced deli meat was now located in the cooler and had no date.</p> <p>10:05AM--the upright reach-in cooler in the main kitchen area still contained the unlabeled food items from above.</p> <p>10:05AM--floor areas throughout the kitchen and dish rooms remain soiled, wall surfaces and equipment surfaces all remain soiled with accumulations of food debris, grease, single serve condiments, plastic debris, and paper debris,</p> <p>10:06AM--the juice dispenser from above remained soiled.</p> <p>10:07AM--the can opener and receiver from above remained soiled.</p> <p>10:07AM--the dish cart from above where clean resident dishes are stored remains soiled with food debris and also has one fly resting on the eating surface of a resident plate.</p> <p>10:08AM--the two-basin sink from above remains continuously dripping water.</p> <p>10:08AM--V5 (Dietary Manager) reported being unaware of the box of garlic bread from above.</p> <p>10:11AM--the box of garlic bread from above was now located in a reach-in freezer in the cooler room and was labeled Keep Frozen.</p> <p>10:15AM--V12 (Cook) was washing dishes in the dish room using a mechanical chemical sanitizing dishwasher. V12 reported the food grinder integral to the dishwasher drainboard was not operational and had been broken for seven months and staff have to use a plunger to get accumulated food debris to go down the food grinder drain. V12 reported the leaking water supply line from above had been leaking onto the floor for the last year. The dishwasher chemical bucket of sanitizer was empty, and the operating dishwasher tested zero sanitizer (chlorine) concentration using a facility chemical test strip. V12 reported the dishwasher did not have the required amount of sanitizer to effectively sanitize dishes.</p> <p>10:21AM--V5 (Dietary Manager) reported the bucket of dishwasher sanitizer should not be empty and staff should be keeping an eye on it. V5 reported the food grinder in the dish room is broken.</p> <p>11:57AM--the dishwasher manufacturer nameplate documents 50 parts per million chlorine concentration as the minimum level of sanitizer needed to effectively sanitize dishes.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 5/1/2023 the following dietary service observations were made:</p> <p>1:50PM--V5 observed the unlabeled food items from above in the cooler room and reported not knowing at all how old the food was in the pans or when the sliced deli meat package was first opened. V5 reported staff should most definitely be labeling food stored for later use and also labeling opened food packages. V5 observed the box of garlic bread from above located in the reach-in freezer and stated most definitely the box of bread should not have been stored on the floor on Sunday.</p> <p>1:56PM--V5 viewed the soiled juice dispenser from above and reported it was disgusting. V5 then viewed the two-basin sink from above and reported the sink is used for hand washing and food prep. V5 then observed the soiled can opener from above and reported it needed cleaned.</p> <p>On 4/30/2023 at 8:00AM, V9 (Cook) reported the food in the kitchen is available for all residents to eat.</p> <p>The Resident Census and Conditions of Residents report (4/30/2023) documents 95 residents reside in the facility.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42702</p> <p>Failures at this level required more than one deficient practice statement.</p> <p>A) Based on observation, interview and record review the facility failed to develop a water management plan that included a detailed assessment of the facility's water system, identification of specific control measures and limits, system monitoring, and interventions including testing protocols when control limits are not met to reduce the risk of growth of Legionella and other pathogens in the facility's water system. This failure has the potential to affect all 95 residents in the facility.</p> <p>B) Based on observation, interview and record review the facility failed to separate and launder contaminated isolation gowns from non-isolation resident clothing. This failure has the potential to affect all 95 residents in the facility.</p> <p>Findings include:</p> <p>a. On 5/2/23 at 3:00PM the facility provided Water System Infection Control Risk Assessment that was blank.</p> <p>The facility water management program dated 3/30/22 documents that the facility will establish water management plans for reducing the risk of Legionella and other opportunistic pathogens in the facility's water systems, perform a risk assessment to determine opportunistic areas where waterborne pathogens can grow and obtain data for a facility water schematic and water temperature logs.</p> <p>On 5/3/23 at 9:00AM, V2 Acting Director of Nursing stated that the facility does not currently have a comprehensive Legionella program including; a risk assessment, identified areas of concern in the building and a testing plan and map of the facility water system. V2 Acting Director of Nursing also reported the above plan was all the facility had for their Legionella and waterborne infection policy.</p> <p>Throughout the duration of the survey, the entire second floor of the facility was not occupied by residents and most of the plumbing fixtures located within the unit were not operational.</p> <p>b. On 5/3/23 at 9:15AM, yellow isolation gowns were being dried with resident clothing in the facility dryer.</p> <p>On 5/3/23 at 9:20AM, V45 Laundry Aid stated, We wash and dry the isolation gowns with all the clothes. They are only separated out if they come down in isolation bags and the gowns don't, they come with regular clothes. They get washed on the regular cycle, not the isolation one.</p> <p>On 5/3/23 at 9:34AM, V44 Laundry Supervisor stated, The isolation gowns were not washed on the Reclaim setting. Reclaim is our isolation setting.</p> <p>On 5/3/23 at 9:25AM, V2 Acting Director of Nursing said that the isolation gowns should not be washed with regular clothes to prevent the spread of infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility provided Infection Prevention and Control Program dated 12/6/22 documents, Laundry and direct care staff shall handle, store, process and transport linens to prevent spread of infection.</p> <p>The facility Resident Census and Conditions of Residents report (4/30/23) documents 95 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>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program by failing to exclude and prevent flying insects in the facility food service areas resulting in direct cross-contamination of resident dishes and cooking utensils. This failure has the potential to affect all 95 residents in the facility.</p> <p>Findings include:</p> <p>On 4/30/2023 at 8:04AM, six or more winged insects resembling fruit flies were flying around and resting on the kitchen three-basin sink. A utensil storage rack was located directly above the sink, and two flies were at rest on a spatula hanging from the storage rack.</p> <p>On 4/30/2023 at 8:06AM, five or more winged insects resembling fruit flies were flying around and resting on all areas of the dish room including the floors, walls, floor drains, and drainboard surfaces of the dishwasher.</p> <p>On 5/1/2023 at 10:04AM a winged insect resembling a fruit fly was flying around the kitchen cooler room.</p> <p>On 5/1/2023 at 10:07AM, an open storage cart containing resident dishes was located in the main kitchen galley. A winged insect resembling a fruit fly was resting directly on the food contact surface of a resident dinner plate.</p> <p>On 5/2/2023, V5 (Dietary Manager) was present in the facility kitchen and observed the above insects at the three-basin sink and stated I would say so (that flies were a problem in the kitchen).</p> <p>On 4/30/2023 at 8:00AM, V9 (Cook) reported the food in the kitchen is available for all residents to eat.</p> <p>The Resident Census and Conditions of Residents report (4/30/2023) documents 95 residents reside in the facility.</p>