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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/24/2023 |
| NAME OF PROVIDER OR SUPPLIER Casa Real | | STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505 | |

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

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| <p>F 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>35632</p> <p>Based on interviews the facility failed to show dignity and respect resident rights to eat in the dining room for 5 (R #6, 29, 73, 74 and 93) of 5 (R #6, 29, 73, 74, and 93) residents interviewed for Resident Council. This deficient practice likely caused residents to feel frustrated and disrespected when the dining room was closed and the residents were given no choice, but to eat in their rooms without any warning or explanation from staff. The findings are:</p> <p>A. On 05/15/23 at 10:51 am, during an interview with R #93, he stated that there have been times when the dining room is closed and the staff make them eat in their rooms.</p> <p>B. On 05/17/23 at 2:00 pm, during the resident council meeting all five residents (R #6, 29, 73, 74, and 93) agreed that sometimes on weekends they are told to eat in the rooms. They are never given a reason why they aren't able to eat in the dining room. It was stated in the Resident Council meeting that it has happened twice in one week before. The residents also stated that it is a time to socialize for some residents and they should be given a choice on whether to eat in their rooms or not.</p> <p>C. On 05/18/23 at 9:27 am, during an interview with the Dietary Manager (DM), he stated that yes there have been occasions when the nursing staff have made the decision to close the dining room. He stated that as far as the kitchen is concerned the dining room is always open.</p> <p>D. On 05/18/23 at 9:33 am, during an interview with Certified Nursing Assistant (CNA) #10 stated that the last time the dining room was closed was Sunday of this past week or could have been the week prior to that. He stated that sometimes because of staffing they, (management staff) make a decision to just serve meals to the residents in their rooms. He said that really it is one CNA that will ask to close the dining room and he thinks that CNA just doesn't want to hassle with taking the residents down.</p> <p>E. On 05/18/23 at 9:41 am, during an interview with the Center Nursing Executive (CNE), she stated that she is aware that the dining room has been closed before. It hasn't happened for a long time now. She stated that staff called her this past Sunday 05/21/23 and requested to close the dining room and serve the meals in residents rooms but she told them no. She stated that they last time it occurred was a month ago.</p> |

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

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40795</p> <p>Based on record review and interview, the facility failed to maintain inventory sheets of personal belongings upon entry to the facility, and a laundry process that would track unclaimed laundry or claims of missing clothes for 4 (R #'s 5, 13, 55, & 81) of 4 (R #'s 5, 13, 55, & 81) residents reviewed for personal property. This deficient practice could likely result in residents experiencing frustration due to missing clothes when sent out for laundering and when personal items have gone missing. The findings are:</p> <p>A. Record review of the facility's policy OPS208 Personal Property: Patient's, last revised 09/01/22, revealed:</p> <p>6. The patient and/or patient representative will be notified of the loss or breakage of personal items, and advised if the loss or breakage will or will not be replaced or repaired at the Center's expense.</p> <p>6.1 Any loss or breakage of a patient's personal item will be properly documented on the property loss form (obtain from Claims Department) by the person receiving the report, and then referred to the administrator.</p> <p>6.2 The Administrator or designee will investigate the lost item.</p> <p>6.4 The results of the investigation will be given to the patient/family and documented. A copy of the report will be sent to the Administrator.</p> <p>Findings for R #13</p> <p>B. On 05/16/23 at 11:54 am, during an interview, the family member of R #13 explained After he was admitted , I brought him clothes and they asked me to write his name on them so, I did, but the clothes never came back [from laundry]. I started washing them [his clothes] at home but now I can't do it. They just put [clothes] whatever they want to put on him, like shorts and a tank top. She then explained that she has offered to look for the clothes in the laundry room but staff just tell her that they will go look and return the clothes, however; his clothes are still missing.</p> <p>Findings for R #81</p> <p>C. On 05/16/23 at 1:22 pm, during an interview with the POA (Power of Attorney) of R #81, she explained The only thing that is a problem is the clothes getting mixed up.</p> <p>Findings for R #55</p> <p>D. On 05/16/23 at 12:32 pm, during an interview with the family member of R #55, she explained She has clothing that I don't recognize so, I suspect that they clothe her with other peoples clothes</p> <p>Staff Interviews:</p> <p>(continued on next page)</p> | | |

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| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>E. On 05/24/23 at 9:01 am, during an interview with the Laundry Aide, when asked how clothes are identified and managed, she explained that the laundry department assigns a number to each resident as residents are admitted . Residents, family members, and staff are asked to write their assigned number on their clothes with a permanent marker. When asked what happens to clothes that do not have a number on them or are considered lost, she explained We keep the unclaimed clothes on a rack for a week. If they do not get claimed, we place them in the donation pile. We wait for CNAs (Certified Nurse Assistants) or nurses to come and identify the clothes and if they are not identified, we place them in the donation pile. When asked if a log is maintained to track laundry that is unidentified, she stated no. When asked if a log is maintained to track resident's claims of missing laundry, she stated no.</p> <p>F. On 05/24/23 at 10:21 am, during an interview with CNA #1, she explained that for newly admitted residents, We get a marker and put their number on it. We send it to the laundry to wash. Sometimes we don't get the clothes back from laundry. So, sometimes the CNAs will go look for the clothes. Sometimes we find the clothes, sometimes we won't. If we don't find it, then the family gets upset. When asked what happens after she is unable to find the clothes, she explained I offer the unclaimed clothes or sometimes I find the clothes in another resident's closet. When asked if she was aware of missing clothes for R #'s 13, 81, and 55, she stated that she was not aware of missing clothes for 81 & 55. She then explained that the family member of R #13 would become upset due to missing clothes. She then explained that when R #13 was initially admitted , he was in a different room and his clothes would often get lost but he has since moved into another room and she is not aware of any missing clothes since the room change.</p> <p>35632</p> <p>G. On 05/15/23 at 10:04 am, during an interview with R #5, he stated that he is missing two very important pieces of jewelry. He stated that he had a pin and a ring that were [NAME] and he used to wear them all the time. He stated that around four weeks ago they went missing. He put them on his bedside table at night on 04/21/23 like he always did, and the next morning (04/22/23) they were gone. He thinks it went missing from 1:30 am to 6:30 am. He filed a grievance and a police report. The police came out and looked everywhere with their flashlights and didn't find them. He stated that there has been no resolution from the facility. He stated that he did not have a key to his locked drawer, but heard it was easy to break into them anyway. He stated that he should be able to keep a few things with him without fear of them being stolen.</p> <p>H. On 05/17/23 at 1:06 pm, during an interview with Social Services Director (SSD), she stated that she is aware of the missing items for R #5. She stated that a police report and grievance were filed. She stated that he did have them on admission to the facility. He wore them everyday on his jacket or shirt and when he wasn't wearing them, he kept them in the same place. She stated that she had seen them and they were very nice pieces. She stated that the grievance was filed on 04/21/23 the day it happened. R #5 thinks that it happened between 1 am and 6 am. The SSD stated that she searched the laundry and linens but didn't find them. When asked about any compensation for R #5 she stated that I should ask the Administrator. When asked if there was an inventory sheet that was completed when R #5 arrived here at the facility she stated she doesn't see one.</p> <p>(continued on next page)</p> | | |

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| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>I. On 05/17/23 at 1:25 pm, during an interview with the Center Executive Director (CED), she stated that the staff searched everywhere for the items and haven't found them. She remembered that R #5 reported the items missing right away. The items were like family heirloom pieces. She stated that R #5 is offering a no questions asked reward. The CED stated that they gave him a lock and key for his valuables after that. When asked about an inventory sheet she stated that they do those here but didn't see one in R #5's chart. She stated that it is too bad because they don't have a pattern of missing items here.</p> <p>J. Record review of the grievance indicated that on 04/21/23 it was reported by R #5 that between 1 am -6 am R #5's pendant and ring went missing. The pendant was coral, turquoise and silver and the ring was silver and turquoise. In the Action Taken Section it indicated that this was reported to Department of Health (DOH) and investigated. A police report was made and R #5 is offering a reward for his items. R #5 was given a way to lock up valuables.</p> <p>K. Record review on 05/22/23 at 10:48 am, revealed a nursing note that R #5's daughters were asking if there was any insurance for the loss of the ring and pendant. This was referred to the CED.</p> |

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| <p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45426</p> <p>Based on record review and interview the facility failed to ensure residents the correct notification(s) for 1 (R #21) of 1 (R #s 21) resident reviewed for timely and specific Beneficiary Protection Notification. This deficient practice can likely result in confusion for the resident or their representative as to what services they receive or do not have financial coverage for under Medicare. The findings are:</p> <p>A. Record review of electronic health record for R #21, revealed the R #21 was admitted to the facility on [DATE] for skilled physical therapy and occupational therapy related to a wedge compression fracture of her thoracic and lumbar vertebra (when the bones of the spine crushes or collapses, forming a wedge in the upper and lower back).</p> <p>B. On 05/23/23 at 3:23 pm during an interview with the Director of Rehabilitation (DOR), she stated that R #21 worked on activities of daily living in occupational therapy, however R #21 was non-compliant with wearing her back brace unless she was walking. At the time of her discharge, 05/12/23, R #21 had reached her maximum potential with skilled services and was recommended to use a reacher and to modify her physical environment. In physical therapy, R #21 had met her ambulation (the act, action, or an instance of moving about or walking) goal and at the time of her discharge R #21 had reached her maximum potential with skilled services. DOR stated R #21 was provided with a Rehabilitation Discontinuation Notice with date of notice of 05/05/23. The notice indicated R #21's physical therapy and occupational therapy would be discontinued on 05/11/23. The recommendation for care giver assistance was for her to continue with her previous living situation - 24/7 (around the clock) caregiver.</p> <p>C. On 05/24/23 at 10:06 am, during an interview with the Business Office Manager (BOM), she stated no Notice of Medicare Non-Coverage (NOMNC) was issued to R #21. She expressed that she thought that R #21 should have received a NOMMC but she was unsure because R #21 was discharging from therapy. She would follow up with the corporate office.</p> <p>D. On 05/24/23 at 11:18 am, during an interview, BOM stated after checking with the corporate office, there was no NOMNC on file for R #21. She does not know why. The person working in Minimum Data Set (Minimum Data Set- a collection of medical information that is submitted to MDS for billing purposes) was new.</p> | | |

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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>35632</p> <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>Based on record review and interview, the facility failed to develop and implement a baseline care plan within 48 hours of a resident's admission for 1 (R #106) of 1 (R #106) resident. If the facility is not developing a care plan for newly admitted residents, then residents are likely to not get the specific care and assistance they need.</p> <p>The findings are:</p> <p>A. Record review of the face sheet for R #106 revealed an initial admitted on 02/03/23. He was admitted to the facility with a hospice evaluation pending. He had an admitting diagnosis of Hepatic Encephalopathy (a loss of brain function as a result of failure in the removal of toxins from the blood due to liver damage), End Stage Renal Disease (disease or condition impairs kidney function, causing kidney damage to worsen over several months or years), Hepatitis B (a serious liver infection caused by the hepatitis B virus), and a stage II pressure ulcer (involves partial thickness skin loss involving epidermis (outer layer of skin), dermis (is a layer of skin between the epidermis (with which it makes up the cutis) and subcutaneous tissues, that primarily consists of dense irregular connective tissue and cushions the body from stress and strain).</p> <p>B. Record review of the baseline care plan indicated that the items that were on the baseline were initiated on 02/10/23 and 02/13/23. The baseline care plan should have been entered no later than 02/05/23.</p> <p>C. On 05/24/23 at 9:06 am, during an interview with the Minimum Data Set (MDS) Coordinator, she stated that nursing staff will often put in baseline care plans because they need to go in within 48 hours. She stated that she will also complete it depending on when a resident comes in. She stated that the baseline care plan should include the basics: activities of daily living, skin assessments pain, and anything else more specialized for their care. She stated that Hospice should be on the care plan, and confirmed that the baseline care plan for R #106 was not put in timely (within 48 hours).</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** 35632</p> <p>Based on record review, observation and interview the facility failed to develop and implement a comprehensive person-centered care plan for 6 (R #'s 31, 36, 49, 56, 68, and 103) of 6 (R #'s 31, 36, 49, 56, 68, and 103) residents. Failure to develop and implement a resident centered care plan may result in staff's failure to understand and implement the needs and treatments of residents possibly resulting in decline in abilities and a failure to thrive. The findings are:</p> <p>Findings for R #56</p> <p>A. Record review of the face sheet for R #56, indicated that resident was originally admitted in 08/22 and was readmitted on [DATE]. He had a diagnosis of Traumatic Brain Injury (TBI head injury causing damage to the brain by external force or mechanism. It causes long term complications or death), Epilepsy (neurological disorder that causes seizures or unusual sensations and behaviors), Diabetes Mellitus (metabolic disorder in which the body has high sugar levels for prolonged periods of time), Chronic Viral Hepatitis (either transmitted through contaminated food or water (A, E) or via blood and body fluids), NSTEMI Myocardial Infraction (type of heart attack in which a minor artery of the heart is completely blocked or a major artery of the heart is partially blocked), Hypertension (high blood pressure). This is not all inclusive list.</p> <p>B. Record review of a hospice note indicated that resident was admitted back to the facility with an election of Hospice. Resident was admitted to Hospice on 04/17/23 for intracranial injury (A head injury causing damage to the brain by external force or mechanism. It causes long term complications or death).</p> <p>C. Record review of the care plan for R #56 did not reveal that Hospice (started on 04/17/23) was care planned.</p> <p>D. On 05/23/23 at 5:21 pm, during an interview with Minimum Data Set (MDS) Coordinator, she stated yes, for R #56 Hospice should be care planned even if it is just basic information.</p> <p>Findings for R #68</p> <p>E. Record review of the face sheet for R #68, indicated that resident was admitted on [DATE]. She had a diagnosis of Enterocolitis (inflammation of the digestive tract of the small intestine and colitis of the colon) due to clostridium difficile (C-Diff long-term use of antibiotics reduces the normal bacterial population in the intestine and triggers the C. difficile overgrowth in the intestine), Cellulitis lower limb (serious bacterial infection of the skin usually affects the leg and the skin appears as swollen and red and painful), end stage renal disease (ESRD) on dialysis (a blood purifying treatment given when kidney function is not optimum), Diabetes Mellitus Type 2 (means that your body doesn't use insulin properly) Osteomyelitis (inflammation of one or more joints. It is the most common form of arthritis that affects joints in the hand, spine, knees and hips), non-pressure ulcer to left heel and foot, hyperthyroidism and hypertension (high blood pressure). This is not all inclusive list of diagnoses.</p> <p>(continued on next page)</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>F. Record review of the physician orders revealed that R #68 was going to dialysis on Mondays, Wednesdays and Fridays.</p> <p>G. Record review of the care plan dated 04/29/23 with revisions on 05/03/23 and 05/05/23 did not reveal a care plan focus for dialysis.</p> <p>H. On 05/23/23 at 4:07 pm, during an interview with the MDS coordinator she stated that R #68 should have dialysis on her care plan. She stated that she does handle the nursing care plans most of the time. Sometimes the nurses will enter in the baseline care plans. She stated that other departments handle their own care plan</p> <p>40795</p> <p>Findings for R #103:</p> <p>I. Record review of EHR (Electronic Health Record) revealed that R #103 was admitted to the facility on [DATE] with the following pertinent diagnoses of: deep vein thrombosis (a blood clot in a vein located deep within your body), retention of water, by loss of sodium or both, and retention of urine.</p> <p>J. Record review of physician orders revealed the following orders:</p> <p>1. Physician order, dated 04/26/23, Furosemide [a type of diuretic- medication that increases the excretion of water from the body, through the kidneys] Oral Tablet (Furosemide) 40 MG (milligrams). Give 40 mg by mouth one time a day for swelling</p> <p>2. Physician order dated 04/25/23-05/22/23, Lovenox Injection Solution [anticoagulant medication] Prefilled Syringe (Enoxaparin Sodium- brand name) 40 MG/0.4ML (milliliters) Inject 40 mg subcutaneously [under the skin] two times a day for dvt [deep vein thrombosis]</p> <p>K. Record review of the care plan, last revised 05/18/23, revealed that the prescribed use of a diuretic and anticoagulant were not addressed in the care plan.</p> <p>Findings for R #49:</p> <p>L. Record review of EHR revealed that R #49 was admitted to the facility on [DATE] with the pertinent diagnoses of: Cellulitis of the right lower limb (redness swollen, and painful area of skin that is warm and tender to the touch), Type 2 Diabetes Mellitus (a chronic condition that affects the way the body processes blood sugar), and behavior disorder.</p> <p>M. Record review of physician orders revealed the following orders:</p> <p>1. Physician order, dated 03/13/23, Quetiapine Fumarate [an antipsychotic medication is used to treat certain mental/mood conditions] tablet 100 mg .</p> <p>2. Physician order, dated 02/14/23, Furosemide [a type of diuretic] Tablet 20 MG Give 1 tablet by mouth one time a day for edema</p> <p>(continued on next page)</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>N. Record review of care plan, last reviewed 03/24/23, revealed that the prescribed use of a diuretic and antipsychotic were not documented in the care plan.</p> <p>O. On 05/23/23 at 5:07 pm, during an interview, the MDS Nurse confirmed that R #103 did not have a care plan that addressed the use of Furosemide or Lovenox. She also confirmed that R #49 did not have a care plan that mentioned the use of Furosemide or Quetiapine Fumarate.</p> <p>47899</p> <p>Findings for R #36</p> <p>P. Record Review of the face sheet for R #36, indicated that the resident was admitted on [DATE]. R #36 had a diagnosis of Non-St Elevation myocardial infarction (heart attack), Acute respiratory failure with hypoxia (is a serious condition that causes fluid to build up in your lungs. It results in low oxygen in the blood), Heart Failure, Essential Hypertension (is a common condition that affects the body's arteries),</p> <p>Q. On 05/15/23 at 12:02 pm, during an observation of R #36's oxygen concentrator, it was noted to be off sitting against the wall. The resident didn't have the oxygen nasal canula in his nose, it was draped over the concentrator and turned off.</p> <p>R. On 05/18/23 at 4:30 pm, during an observation of R #36 it was noted that he was sitting by the dining room, and he didn't have on his oxygen.</p> <p>S. Record review of R #36's physician order dated 04/01/23 revealed an order for Oxygen at 2-4 liters/minute via nasal Cannula to keep oxygen saturation above 90%.</p> <p>T. Record review of the care plan dated 02/02/19 with revisions on 04/24/22, 10/18/22, and 04/18/22 did not reveal a care plan focus for oxygen.</p> <p>U. On 05/23/23 at 4:07 pm, during an interview with MDS coordinator she stated that R #36 should have Oxygen on his care plan. She stated, she does take care of the care plan most of the time, that he was care planned for CHF (congestive heart failure), and that it was a newer order so she had not added this into the care plan. MDS coordinator said does place oxygen use under CHF at times, but it was not added under this either.</p> <p>V. On 05/23/23 at 12:14 pm, during an interview with the Center Nurse Executive (CNE) stated she does expect this to be in the care plan. He refuses. He gets winded when he goes out with his friend. He will refuse to wear oxygen. He doesn't like anyone to touch him. He has an I can do it myself type of attitude.</p> <p>45426</p> <p>Findings for R #31</p> <p>(continued on next page)</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>W. Record review of the face sheet for R #31 revealed R #31 was readmitted to the facility on [DATE] with the pertinent diagnoses of: type 2 diabetes mellitus (a disease that occurs when your blood glucose, also called blood sugar, is too high) with diabetic neuropathy (nerve problem that causes pain, numbness, tingling, swelling, or muscle weakness in different parts of the body), unspecified; dependence on renal dialysis (dialysis-a treatment to filter wastes and water from your blood, as your kidneys did when they were healthy); hypertensive heart and chronic kidney disease with heart failure and with chronic stage 5 chronic kidney disease (means your kidneys are getting very close to failure or have already failed), or end stage renal disease; and end stage renal disease.</p> <p>X. Record review of the electronic health record for R #31 revealed R #31 continues hemodialysis three times weekly.</p> <p>Y. Record review of R #31's care plan did not reveal a care plan focus for dialysis.</p> <p>Z. On 05/23/23 at 4:09 pm, during an interview with the MDS Long Term Licensed Practical Nurse, she stated that R #31 did have a care area under nutrition that addressed dialysis care but dialysis should have its own focus area care planned.</p> | | |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35632</p> <p>Based on observation, record review and interview, the facility failed to provide an ongoing activity program for 4 (R #7, 31, 68, and 91) of 4 (R #7, 31, 68, and 91) residents reviewed for activities. If the facility is not ensuring that all residents are receiving an ongoing activity program, documenting resident refusals, making in room activity accommodations, and completing an activity assessment (a questionnaire designed to collect information about resident likes, interests, and capabilities); then residents are likely to demonstrate an increase in isolation and depression. The findings are:</p> <p>Findings for R #7</p> <p>A. On 05/15/23 at 11:35 am, during an interview with R #7, he stated that he wants more activities. He can't see and is limited with the activities he can do.</p> <p>Resident #68</p> <p>B. On 05/16/23 at 12:36 pm, during an interview with R #68, she stated that it would be nice to do something when referring to activities</p> <p>C. While on survey at the facility between 05/15/23 through 05/24/23 no observations were made of either R #7 or R #68 in activities.</p> <p>D. On 05/23/23 at approximately 3:30 pm, during an interview with the Activities Director, she stated that R #68 wasn't very familiar to her because she was fairly new and also goes to dialysis (a blood purifying treatment given when kidney function is not optimum) on Mondays, Wednesdays and Fridays. She stated that if R #68 feels like she doesn't know what is going on or hasn't been invited then they need to do a better a job of including her. She stated that R #7 has limited vision. He does go to food activities sometimes. She stated that they do invite him to activities but they know he can't see or read because of his vision loss. She stated that the program doesn't have any materials for the visually impaired like books on tape. The AD stated that she knows the documentation on the individual activity sheets isn't accurate and that they haven't been doing assessments on admission or periodically because the system isn't working right now.</p> <p>40795</p> <p>Findings for R #91:</p> <p>E. On 05/15/23 at 9:30 am, during an interview with R #91, when asked if the resident enjoys the activities that are offered to him, R #91 explained I cant use my hands. I cant do anything. I have something wrong with my hands, they are numb. He then explained that due to his hands, it is hard for him to do things like coloring activities.</p> <p>F. Record review of EHR (Electronic Health Record) revealed that R #91 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p> | | |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>G. Record review of EHR revealed that an activities assessment (a comprehensive questionnaire designed to collect information about resident likes, interests, and capabilities) was not on file for R #91.</p> <p>H. On 05/23/23 at 4:34 pm, during an interview with the Activities Director, when asked what types of activities R #91 participates in, the Activities Director explained He [R #91] comes to pretty much everything. He is always out and about. He likes to buy snacks and give them to people. He comes to bingo, the coffee social, and monthly birthday parties. He visits with the guys [other male residents] and watches the birds. He engages in BINGO. When asked if activity assessments are completed for residents, she explained I do the MDS [Minimum Data Set- a collection of medical information that is submitted to MDS for billing purposes], section F (activities section). The official assessment on the computer does not get done. I will do it and it will tell me that there are errors. I will fill it all out and then it asks for a summary about what the resident enjoys. I would complete it all but it wont save. It says there are errors. We are working with the head of all recreation. One of the activity assistants was being trained on how to get it to work. When asked if R #91 has an activity assessment on file, she confirmed no.</p> <p>45426</p> <p>Findings for R #31</p> <p>I. On 05/16/23 at 12:40 pm, during an interview, R #31 stated that there were not enough activities to do. She showed some coloring sheets, she had and stated she had received them when she first arrived at the facility. R #31 was initially admitted to the facility on [DATE]. She stated that since being admitted , no one had been by to ask if new sheets were needed or to hand out new coloring or puzzle sheets. She expressed that was unsure if she had to ask for them. She was not sure if the facility had crafting kits or if she had to ask for them.</p> <p>J. On 05/17/23 at 10:16 am, during an interview, the Activities Director (AD) stated the Minimum Data Set was completed for each resident as soon as they come in. Activities Department will visit with the resident and get to know the resident. She stated R #31 is independent and cognizant (mentally perceptive and responsive). She stated R #31 enjoys reading and music and coming to groups and being outdoors. AD stated residents get coloring and word search pages when they first arrive to the facility, but check ins are not on a regular basis- the frequency is person dependent. When asked how R #31's activities and activity needs were tracked or documented, she informed that there was an activities assessment (a questionnaire designed to collect information about resident likes, interests, and capabilities), but there was no assessment documentation for R #31 due to the computer program not taking the assessments. It was not locking and saving them. She stated there was no hard copy either because the assessment was required to be electronic. She stated check-ins were not technically documented. She did not know if R #31 needed or wanted different activities or coloring or puzzle pages. When asked about daily tracking of activities R #31 participated in, AD was able to provide documentation for the month of April 2023, but no documentation of activities for the month May 2023 was provided.</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35632</p> <p>Based on record review and interview, the facility failed to ensure good communication was in place for care coordination between the hospice company and the facility staff for 1 resident (R #'s 56) of 1 (R #56) reviewed for hospice services. This deficient practice is likely to result in staff uncertainty over resident care needs and affected residents not receiving appropriate care. The findings are:</p> <p>A. Record review of the face sheet for R #56, indicated that resident was originally admitted in 08/22 and was readmitted on [DATE]. He had a diagnosis of Traumatic Brain Injury (TBI head injury causing damage to the brain by external force or mechanism. It causes long term complications or death), Epilepsy (neurological disorder that causes seizures or unusual sensations and behaviors), Diabetes Mellitus (metabolic disorder in which the body has high sugar levels for prolonged periods of time), Chronic Viral Hepatitis (either transmitted through contaminated food or water or via blood and body fluids), NSTEMI (Non-ST-elevation myocardial infarction) Myocardial Infraction (type of heart attack in which a minor artery of the heart is completely blocked or a major artery of the heart is partially blocked), Hypertension (high blood pressure). This is not all inclusive list.</p> <p>B. Record review of a hospice note indicated that resident was admitted back to the facility with an election of hospice. Resident was admitted to hospice on 04/17/23 for intracranial injury (A head injury causing damage to the brain by external force or mechanism. It causes long term complications or death).</p> <p>C. Record review of the uploaded documents in the medical chart for R #56 indicated that there were no notes, admission paperwork or a hospice care plan in R #56's medical chart as of 04/17/23.</p> <p>F. On 05/23/23 at 12:41 pm, during an interview with the Center Nursing Executive (CNE), she stated that hospice notes are either placed in binders up at the front desk by hopsice staff as they are leaving the facility; or they (hopsice staff) will send them (fax) over to the facility. She stated that she cleared out the binder for that hospice company and there was nothing in there for R #56. The CNE stated that there have been times when they have had to call the hospice providers to request documentation. The CNE looked in the medical chart for R #56 and confirmed that no hospice documentation was in the medical record. She stated that her expectation is that when the hospice company comes into see the resident, she expects the hopsice staff memeber to leave communication notes before they leave the facility or fax them over to the facility.</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</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** 45426</p> <p>Based on record review, observation, and interview, the facility failed to ensure that 3 (R #42, 96 and 98) of 3 (R #s 42, 96 and 98) residents reviewed for pressure ulcers received monitoring and care to prevent the development and worsening of pressure ulcers by:</p> <ol style="list-style-type: none"> 1. Not accurately assessing residents skin upon admission/re-admission or immediately implementing treatment and monitoring for skin issues once identified for R #42, 96 and 98. 2. Not implementing effective interventions to prevent new skin wounds from developing and worsening for R #96 and R #98. <p>These deficient practices likely resulted in the development and worsening of resident pressure wounds, including a Stage 3 (full thickness tissue loss) pressure ulcer and Stage 4 (full thickness skin loss with extensive destruction; tissue necrosis {death}; or damage to muscle, bone, or supporting structure {such as tendon, or joint capsule}) pressure ulcer. The findings are:</p> <p>Findings for R #98:</p> <p>A. Record review of R #98's medical record indicated that he was readmitted to the facility [from the hospital] on 04/18/23. His diagnoses included fracture of unspecified part of neck of right femur (thigh bone), subsequent encounter for closed fracture of with routine healing; unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety; urinary tract infection (a common infection that happens when bacteria, enter the urethra {hollow tube that lets urine leave the body} and enter the urinary tract), site not specified; repeated falls; depression, unspecified; and adult failure to thrive. These diagnoses are not all inclusive.</p> <p>B. Record review of R #98's in-patient hospital stay of 04/14/23 to 04/18/23 revealed the following:</p> <p>R #98 was hospitalized from 04/14/23 to 04/18/23 due to combative behaviors. He was discovered to have a pseudomonal (pseudomonas is a type of germ found commonly in the environment) urinary tract infection (UTI). The infection was treated with antibiotics and R #98 returned to the facility on [DATE].</p> <p>C. Record review of R #98's care plan dated . revealed the following:</p> <ol style="list-style-type: none"> 1. Revision on 04/23/23: (name of resident) requires assistance/is dependent for Activities of Daily Living (ADL) care in: bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, and toileting related to: Dementia, weakness, Update: Fracture to right femur post fall so he requires extensive assist with most ADL's .Extensive to total assist for transfers, Extension assist with locomotion in w/c (wheelchair), dressing, toileting and personal hygiene. Total care for incontinent (having no or insufficient voluntary control over urination or defecation) care . <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>D. Record review of R #98's Electronic Health Record revealed the following scores on his Braden Scale for Predicting Pressure Sore Risk assessments (a standardized, evidence-based assessment tool commonly used in health care to assess and document a patient's risk for developing pressure injuries-mild risk: 16-18; moderate risk 13-14; high risk 10-12; and severe risk-less than 9):</p> <ol style="list-style-type: none"> 1. 02/16/23 score 18 2. 02/23/23 score 18 3. 03/02/23 score 18 4. 04/08/23 score 16 <p>E. Record review of R #98's skin checks revealed the following:</p> <ol style="list-style-type: none"> 1. 04/10/23 identified no wounds on heels or sacrum (a triangular bone in the lower back formed from fused backbones and situated between the two hipbones of the pelvis). 2. 04/27/23 identified 3 new injuries: <ol style="list-style-type: none"> a) left heel deep tissue injury (DTI) measuring 8 centimeters (cm) by 4.5 centimeters (cm), b) a right lateral dorsum (shown in picture to be located on the side and bottom of the outer right foot) measuring 1 cm x 1 cm, and, c) a right foot dorsum (dorsum of foot, the top of the foot) fifth digit (pinky toe) deep tissue injury were identified. <p>F. Record review of R #98's medical record did not identify that an admission skin assessment was completed by the admitting nurse upon re-admission [04/18/23].</p> <p>G. Record review of shower sheet for R #98 dated 04/18/23 indicated by a circled area on the body diagram that R #98 had red and macerated (maceration-the softening of skin as part of the process of skin tissue breaking down) skin on his coccyx/sacral (the shield shaped area located at the base of the spine and includes the tailbone). The sheet also indicated that the area on R #98's left heel was dark, red, and intact. The right heel indicated redness and intact. The sheet indicated a medical provider had been contacted and that barrier cream had been applied. There was no corresponding progress note regarding the skin condition, physician notification or any new orders.</p> <p>H. Record review of the Medication Administration Records/Treatment Administration Record (MAR/TAR) for April 2023 for R #98 revealed the following:</p> <ol style="list-style-type: none"> 1. No treatment orders or interventions documented for the red and macerated skin of the coccyx/sacral area for the month of April 2023 for the damaged skin identified on 04/18/23. No orders or interventions were documented for the reddened areas of the left and right heels. <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>2. An order to Apply Optifoam Heel (a brand of dressing applied to the heels of the feet that provides an ideal healing environment because of its well-known property of handling high fluid, provides strong protection against outside contaminants and is highly absorptive and is considered ideal for partial and full-thickness wounds, lacerations, abrasions, pressure ulcers, and foot ulcers) to bilateral (both heels of feet) heels every day shift every 3 day(s) for wound care starting 04/27/23.</p> <p>1. On 05/17/23 at 3:10 pm during interview with the Wound Care Nurse (WCN), she reported that R #98 went to the hospital in April and returned on 04/18/23. She confirmed the the admitting nurse did not conduct a skin assessment upon his return from the hospital and when she realized a skin assessment had not been completed, she did her own assessment as part of the weekly skin assessment on 04/27/23 in which she identified wounds to his heels. WCN confirmed that it is the Nurse on duty's responsibility to do skin assessments upon admission and re-admission. WCN also confirmed that CNA (certified nurse aides) are expected to document resident's skin condition on the shower sheets and they then give the shower sheets to the nurse. If something is identified, the nurse should assess and then should be identifying a change in condition and notifying the nurse managers and provider. Regarding what interventions were implemented for R #98's heel wounds, the WCN stated that staff were floating his heels while he was in bed and they had optifoam heels under his socks when he was in his wheelchair. When asked why heel protectors weren't ordered sooner, she replied We didn't have heel protectors in Central Supply. I don't like putting in an order for something we don't have. WCN confirmed the heel protectors were ordered 05/16/23 and implemented 05/16/23.</p> <p>J. Record review of the Medication Administration Records (MAR) and Treatment Administration Records (TAR) for May 2023 for R #98 revealed the following:</p> <p>1. And order to apply Optifoam heel to both heels every day shift every day starting on 04/27/23 and discharged on [DATE]</p> <p>2. An order to treat Moisture Associated Skin Damage (MASD) with a start date of 05/03/23, using Calmazide (calmoseptine- used to treat red or irritated skin two to four times daily after incontinence {lack of voluntary control over urination or defecation} episodes, which protects the skin and promotes healing) ointment to buttocks twice a day. There was no documentation of application of this treatment on the MAR/TAR until 05/09/23.</p> <p>3. An order to apply purple heel protectors to both heels every day and night shift starting 05/16/23.</p> <p>4. An order for wound care for a stage 4 wound to the coccyx indicates to clean the wound with wound cleaner, pat dry, pack with Aquacel Ag (name brand of a primary dressing indicated for moderate to highly exuding {wound drainage} chronic and acute wounds where there is infection or an increased risk of infection), cover with Allevyn (an adhesive dressing indicated for exudate {pus} absorption and the management of partial- to full-thickness wounds every day shift starting 05/17/23.</p> <p>5. An order for wound care to unstageable (full thickness tissue loss in which actual. depth of the ulcer is completely obscured by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed) wound on the right ankle by applying skin prep daily every day shift starting 05/18/23.</p> <p>6. An order for a wound culture of the coccyx one time only for two days starting 05/16/23.</p> <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>K. Record review of physician orders for R #98 revealed the following orders:</p> <ol style="list-style-type: none"> 1. Protein liquid two times a day for wound care starting 05/18/23. 2. House supplement 3 time a day starting 05/18/23. 3. Wound culture to coccyx starting 05/16/23. 4. Schedule for wound clinic as soon as possible for multiple deep tissue injuries, and stage 4 to the coccyx starting 05/17/23. 5. Wound care to unstageable on right ankle; apply skin prep daily starting 05/18/23. 6. Doxycycline Hyclate (a medication used in the management and treatment of a variety of infections. Oral Tablet 100 milligrams (mg) with a start date of 05/17/23. 7. Wound care to Stage 4 to coccyx. Cleanse with wound cleanser, pat dry pack with Aquacel Ag, cover with sacral Allevyn every day shift with a start date of 05/17/23. 8. Roho cushion (cushion that is designed to decrease the amount of pressure on the sitting area on a chair) with no start date indicated, and a revision date of 05/19/23. No start date was observed. 9. Apply Purple Heel protectors to bilateral heels every day and night shift with a start date of 05/16/23. 10. Wound care for moisture associated skin damage apply Calmazide ointment to buttocks twice a day starting 05/03/23 and discontinued on 05/16/23. 11. Low air loss mattress (a mattress that provides airflow to help keep skin dry, as well as to relieve pressure to bed for pressure ulcers) for pressure ulcers with a revision date of 04/27/23. No start date was observed. 13. Float heels (means that a patient's heel should be positioned in such a way as to remove all contact between the heel and the bed) while in bed with a revision date of 04/27/23. No start date was observed. <p>L. On 05/16/23 at 11:03 am, during an observation and interview, R #98 was observed sitting upright in a wheelchair in the common area located in front of the south nursing station. He was awake and alert, with a pleasant affect. He was not observed to be in distress. His feet were covered with socks only and no shoes were observed.</p> <p>M. Record review of Skin and Wound Evaluations revealed the following:</p> <ol style="list-style-type: none"> 1. Lateral Right Foot <ol style="list-style-type: none"> a. 04/27/23 deep tissue injury: area = 1.0 centimeters squared, length = 1.0 cm, width = 1.0 cm <p>(continued on next page)</p> | | |

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| NAME OF PROVIDER OR SUPPLIER Casa Real | | STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505 | |
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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>b. 05/02/23 deep tissue injury: area = 1.2 centimeters squared, length = 1.3 cm, width = 1.2 cm</p> <p>c. 05/09/23 deep tissue injury: area= 2.3 centimeters squared. length = 1.6 cm, width = 1.7 cm</p> <p>d. 05/17/23 deep tissue injury: area= 0 centimeters squared. Length = 0 cm width = 0 cm</p> <p>2. Dorsum Right foot</p> <p>a. 04/27/23 deep tissue injury: area = .6 centimeters squared, length = .8 cm, width = .8 cm</p> <p>b. 05/02/23 deep tissue injury: area = 2.5 centimeters squared, length = 1.6 cm. width = 1.5 cm</p> <p>c. 05/09/23 deep tissue injury: area= 4.7 centimeters squared. length = 2.0 cm. width = 3.2 cm</p> <p>d. 05/17/23 deep tissue injury: area= 0 centimeters squared. Length = 0 cm, width = 0 cm</p> <p>3. Left Heel</p> <p>a. 04/27/23 deep tissue injury: area = 0 centimeters squared, length = 0 cm, width = 0 cm</p> <p>Notes: Area is closed with fluid-filled Deep Tissue Injury. Optifoam heel applied</p> <p>b. 05/02/23 deep tissue injury: area = 21.3 centimeters squared, length = 5.7 cm. width = 5.2 cm</p> <p>c. 05/09/23 deep tissue injury: area= 7.7 centimeters squared, length = 3.7 cm, width = 2.9 cm</p> <p>d. 05/17/23 deep tissue injury: area= 0 centimeters squared, Length = 0 cm, width = 0 cm</p> <p>4. Sacrum Wound Evaluation</p> <p>a. 05/16/23 stage 4: area =18.42 cm squared, length 6.68 cm, width = 4.43 cm, depth = 4.0 cm, max undermining = 4.5 cm, undermining 4.5 cm 8 to 8 o'clock</p> <p>5. Right Lateral Malleolus</p> <p>a. 05/16/23 unstageable: area = .9 centimeters squared, length = 1.3 cm, width = 1.0 cm</p> <p>N. Record review of the nursing progress revealed the following:</p> <p>1. A nursing progress note dated 05/12/23, a change in condition was made by the nurse for R #98 after a Certified Nursing Assistant (CNA) reported the skin breakdown was .worse due to some open/raw areas . The progress note indicated that there was .skin breakdown on inner butt cheeks area . The primary care provider was notified and the recommendation by the provider was to continue the treatment as ordered and have resident seen by WC (wound clinic) Monday [05/15/23] .</p> <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>2. A nursing progress note by Wound Care Nurse (WCN #1) dated 05/16/23 indicated that a change of condition was created after a skin check was performed following notification that CNAs were changing R #98's brief on 05/16/23 and reported R #98 had a hole in his bottom. As a result of the assessment, the following new and worsening skin injuries/wounds were identified: a stage 4 pressure injury (full thickness skin loss with extensive destruction; tissue necrosis {death}; or damage to muscle, bone, or supporting structure {such as tendon, or joint capsule}) to the coccyx, with tunneling (a wound that's progressed to form passageways underneath the surface of the skin) a stage 3 (full thickness tissue loss) pressure injury to the right buttock, and a stage 3 pressure injury to R #98's right ankle.</p> <p>3. A progress note dated 05/16/23 indicated a correction to a wound's status was made. The wound to R #98's right ankle was considered unstageable (an ulcer covered with slough {dead tissue, usually cream or yellow in colour} or eschar {dry, black, hard necrotic tissue}-the base of the ulcer needs to be visible in order to properly stage the ulcer, though, as slough and eschar do not form on stage 1 pressure injuries or 2 pressure ulcers, the ulcer will reveal either a stage 3 or stage 4 pressure ulcer)</p> <p>4. An order was written on 05/16/23 for R #98 to be seen in the Wound Clinic, after assessing worsening wounds to the sacrum and the new ankle pressure wound.</p> <p>5. An observation of a photo taken as part of the of R #98's coccyx wound assessment was observed to show a coccyx wound located at the 12:00 o'clock position, directly above the anus (the opening where bowel movement passes from the body), consisting of 3 holes (open wounds) clustered closely together, with sinewy (stringy) yellow appearance border around all three. One of the three wounds had bubbly clear fluid in it. The largest open wound appeared to be cavernous with a tunnel-like appearance going into the resident's lower backside; outside of the sinewy border is another border around all 3 wounds that is a rectangular border surrounding all three wounds and the skin there is yellow-white in color and appears to look like raw skin with the top layer of skin missing. There were red bumps throughout the rectangular border of white skin. The next border around the periphery of the rectangular shaped wound was a thin, red border (edge) of skin. Above the rectangular shaped wound was another small open wound that was separate from the large rectangular wound. It was pink with a small depression, and it had a red and pink edge. This wound was located on the right buttock at the 2:00 o'clock position above the 3 clustered, open wounds.</p> <p>O. Record review of Skin and Wound Evaluation completed for R # 98's sacrum and right lateral malleolus (ankle bone) dated 05/16/23 revealed the following:</p> <p>1. The sacral wound had an area of 18.4 centimeters (cm) squared; length of 6.7 centimeters; width of 4.4 centimeters; depth of 4.0 centimeters; and undermining (refers to the damage underneath the wound edge that spans a wider area in multiple directions, but isn't that deep) of 4.5 centimeters.</p> <p>2. The right lateral malleolus had an area of .9 centimeters squared; a length of 1.3 centimeters; and a width of 1.0 centimeter.</p> <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>P. On 05/17/23 at 3:11 pm, during an interview with the WCN #1, she stated she was made aware R #98 having some maceration (when the skin is broken down by moisture on a cellular level) over the weekend, on 05/12/23 of the coccyx. She had last observed R #98 in the early part of the previous week. There was only redness and maceration at that time. LPN #1 stated at 4:30 pm on 05/16/23, a CNA informed her that during a brief change of R #98 there a hole wound was observed. WCN #1 then completed a skin assessment of R #98 on 05/16/23 and R #98 with a new wound to his coccyx, which was also described as an hole (open wound). She stated that the current wound on R #98's coccyx had developed from the inside out. She stated that it was a stage 4 pressure ulcer. WCN #1 explained that a stage 4 pressure ulcer was a wound that was all the way to the bone. It was being treated by packing with Aquacel (name brand of dressing that is an antimicrobial primary dressing for use in acute and hard-to-heal wounds that are infected or at risk of infection with varying exudate {pus} levels) and covered with skin prep (moisture barrier cream) to all areas. She also assessed a new wound on R #98's ankle. Regarding how a MASD (moisture Associated Skin Damage) can so quickly turn into a Stage 4 pressure wound, WCN insisted that during the week of 05/08/23 when she observed the sacrum, the skin was still blanchable and with R #98's limited mobility, he is at high risk for deep tissue injury and it [break down] can happen quickly.</p> <p>Q. On 05/18/23 at 10:28 am, during an interview with the Director of Nursing (DON) regarding R #98's new heel wounds when he returned from the hospital on 04/18/23, the DON stated that a skin assessment had been completed for R #98 when he returned from the hospital by an agency nurse on a shower sheet. The shower sheet indicated there was redness to the bottom and to the back of R #98's heels. Also indicated on the shower sheet was red macerated skin to the coccyx, and redness to the left heel and right heel with the skin intact. The DON stated the shower sheet indicated that a MD (Medical Doctor) had been notified and that barrier cream had been applied, however she stated there was no documentation of new orders and no documentation of which medical provider was notified. The DON stated the skin information can be initially documented on a shower sheet by nurses and then transferred to Point Click Care (PCC-the medical charting system used by the facility) but that did not happen in this case. DON confirmed that there was no documentation in the progress notes by the agency nurse who completed the skin assessment.</p> <p>R. On 05/18/23 at 3:39 pm, during an interview, CNA #2 reported that he first noticed that R # 98 was having some skin issues while changing R #98's brief two weeks ago (the week of 05/01/23) and that he reported it to the nurse and the nurse manager. CNA #2 stated he had observed more changes in R #98's bottom last week on Wednesday (05/10/23) and that it looked like lines in R #98's skin. He informed the Unit Manager. By Friday or Saturday (05/12/23, 05/13/23) CNA #2 stated it looked like a pocket of pus that would burst if you popped it with a pin, but that the skin was flat on R #98's inner cheeks. He observed it to be about the size of a large sandwich in area and that it looked bad. It had an infection smell. There were no holes in R #98's skin. He let the nurse and Unit Manager know. He stated the Unit Manager told the nurse to complete a change in condition form. The nurse was trying to get an order. CNA #2 applied barrier cream to R #98 after his brief change on 05/12/23 after informing the nurse. CNA #2 stated R #98 always had the purple things (foam heel protectors) on his feet, no shoes.</p> <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>S. On 05/18/23 at 4:00 pm, during an interview, Registered Nurse (RN) #3 stated R #98 had moisture associated skin damage and an unstageable wound on his left foot and nothing on the right foot that he was aware of. RN #3 worked with R #98 the weekend of 05/12/23. He stated an order for MASD kept popping up for R #98, so the CNA applied the barrier cream. RN #3 stated he completed a change in condition form [on 05/12/23] to be reviewed by the Wound Care Nurse and kept the wound as MASD because he did not know what type of wound it was. RN #3 also stated he was not great with wounds The wound was located between both cheeks. There was some skin breakdown and the wound was light colored with raw skin on the edges. It looked fresh. The wound was flush and not puffed out. It was the CNA who brought the wound to his attention [on 05/12/23]. He informed the supervisor of the change in condition [on 05/12/23]. Barrier cream continued to be applied over the weekend but there was no change in the appearance of the wound. He does not believe it got better. R #98's heels were now covered with Optifoam (a brand of dressing applied to the heels of the feet that provides an ideal healing environment because of its well-known property of handling high fluid, provides strong protection against outside contaminants and is highly absorptive and is considered ideal for partial and full-thickness wounds, lacerations, abrasions, pressure ulcers, and foot ulcers). The left heel appeared dark in color. He did not remember anything being on the right heel.</p> <p>T. On 05/18/23 at 12:16 pm during an interview with RN #2, she stated R #98 had started Doxycycline (an antibiotic) yesterday on 05/17/23 for the wound on his coccyx. It had a discharge and a foul odor. Currently the wound was being treated with wound cleanser, Aquacel Ag for packing the wound, and Allevyn. She reported that R #98 was not able to be seen at the wound clinic this morning due to being late and that he was now being sent out to the emergency department because his appointment was rescheduled to Tuesday [05/23/23] of the following week. RN #2 stated, she last saw R #98's sacral area last Thursday [05/11/23] and that it was red and macerated. She first became aware of the maceration on 05/03/23 and that it was being treated with a barrier cream.</p> <p>35632</p> <p>Resident #96</p> <p>U. Record review of the face sheet for R #96 indicated that he was admitted on [DATE] with diagnosis of Sepsis (a serious condition in which the body responds improperly to an infection), Gangrene and Necrosis of Lung (is a complication of severe lung infection that causes a secondary infection and necrosis (premature cell death)), Type II Diabetes (means that your body doesn't use insulin properly) , Stage III Kidney Disease (condition that impairs kidney function), Congestive Heart Failure (your heart can't supply enough blood to meet your body's needs), Hypertension (high blood pressure), alcohol abuse (is a pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol or continuing to use alcohol even when it causes problems), Anemia (deficiency of healthy red blood cells in blood). This is not all inclusive list.</p> <p>V. Record review of the Braden Scale Assessment (for Predicting Pressure Sore Risk. The scale consists of six subscales and the total scores range from 6-23. A lower Braden score indicates higher levels of risk for pressure ulcer development. Generally, a score of 18 or less indicates at-risk status) completed on 12/01/22 indicated resident scored a 17 which is at risk for skin breakdown, and on 12/15/22 the Braden score was 18.</p> <p>Scoring:</p> <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>FF. On 05/23/23 at 3:44 pm, during an interview with the Center Executive Nurse (CNE) she stated that the order placed on 01/02/23 by the physician should have been on the Treatment Administration Record (TAR). She stated that the physicians and the nurses have access to enter orders. She stated that when you enter orders if you want it to be on the Medication Administration Record or the TAR you have to click a button indicating that when you put the order in. She stated that looking at this order neither of them were clicked so it didn't show up. She stated that ancillary was clicked and that doesn't link to anything. So the nursing staff didn't know that there were orders in place and it didn't get treated.</p> <p>Resident #42</p> <p>GG. Record review of R #42's face sheet indicated that his initial admitted was 04/07/23.</p> <p>HH. Record review of the Braden Scale for predicating Pressure Ulcers had R #42 listed as a 14 on the scale which is a moderate risk.</p> <p>II. Record review of Hospital Records indicated that on 04/05/23 resident had skin assessment completed and stated under skin turgor epidermis thin with loss of subcaneous tissue.</p> <p>JJ. Record review of the skin check assessment completed 04/07/23, on admission, did not indicate any wounds.</p> <p>KK. Record review of the Initial Minimum Data Set (MDS) completed on 04/11/23 captured that resident had 2 stage II PU's (shallow wound with a pink or red base develops. You may see skin loss, abrasions and blisters), location not identified.</p> <p>LL. Record review of a skin check assessment completed on 04/15/23 indicated that resident had new wounds on right and left buttock .</p> <p>MM. Record review dated 04/18/23 as a Late Entry: Indicated the following note written by Wound Care Nurse Paperwork from hospital indicated he has pressure to his left and right buttock on admission here. Ulcers are not in-house acquired.</p> <p>NN. Record review of the physician orders indicated that on 04/18/23 an order for wound care to bilateral buttocks: Apply barrier (protects the skin) cream at each brief change every day and night shift for Stage 2 pressure ulcers.</p> <p>OO. On 05/23/23 at 11:56 am, during an interview with the Wound Care Nurse, she stated that R #42 was admitted on [DATE]. She stated that the MDS nurse had brought up that the stage II pressure ulcers were noted on the hospital paperwork and that he came in with those wounds, that is why she wrote the progress note. She stated that the admitting nurse should have caught it on the skin check. She stated that the skin check on 04/15/23 was when the wounds were first documented by the facility. She found out about them on 04/18/23 and orders were put into place. She stated that sometimes the Certified Nursing Assistant's will tell the nurse that an area is red or there is moisture associated skin damage and the nurse will tell them to put barrier cream on it. So, even if she has not been made aware of a new wound like a stage II, or the physician is not aware of it [on 04/15/23], they [wounds] are still being treated because the treatment for those would be barrier cream anyway which is standard practice.</p> <p>(continued on next page)</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> | <p>This resulted in an Immediate Jeopardy (IJ) a scope and severity of J which was announced in person on 05/18/23 at 6:15 pm to the Center Executive Director.</p> <p>The facility provided an acceptable Plan of Removal (POR) and implementation of the POR was verified through observation, interview, and record review on 05/22/23.</p> <p>Plan of Removal:</p> <p>The Immediate Jeopardy finding was identified in the following area: Failure to timely identify wounds and delaying in implementing treatment . All residents have the potential to be affected by this alleged deficient practice. The following measures and monitoring will be completed by 5/19/23:</p> <p>-On 5/18/23 the nursing team initiated a whole house resident skin sweep to identify all current wounds in the facility, and assess for correct identification and treatment . Any identified concerns, including refusals of wound care/assessment and worsening wounds will include change in condition documentation and notification to the provider and family. Any new orders will be followed.</p> <p>Systematic Measures</p> <p>Beginning 5/18/23 the Center Nurses will be re-educated on the following areas by the Nurse Educator/Designee:</p> <p>-Nurses will be educated on their responsibility with communication with management and the change in condition process/documentation when a resident is having a change in condition (including new or worsening wounds).</p> <p>-Nurses will be educated on (name of facility) wound processes which include the DIMES, timely and accurate identification and documentation for wounds/wound changes, change in condition process, and appropriate treatment/intervention implementation upon identification of new or worsening wounds.</p> <p>-CNAs will be educated on how to minimize pressure, friction and shearing, change in condition process for CNAs (including skin changes) and stop and watch.</p> <p>As of 5/19/23 100% of available staff have been educated on these processes. Any staff member that has not been scheduled, on leave of absence (FMLA), vacation, or PRN (As needed) staff will be educated prior to returning to their next shift.</p> <p>Quality Assurance and Monitoring</p> <p>The Director of Nursing/Designee will audit education sign-off sheets to ensure that all nursing staff receive the education mentioned above. The Director of Nursing/Designee will conduct 5 random wound audits weekly for wound care process compliance.</p> <p>An Ad Hoc QAPI Meeting will be held on 5/19/23 to approve the above plan.</p> <p>(continued on next page)</p> | | |

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| <p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40795</p> <p>Based on observation, interview, and record review, the facility failed to provide podiatry services for 1 (R #43) of 1 (R #43) residents reviewed for diabetic nail care. This deficient practice could likely result in residents feeling uncomfortable with the feel and appearance of their toenails and/or result in medical complications.</p> <p>The findings are:</p> <p>A. Record review of facility policy NSG217 Foot Care, last revised 09/01/22, revealed Patients who have complicated disease processes requiring foot care including, but not limited to, infection/fungus, ingrown toenails, diabetes mellitus, neurological disorders, renal failure, and peripheral vascular disease must be referred to qualified professionals such as podiatrists or other physicians. The Center is responsible for assisting patients in making appointments and arranging transportation to obtain services.</p> <p>B. On 05/16/23 at 10:30 am, during an observation and interview, R #43 was observed sitting at the edge of his bed with one boot off, leaving his left foot exposed. Upon greeting him, he stated look at my ugly toenail (referring to his big toe). He then explained I am waiting for someone to look at it. I think someone is going to check my roommate's toe nails and I am going to ask them to look at mine too.</p> <p>C. On 05/16/23 at 10:30 am, during an observation of R #43's toenails, his big toe toenail extended past his toes and appeared dark in color, thick, and the surface was uneven. Observation of the 4 remaining toes' nails revealed that the toenails were thick and had grown past his toes.</p> <p>D. Record review of R #43's Electronic Health Record (EHR) revealed that R #43 was admitted to the facility on [DATE] with the following pertinent diagnoses: Wernicke's encephalopathy (a brain disorder that usually causes confusion, the inability to coordinate voluntary movements, and visual changes and/or additional eye problems) and type 2 diabetes (a chronic condition that affects the way the body processes blood sugar) with hyperglycemia (dangerously high blood sugar).</p> <p>E. Record review of nursing notes revealed that R #43 did not have any documentation related to toenail care.</p> <p>F. Record review of podiatry (a branch of medicine devoted to the study, diagnosis, and treatment of disorders of the foot, and ankle) notes, dated 07/09/21, revealed that the podiatrist recommends seeing pt [patient] every 2 months. However, 07/09/21 was the only documented podiatry visit for R #43.</p> <p>G. On 05/17/23 at 3:57 pm, during an interview, the Wound Care Nurse explained that during a skin check, the nurse would look at the resident head to toe and if they found toe nail abnormalities [irregularity], it should be documented and referred to podiatry. The nurse should let the doctor know that there is an irregularity in the toe nails and the doctor will make an order to refer out to podiatry.</p> <p>(continued on next page)</p> | | |

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| <p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>H. On 05/24/23 at 2:00 pm, during an interview with Director of Nursing (DON), when asked how podiatry services are provided, the DON explained that the podiatrist comes to the facility every month and He has a list of residents on his case load. He has a rotating schedule and asks us if there is someone else to add to the list. He gives us a couple days notice and we will ask the patients if they want to be seen. When asked why R #43 has not been seen since 2021, she explained that it was possible that he was refusing care.</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>35632</p> <p>Based on observation and interview, the facility failed to provide a safe environment that was free of hazards for 1 (R #158) of 1 (R #158) resident looked at during the initial pool sample. This deficient practice has the potential to cause an accident when there is no light in the bathroom. The findings are:</p> <p>A. On 05/15/23 at 10:37 am, during an interview with R #158, he stated that everything was pretty good except he had been without his bathroom light since Friday 05/12/23. He had told the nurse (didn't know who it was) right away (Friday). He stated that he is independent with using the bathroom.</p> <p>B. On 05/15/23 at 10:37 am, an observation was made of the light in the bathroom no working.</p> <p>C. On 05/15/23 at 11:38 am, during an interview with the Maintenance Director (MD), he stated that the process is that staff (any staff member) can fill out a TELS form (building maintenance request) and the work order goes in. When staff enter a work order they need to indicate on it whether it is emergent (is an emergency), mid-emergent (not emergency but needs to be corrected quickly) or non-emergent (can wait). MD thinks this would have risen to the mid level or emergent situations but it wasn't. He thinks that it would rise to that level because if a resident uses the bathroom and there is no light in the bathroom, they can't see and could fall. He stated that he was made aware of this last night (05/14/23). He stated that he got a TELS at around 8:30 pm last night. He stated that they don't always get the TELS work order right away and if the staff didn't choose the right person (would be MD) then he wouldn't get the work order at all. Once staff fill out the work order, pick an emergent status, and pick the person to send the work order to, it should go to his phone to notify him of that new work order. He stated that things like bathroom lights need to work especially for residents that are independent.</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40795</p> <p>Based on record review and interview, the facility failed to follow physician orders related to nutritional needs for 2 (R #'s 18 and 96) of 3 (R #'s 18, 96, and 104) residents reviewed for dialysis care and weight management. This deficient practice could likely result in residents not receiving the required nutritional support needed.</p> <p>The findings are:</p> <p>Findings for R #18</p> <p>A. Record review of the EHR (Electronic Health Record) revealed that R #18 was admitted to the facility on [DATE] with the following pertinent diagnoses:</p> <p>Type 2 Diabetes Mellitus (a chronic condition that affects the way the body processes blood sugar), Chronic Kidney Disease- stage V (End Stage Renal Disease- stage 5 is when the kidneys begin to fail), Peripheral Vascular Disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), Pressure Ulcer (Injury to skin and underlying tissue resulting from prolonged pressure on the skin) of Left Heel, and Pressure Ulcer of Sacral Region (bottom of the spine), and Dependence on Renal Dialysis (a treatment to clean your blood when your kidneys are not able to).</p> <p>B. Record review of physician orders revealed the following:</p> <ol style="list-style-type: none"> 1. A physician order, dated 10/04/22, for Protein Liquid, one time a day 30 ml [milliliters] Supplement. 2. A physician order, 11/02/22, Please Administer Morning Medications Prior to Dialysis one time a day every Mon, Wed, Fri. <p>C. Record review of the Treatment Administration Record (TAR) revealed that R #18 did not receive 30 ml of protein on the following dates as he was away from the facility</p> <p>January 2023- AW (away) 01/06/23</p> <p>February 2023- AW (away) 02/03/23, 02/16/23, 02/17/23, 02/24/23</p> <p>March 2023- AW (away) 03/01/23, 03/03/23, 03/05/23, 3/08/23, 03/11/23, 03/12/23, 03/19/23</p> <p>April 2023- AW (away) 04/03/23, 04/14/23, 04/20/23, 04/26/23, 04/28/23</p> <p>not documented as away or administered- 04/06/23</p> <p>May 2023- AW (away)- 05/01/23, 05/03/23, 05/05/23, 5/08/23, 05/11/23, 05/12/23, 05/19/23, and 05/24/23</p> <p>D. Record review of nutrition notes revealed the following:</p> <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>1. Nutrition note, dated 02/24/23- .Therapeutic diet r/t [related to] to ESRD [End Stage Renal Disease] and dialysis dependent. Liquid protein 30 ml 1 x (time)/day =15 gm [milligrams] pro . RD [Registered Dietician] recommendation: continue nutrition POC [Plan of Care]. RD to follow as indicated</p> <p>2. Nutrition note, dated 03/29/23- . Resident with continued PU [pressure ulcer] Left heel. Per skin and wound eval [evaluation] 3/2 [03/02/23] wound is slow to heal-improving. Receives Liquid protein 30 ml 1 x/d for wound healing= 15 gm protein. Nutrition is adequate and is meeting nutrition needs for wound healing and dialysis support. Recommend continue nutrition POC. RD to follow as indicated.</p> <p>3. Nutrition note, dated 05/22/23- . Therapeutic diet to manage ESRD and dialysis dependent. Pro [protein] liquid 30 ml 1 x/day=15 gm for wound healing and dialysis support . RD recommendations: 1. Continue liquid protein for ESRD [End Stage Renal Disease] and dialysis support. Increased protein needs remains .</p> <p>E. On 05/24/23 at 1:20 pm, during an interview with Certified Medication Aid (CMA) #3, when asked if the protein liquid supplement is provided to the resident by the kitchen or by nursing staff, CMA #3 confirmed that it is administered by nursing staff. When asked when R #18 is scheduled to receive the protein liquid, he explained that R #18 receives it at noon. When asked how it is administered on the days when R #18 is at dialysis, he explained If he is at dialysis, then I'll mark away from facility. If he comes back by 1 pm, I will give it to him. If he leaves at 11, I'll give it to him before he leaves. When asked if he should be getting it daily, he confirmed yes and explained that he should get it later in the day to avoid missed administrations due to his unavailability while at dialysis.</p> <p>Findings for R #96</p> <p>F. Record review of New Mexico Consumer Complaint #66481 revealed a concern for the availability of food for R #96.</p> <p>G. On 05/24/23 at 4:00 pm, during an interview, the complainant of New Mexico consumer complaint #66481 explained that she had to remind staff to bring dinner trays to R #96 on two separate occasions.</p> <p>H. Record review of EHR revealed R #96 was admitted to the facility on [DATE] with the following pertinent diagnoses:</p> <p>Type 2 Diabetes Mellitus (a chronic condition that affects the way the body processes blood sugar), Heart Failure (heart muscle doesn't pump blood as well as it should) w/Reduced Ejection Fraction (when the muscle of the left ventricle is not pumping as well as normal), Hypertension (blood pressure that is higher than normal), Chronic Kidney Disease Stage IV (End Stage Renal Disease- stage 4 is when the kidneys are moderately or severely damaged and are not working as well as they should to filter waste from the blood), Pressure Sore (Injury to skin and underlying tissue resulting from prolonged pressure on the skin) on Heel.</p> <p>I. Record review of monthly weights, in pounds, revealed the following weights for R #96:</p> <p>11/22/22- 187.2</p> <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>12/05/22- 189.2</p> <p>01/03/23- 179.0</p> <p>02/02/23- 176.4</p> <p>03/02/23- 167.8</p> <p>04/04/23- 159.6</p> <p>05/04/23- 163.8</p> <p>J. Record review of orders revealed a physician order, dated 11/21/22, Consistent Carbohydrate Diet (CCD)-Regular Texture, Provide divided or lip plate with every meal; Double portions (entree) to prevent sig [significant weight] loss</p> <p>K. Record review of nutrition notes, dated 04/05/23, revealed current wt [weight] 159.6# [pounds] reflects a wt [weight] change of -9.5% x [within] 2 months. Noted- resident on diuretic. Liquid protein 30 ml 1 x/day=15 gm for wound healing. Per skin & wound eval [completed on] 3/28 [2023] PU [pressure ulcer]-stg [stage] 3, Left heal-improving. RD [Registered Dietician] recommendations: 1. add double portions (entree) to prevent sig [significant weight] loss .</p> <p>L. Record review of physician encounter notes, dated 04/30/23, Monitor patient's weight weekly and report to provider for >[more than]5 lb [pound] weight gain [due to the use of a diuretic- a water retention medication] in 1 week. Continue any nutritional supplements as recommended by Registered Dietitian . Monitor for other common complications of CKD [Chronic Kidney Disease] including: . malnutrition.</p> <p>M. On 05/24/23 at 1:46 pm, during an interview with the Dietary Manager (DM), when asked if R #96 is identified as a resident who has an order for double portion, he realized that R #96 is not served a double portion. He then explained that him and the dietician reviewed the orders recently. When asked how he is made aware of diet orders he explained Typically, the Registered Dietician will tell me if orders [in his system] don't match in PCC [name of EHR platform]. We pull the meal tickets and make sure everyone matches. The last time we did it was about 2-3 weeks ago.</p> <p>N. On 05/24/23 at 2:00 pm, during an interview with the Director of Nursing (DON), when asked if R #18's order for Protein Liquid should be scheduled for a different time of day to avoid missed administrations, she confirmed yes. When asked if R #96 should have double portions, she confirmed yes. She then explained We usually give a communication form to the Dietary Manager [to ensure that he is aware of his order for double portions]. When asked if the weight for R #96 should be monitored weekly, she confirmed yes.</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47899</p> <p>Based on observation, record review, and interview, the facility failed to maintain oxygen equipment according to the professional standards for 6 (R#'s 23, 24, 25, 36, 64, and 103) of 6 (R#'s 23, 24, 25, 36, 64, and 103) residents reviewed for respiratory care. This deficient practice could likely result in oxygen tubing not being changed according to the date of install or previous replacement, and not ensuring the resident is wearing oxygen as per the physician's order. The findings are:</p> <p>A. Record review of the facility procedure: Oxygen: Nasal Cannula, last reviewed 06/15/22, revealed Replace disposable set-up every seven days. Date and store cannula in a treatment bag when not in use.</p> <p>Findings for R #25</p> <p>B. On 05/15/23 at 10:24 am, during an observation of R #25's oxygen tubing, it was noted that the oxygen tubing was not labeled as to the date it was changed or installed. Per the facilities Procedure titled, Oxygen: Nasal Cannula, #22, reads Replace disposable set-up every seven days. Date and store cannula in treatment bag when not in use.</p> <p>C. On 05/22/23 at 3:56 pm, during an interview with the Center Nursing Executive(CNE), she stated, Oxygen tubing the Certified Nursing Assistants (CNA) are checking them frequently to ensure they are clean and that they are in working order. Central supply (Clerk who orders supplies) is supposed to be checking the oxygen tubing dates every Thursday and Friday, or as needed to make sure they are getting changed. I have also told them not to just write the date on the tubing as it gets rubbed off. They (CNA's) need to placing tape on them with the date and their initials.</p> <p>D. Record review of R #25's physician order dated 01/30/23, revealed an order for oxygen at 2 liters/minute via nasal cannula.</p> <p>Findings for R #36</p> <p>E. On 05/15/23 at 12:02 pm, during an observation of R #36's oxygen concentrator, it was noted to be off sitting against the wall. Resident didn't have the oxygen cannula in his nose, it was draped over the concentrator and turned off.</p> <p>F. On 05/18/23 at 4:30 pm, during an observation of R #36, it was noted that he was sitting by the dining room, and he didn't have on his oxygen.</p> <p>G. Record review of R #36's physician order dated 04/01/23 revealed an order for Oxygen at 2-4 liters/ minute via nasal Cannula to keep oxygen saturation (oxygen amount in the blood) above 90%.</p> <p>40795</p> <p>Findings for R #64</p> <p>H. On 05/15/23 at 11:27 am, during an observation, R #64's oxygen tubing was not dated.</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Findings for R #103</p> <p>I. On 05/15/23 at 2:21 pm, during an observation, R #103's oxygen tubing was not dated.</p> <p>Findings for R #24</p> <p>J. On 05/16/23 at 10:22 am, during an observation, R #24's oxygen tubing was not dated.</p> <p>Findings for R #23</p> <p>K. On 05/16/23 at 3:33 pm, during an observation, R #23's oxygen tubing was not dated.</p> <p>L. On 05/24/23 at 2:00 pm, during an interview with the Director of Nursing, when asked how often oxygen tubing should be changed, she explained that the oxygen tubing should be changed weekly. When asked if the oxygen tubing should be dated at the time of replenishment, she explained it is supposed to be dated and initialed.</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>47899</p> <p>Based on observation, interview and record review, the facility failed to properly maintain records of controlled substances (drugs that are subject to strict government control because they may cause addiction) on each cart medication cart. This deficient practice could cause the likelihood of controlled substances being diverted (a medical and legal concept involving the transfer of any illegal prescribed controlled substances from the individual for whom it was prescribed to another person for any illicit use).</p> <p>The findings are:</p> <p>A. On 05/12/23 at 9:49 am, during an observation on the North Hall medication cart Narcotic Book (This is a book used to manually track inventories of prescription medications. This tracks resident prescription intake. It will record when the facility receives the medication for each schedule 2 controlled substance from the pharmacy, and shift pages to count at the beginning and end of each shift), the medication blister pill cards (single dose pack that has the medication name, pill information, expiration dates, and a number next to each blister that allows one to count the number remaining). Nurses didn't sign the book to count the number of medication blister pill card or the matching sheets in the narcotic book for the dates 04/30/23 through 05/01/23.</p> <p>B. Record review of the facility's policy, Inventory of control of Controlled Substances, last reviewed 01/01/22, revealed: Facility should ensure that the incoming and outgoing nurses count all Schedule II controlled substances and other medications with a risk of abuse and diversion at the change of each shift or once daily, and document the results on a controlled substance count verification/Shift count sheet.</p> <p>C. On 05/16/23 at 9:50 am, during an interview with Licensed Practical Nurse (LPN) #3 stated, The narcotic book should be signed out in both blank spaces in the book. The nurse that is coming on the shift should sign after the count of the controlled substances are complete to say that the count is correct. The nurse going off their shift should also sign that this was the count, prior to them handing the keys to the nurse that is coming on shift. It should consist of the number of cards in the narcotic box.</p> <p>D. On 05/16/2023 at 10:10 am, during an observation of Memory Care nursing cart revealed missing signatures in the narcotic book for the month of May.</p> <p>E. On 05/15/23 at 10:11 am during an interview with Registered Nurse (RN) #5, when asked why the Narcotic book wasn't signed, RN #5 stated, That's a good question. What do I do about it? They should be signing before leaving or before accepting the keys to the medication cart.</p> <p>F. On 05/22/23 at 3:56 pm, during an interview with the Center Nursing Executive (CNE), she was asked if the Nursing staff should be signing the narcotic book before taking the keys. She stated, We have started in-servicing them (nursing staff) about the Narcotic book, and signatures of who are taking the keys, and the nurse leaving their shifts. It is their responsibility to sign each book when one nurse leaves and the other takes the keys to the medication cart.</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47899</p> <p>Based on record review and interview, the facility failed to maintain a process to monitor resident behavior after prescribing psychotropic medication (a medication that alters the chemical makeup of the brain and nervous system) to determine effectiveness for 4 (R#25, R #36, R #40, and R #89) out of 4 # R (R #25, R #36, R #40, and R #89) residents reviewed for unnecessary medications. This deficient practice could likely result in residents being administered psychotropic medications they do not need, experience potential unnecessary drug and/or adverse side effects.</p> <p>The findings are:</p> <p>A. Record review of the facility's policy: Behavior's: Management of Symptoms, last reviewed 10/24/22, Staff will monitor for and document in the medical records any exhibited behavioral symptoms which include but are not limited to: Verbally aggressive behaviors , Physically aggressive behaviors , Sexually inappropriate behaviors , touching, rummaging, or removing other's property and wondering that places the resident in at significant risk in getting into a dangerous place or significantly intrudes on the privacy or activities of others.</p> <p>Findings for R#25:</p> <p>B. Resident review of R #25's facesheet had an admitted [DATE] revealed that she was admitted to the facility on [DATE] with multiple diagnoses including, but not an all-inclusive list; Epilepsy, unspecified (a neurological disorder that causes seizures or unusual sensations and behaviors), Insomnia unspecified (trouble falling or staying a sleep), Unspecified Dementia unspecified severity with agitation (a term used to describe a group of symptoms affecting memory, thinking and social abilities severely enough to interfere with your daily life), Depression, unspecified (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>C. Record review of the physician's order dated 01/30/23, revealed an order for Escitalopram Oxalate (is a prescription drug used to treat depression and anxiety) 5 MG tablet taken by mouth one time a day for depression.</p> <p>D. Record review of the EMAR (Electronic Medication Administration Record) and ETAR (Electronic Treatment Administration Record) revealed R #25 was not monitored by the staff for any behaviors or side effects that Escitalopram Oxalate may cause.</p> <p>E. Record review of R# 25's careplan, revised on 03/30/23, revealed the resident will be placed on the smallest dose of Escitalopram Oxalate to acheive desired results, with the smallest amount of side effects. Resident will be monitored for effectiveness, montioered for changes in mental staus and funtional level with changes reported to the phsician as indicated, monitor for side effects and consult with physician and pharmacist as needed, and to monitor for signs and symptoms of depression.</p> <p>Findings for R #36:</p> <p>(continued on next page)</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>F. Record Review of R #36's facesheet had an admitted [DATE], revealed he was admitted to the facility on [DATE] with multiple diagnoses including, but not an all-inclusive list; Unspecified Dementia (Dementia is a term used to describe a group of symptoms affecting memory, thinking and social abilities severely enough to interfere with your daily life), unspecified severity, without behavioral disturbance, Psychotic Disturbance (is a condition of the mind that results in difficulties determining what is real and what is not real), moods disturbance (affective disorders that are a set of psychiatric diseases), also called mood disorder, and anxiety, Dementia in other diseases classified elsewhere, Anxiety Disorder, Unspecified; Depression, Unspecified (a mood disorder that causes a persistent feeling of sadness and loss of interest); Anxiety disorder due to known physiological condition.</p> <p>G. Record review of R #36 physician order dated 04/28/23 revealed an order for FLUoxetine HCl (is used to treat depression, panic attacks, obsessive compulsive disorder) oral capsule 20 mg (milligrams) for depression for 3 weeks and then discontinue on 05/20/23</p> <p>H. Record Review of R #36 physician order dated 05/20/23 revealed an order for FLUoxetine HCl oral capsule for 40 mg for depression.</p> <p>I. Record review of the EMAR and ETAR revealed R #36 was not monitored by the staff for any behavior or side effects FLUoxetine might cause.</p> <p>J. Record review of R# 36's's careplan, revised on 04/18/23, revealed the resident will be placed on the smallest dose of Escitalopram Oxalate to acheive desired results, with the smallest amount of side effects. Resident will be monitored for effectivness, moniored for changes in mental staus and funtional level with changes reported to the phsician as indicated, monitor for side effects and consult with physician and pharmsicist as needed, and to monitor for signs and symptoms of depression.</p> <p>Findings for R #40:</p> <p>K. Record review of R #40's face sheet had an admitted d 05/23/23, revealed he was admitted to the facility on [DATE] with multiple diagnoses including, but not an all-inclusive list; Unspecified intracranial injury with loss of consciousness of unspecified duration (A head injury causing damage to the brain by excessive force or mechanism. It causes long term complications or death), Unspecified Convulsions (is a medical term used to describe seizures when the clinical information is unknown or not available about a particular condition), Major depressive disorder, (a mood disorder that causes a persistent feeling of sadness and lose of interest) recurrent, unspecified, Personal history of Traumatic Brain injury (is an injury to the brain caused by an external force), Insomnia (trouble falling or staying asleep), unspecified, anxiety disorder (Feeling nervous, restless, or tense. Having a sense of impending doom, danger, or panic), bipolar disorder, unspecified (a mental health condition that causes extreme mood swings that include highs: mania or hypomania and lows: depression), Schizophrenia, unspecified (a mental disorder characterized by delusions, hallucinations, disorganized thoughts, speech and behaviors).</p> <p>L. Record review of R #40 physician's order dated 09/10/20 revealed an order for busPIRone HCl (a medication used to treat anxiety) tablet 10 mg (milligrams) two times a day for anxiety.</p> <p>(continued on next page)</p> | | |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>M. Record review of R #40 physician's order dated 04/08/21 revealed an order for FLUoxetine 10 mg by mouth one time a day for depression for a total of 30 mg per day.</p> <p>N. Record review of R #40 physician's order dated 04/08/21 revealed an order for FLUoxetine 20 mg by mouth one time a day for depression for a total of 30 mg per day.</p> <p>O. Record review of R #40 physician orders dated 09/20/22 revealed an order for risperidone (an antipsychotic medicine that works by changing the chemicals in the brain) by mouth 1 MG tablet two times a day for Schizophrenia.</p> <p>P. Record reviews of the EMAR and ETAR revealed R #40 was not monitored by the staff for any behaviors or side effects that busPIRone HCl, FLUoxetine, or riperidone might cause.</p> <p>Q. Record review of R# 40's careplan, revised on 02/23/23, revealed conintue to monitor the resident for combativeness, or resistive cares. Postpone care/activity and allow him to regain composure, Evaluate the nature and circumstance (ie, triggers) or the verbal behaviors with the resident or resident representative. Monitor medications, especially new/changed/discontinued for side effects and residents response contributing to verbal behaviors. Monitor for additional behaviors and report any inappropriate behaviors. Observe for non verbal signs of resistance: e.g. rigid body position, clenched fists etc.</p> <p>Findings for R #89:</p> <p>R. Record review of R #89's facesheet had an admitted d 05/16/23, revealed he was admitted to the facility on [DATE] with multiple diagnoses including, but not an all-inclusive list; Parkinson's Disease (is a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), Transient Cerebral Ischemic Attack (is a temporary period of symptoms similar to those of a stroke), Unspecified, Malignant Neoplasm of the colon (Cancer of the colon), Malignant Neoplasm of the Prostate (Cancer of the prostate), Insomnia (sleeplessness, a sleep disorder in which people have trouble sleeping), Anxiety disorder (Feeling nervous, restless or tense).</p> <p>S. Record review of R #89 Physician's order dated 05/15/23 revealed an order for LORazepam (a benzodiazepine used to treat anxiety disorders. Tablet 0.5 mg (milligrams) PRN (as needed) for Anxiety, Nausea, SOB (shortness of breath) for 14 days every 4 hours.</p> <p>T. Record review of the EMAR and ETAR on 05/16/23, revealed R #89 was not monitored by the staff for any behaviors, or side effects LORazepam might cause.</p> <p>U. Record review of R# 89's careplan, revised on 02/23/23, revealed the resident will be monitored for effectiveness, montioered for changes in mental staus and funtional level with changes reported to the phsician as indicated, monitor for side effects and consult with physician and pharmiscist as needed, and to monitor for signs and symptoms of anxiety.</p> <p>V. On 05/22/23 at 3:56 pm, during an interview with CNE (Center Nurse Executive), she was asked if they should be monitoring behaviors for residents who are on an antipsychotic medication. CNE stated, Behaviors, there should be a monitor sheet that is attached to the medications being used. It is something you can attach to the order when it is placed. All residents on anxiety, depression, or antipsychotics medications should have this in their ETAR.</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>35632</p> <p>Based on record review and interview, the facility failed to ensure medications were administered as ordered by the physician for 1 (R #157) of 3 (R #s 67, 84 and 157) residents reviewed for medications. This deficient practice can result in a resident failing to obtain maximum wellness and/or suffering prolonged illness. The findings are:</p> <p>A. Record review of the nursing progress notes dated 04/05/23 at 11:01 am, indicated the following: Resident arrived to facility @ 10:50 a.m. Via ambulance. Resident is non-verbal. Resident make moaning sounds and grunts. Resident does not appear to be in any pain or distress at this time .</p> <p>B. On 05/23/23 at 12:22 pm, during an interview with Center Nursing Executive (CNE), she stated that R #157 came from a LTAC (Long Term Acute Care) step down unit. She stated that residents that come from those units are more critical than what they offer at a skilled nursing facility. She stated that their CAD's (Corporate Admission Director) reviewed the paperwork and indicated that R #157 was ok to come here. On the way over here on 04/05/23, R #157 had a cardiac crisis (medical emergency. It can lead to a heart attack, stroke or other life-threatening health problems). When he got here to the facility he was breathing really hard and was sweaty. His family was also here with him at that time and his mother told facility staff that when he got this way, the hospital would give him Metoprolol for high blood pressure. He was given this medication by our facility staff at 1400 (2:00 pm) and it helped him. He got one dose at that time but didn't get his night dose at 2200 (10:00 pm) or his 6:00 am dose on 04/06/23. R #157 started having problems again like breathing really hard and he was sweaty.</p> <p>When she (CNE) questioned the agency nurse who had worked evening/night shift about his medications the nurse told her that her Pixis access (which dispenses emergency medications) wasn't working. The CNE told the agency nurse that there were other staff, nurses and Certified Medication Assistants (CMA)'s in the building at the time she was working; and she could have asked one of them for assistance. That didn't happen. The CNE stated that the process for new admits/readmits is that they can't order and verify medications until a new resident is here in the facility being admitted . So, depending on when orders for medications are faxed out depends on when residents will get them. She stated that the night nurse was an agency nurse, and she couldn't be sure what she was thinking as far as R #157's medications.</p> <p>C. Record review of the Medication Administration Record (MAR) for April 2023 indicated that the following medications listed below were missed: No medications were available, and the Pixis was not accessed to obtain some or all of the medications below.</p> <p>-Albuterol (helps open airways to breathe easier) missed dose on 04/05/23</p> <p>-Cephalexin (treatment of respiratory tract infections) Oral Suspension Reconstituted 250 mg (milligrams)/5 ml Give 10 ml (milliliters) via PEG (percutaneous endoscopic gastrostomy)-Tube (delivers nutrition directly to your stomach) every 6 hours for Pneumonia (respiratory tract infections) for 2 weeks. Start Date 04/05/23 at 12:00 pm. Missed on 04/05/23 at 12:00 pm and missed at 1800 (6:00 pm), on 04/06/23 missed 0000 (12:00 am) and 6:00 am doses.</p> <p>(continued on next page)</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>-Clonidine HCl Oral Tablet 0.1 mg (milligram). Give 1 tablet via PEG-Tube every 12 hours for Hypertension (high blood pressure). Start date 04/05/23 at 2100 (9:00 pm). Missed dose on 04/05/23 at 2100 (9:00 pm)</p> <p>-Doxycycline Hyclate Oral Tablet 100 mg. Give 100 mg via PEG-Tube every 12 hours for Cellulitis (common, potentially serious bacterial skin infection that affects skin and is swollen, inflamed and typically painful) for 14 Days. Start date 04/05/23 at 2100 (9:00 pm). Missed on 04/05/23 at 2100</p> <p>-Gabapentin (medicine used to treat partial seizures, nerve pain from shingles and restless leg syndrome) Oral Tablet. Give 1000 mg via PEG-Tube every 8 hours for Convulsions Start Date 04/05/23 at 1400 (2:00 pm). Received one dose on 04/05/23 at 1400 (2:00 pm) and did not receive dose on 2200 (10:00 pm) and on 04/06/23 did not receive dose at 6:00 am.</p> <p>-Methocarbamol (used to treat muscle spasms/pain) Oral Tablet 1000 mg. Give 1 tablet via PEG-Tube every 8 hours for bladder spasms. Start Date 04/05/23. Received on 04/05/23 at 1400 (2:00 pm), missed dose on 2200 (10:00 pm) and on 04/06/23 missed 6:00 am dose.</p> <p>-Metoprolol Tartrate Oral Tablet 50 mg. Give 1 tablet via PEG-Tube every 8 hours for HTN (Hypertension, high blood pressure). Start Date 04/05/23 1400 (2:00 pm). Received dose on 04/05/23 at 1400 (2:00 pm), missed dose on 2200 (10:00 pm) and on 04/06/23 missed 6:00 am</p> <p>-Rivaroxaban (used to prevent blood clots) Oral Tablet 20 mg. Give 1 tablet via PEG-Tube at bedtime for DVT (Deep Vein Thrombosis). Start Date 04/05/23 2100 (9:00 pm). Missed on 04/05/23 2100 (9:00 pm)</p> <p>-Tamsulosin (for enlarged prostate) HCl Oral Capsule 0.4 mg. Give 2 capsules via PEG-Tube at bedtime for Urinary Spasms. Start date 04/05/23 2100 (9:00 pm). Missed on 04/05/23 at 2100 (9:00 pm).</p> <p>D. Record review of the hospital records dated 04/06/23 indicated that R #157 was sent back to the hospital had a normal oxygen level and no respiratory distress or signs of infection. He was significantly tachycardia and in distress which I believe is fully attributable to not receiving his medications. This all resolved after giving his home medication at their normal dose. Please make sure (name of resident) receives all his medications at their scheduled times unless otherwise advised by a physician or his is likely to become significantly tachycardia.</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>47899</p> <p>Based on observation and interviews, the facility failed to:</p> <ol style="list-style-type: none"> 1) Ensure that opened and accessed (has been opened or accessed the pen should be dated with the last date that the product should be used {expiration date} and discarded within 28 days unless the manufacturer specifies a different {shorter or longer}) for a flexpen (is pre-filled with insulin so you don't have to load it) weren't dated as to when they were initially opened/assessed, by the nursing staff. 2) Ensure that undated medications were not stored with dated medications, that were readily available for resident use, 3) Ensure that expired supplies were not stored with unexpired supplies in the storage rooms, and 4) To properly store medications in medication carts. <p>These deficient practices have the likelihood to result in 103 residents that were identified on the census list provided by the Centers Executive Director on 05/15/23, to receive expired medications that have either lost their potency, or effectiveness; medications that were undated continued to be accessed and stored with active medications. The findings are:</p> <p>Open and Labeled Medications:</p> <p>A. On 05/15/23 at 9:31 am, during observation of the north short medication cart numerous medications were found to be undated as to when they were opened:</p> <ol style="list-style-type: none"> 1. Sodium Bicarbonate (Sodium bicarbonate is one of the well-known antacid that are used by a large number of pharmaceutical companies to make medicines that treat mild indigestion problems) 10 Grams. 2. Enulose (It is used to treat or prevent certain brain or mental problems caused by liver disease. It may be used by mouth or rectally) 10 Grams/1 ML (Milliliter) by mouth for R #62. 3. Enulose 10 Grams/1 ML by mouth for R #56. 4. Geri-tussis (Guaifenesin is used to treat coughs and congestion caused by the common cold, bronchitis, and other breathing illnesses.) House stock. 5. Liquid Protein (To consume higher protein amounts needed for wound healing, some patients may require supplementation.) House Stock 6. Morphine Sulfate (Is an opioid medication. Morphine is used to treat moderate to severe pain) 100 mg (Milligrams) per 1 ML. <p>(continued on next page)</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>B. On 05/15/23 at 9:41 am, during observation of the skilled medication cart numerous medications were found to be undated as to when they were opened:</p> <ol style="list-style-type: none"> 1. Aspirin (is a salicylate. It works by reducing substances in the body that cause pain, fever, and inflammation. It is sometimes used to treat or prevent heart attacks, strokes, and chest pain) 325 MG house stock. 2. Glucosamine and Chondroitin (Taken as a single supplement are used to relieve arthritis pain by acting as natural anti-inflammatory and slowing down the deterioration of cartilage) 500 mg/400 mg. 3. Unisom (Is used to treat sneezing, runny nose, watery eyes, hives, skin rash, itching, and other cold or allergy symptoms. It is also used as a short-term treatment for sleep problems) 50 MG. <p>C. On 05/15/23 at 9:42 am, during an interview with Certified Medical Assistant (CMA) #1 confirmed that when the medications are opened, they should be dated with the date of opening.</p> <p>D. On 05/15/23 at 9:49 am, during an observation of the Skilled Nursing cart revealed the following:</p> <ol style="list-style-type: none"> 1. One (1) insulin flexpen (prefilled pen with insulin) of Basaglar 3 milliliter (is a long-acting insulin that starts to work several hours after the injection and keeps working evenly for 24 hours) was opened, with no name, no open date, and no use by date. 2. One (1) Insulin Aspart flexpen 100 units/ 1 milliliter (is a fast-acting insulin that starts to work about 15 minutes after the injection, peaks in about 1 hour and keeps working for 2 to 4 hours) had the name of R #68 with no open date and no use by date. 3. One (1) insulin Aspart flexpen 100 units/ 1 milliliter with the name of R #102 with no open date, no use by date and the pen expired on 01/30/23. 4. One (1) insulin flexpen of Basaglar 3 milliliter for R #68 had no open date, and no use by date. 5. One (1) Insulin flexpen of Basaglar 3 milliliters for R #57 no open date, and no use by date. 6. Two (2) Insulin Lispro flexpen (is a fast-acting insulin used to treat type 2 diabetes) 100 milligrams per 1 milliliter with no name, no open date, and no use by date. <p>E. On 05/15/23 at 10:01 am, during an interview with Registered Nurse (RN) #4 stated they (medications, insulin) have a date of opening and a date of use by. They (nurses) must be throwing away the plastic that holds the insulin.</p> <p>Medication Storage Medication Room:</p> <p>(continued on next page)</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>F. On 05/15/23 at 9:45 am, during an observation of the medication storage room for the north hall and skilled med room revealed 4 expired IV (peripheral venous catheter, peripheral venous line, peripheral venous catheter, or peripheral intravenous catheter is a small, flexible tube) placed into a peripheral vein for venous access to administer intravenous therapy such as medication fluids.) catheter. 2 were 20 gauges (needles are sized by gauges the smaller the number indicates the thicker needles) with an expiration date of 11/30/22, and 2 were 24 gauges expiration date of 06/30/21.</p> <p>G. On 05/15/23 at 9:45 am, during an observation of the medication storage room for the north hall and skilled med room revealed 1 syringe of heparin flush (an anticoagulant (blood thinner) that prevents the formation of blood clots. This is used to flush (clean out) an intravenous catheter, which helps prevent blockage in the tube after you have received an IV infusion) with an expiration date of 06/30/19. A normal saline flush (This medication fan reduces some types of bacteria. Normal saline is used to clean out an intravenous catheter, which helps prevent blockage and removes any medicine left in the catheter area after it has been infused) was found with an expiration date of 08/31/21.</p> <p>H. On 05/22/23 at 3:36 pm, during an interview with the Center Nurse Executive (CNE), she was asked her expectations for expired medications in the cart, she stated, Expired medications in the carts are the responsibility of the nurses and as they are passing out any medication, they should be monitoring for anything expired. They need to be watching their own carts. The CNE was also asked about the medication rooms, and how they should be kept clean. She answered with the unit managers (professionals who supervise or direct nurses, staff and patients within their assigned unit, or floor) are responsible for their own medication rooms, and ensuring everything there is clean, and taken care of. It is their responsibility to make sure things don't expire.</p> <p>Medication Carts:</p> <p>I. On 05/18/23 at 9:10 am, during an observation of the medication cart on South Hall revealed, 3 tan capsules, 1 blue capsule, 1 red capsule, 1 small white tablet, 2 blue tablets, 1 white tablet, on half tablet, 3 round tablets, 2 .5 purple tablets, 1 purple capsule, and one green tablet was at the bottom of the cart.</p> <p>J. On 03/18/23 at 9:16 am, during an interview with CMA #2, confirmed the medication found on the bottom of the cart. CMA #2 stated She usually cleans out her carts after taking the keys.</p> <p>K. On 05/22/23 at 3:56 pm, during an interview with the CNE, confirmed that any loose medications should be discarded, and that nursing staff should be checked as soon as they receive their keys to the medication cart.</p> <p>L. Record review of facility policy, Storage and Expiration Dating of Medications, Biologicals.</p> <p>1. Facility should ensure that the medications and biologicals for each resident are stored in the containers in which they were originally received</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>45426</p> <p>Based on observation, interview, and record review, the facility failed to follow safe food handling practices and proper sanitation practices by:</p> <ol style="list-style-type: none"> 1. Not labeling food items, in the refrigerator, with dates, 2. Placing uncovered, prepared glasses of juice under a hand sanitizing dispenser, and 3. Not maintaining complete documentation (i.e. temperature log) of refrigerator temperatures located in the nutrition room on the facility's south unit. <p>These deficient practices could likely affect all 105 residents listed on the resident census list provided by the Administrator on 05/15/23, by leading to foodborne illnesses if safe food handling practices are not adhered to. The findings are:</p> <p>A. On 05/15/23 at 9:22 am, during an observation and interview, an initial tour of the facility's kitchen was conducted with the Dietary Manager (DM). In the refrigerator, opened, canned tuna was observed in a serving pan. The opened tuna was covered but it had no date. Also observed was a serving pan of prepared tuna salad. It was covered but not labeled with the date it was prepared. During an interview, the Dietary Manager (DM) stated that the tuna was opened yesterday and the tuna salad was prepared yesterday and both should have been dated.</p> <p>B. On 05/22/23 at 4:21 pm, during an observation of the nutrition room on the south hall unit, the temperature log for the unit's nutrition room refrigerator was observed to have missing temperatures.</p> <p>C. Record review of the temperature log for the south hall refrigerator for the month of May 2023 revealed the following: missing temperatures for the day shift for the dates of 05/19/23-05/22/23, and for the evening shift date of 05/18/23.</p> <p>D. On 05/22/23 at 4:28 pm, during an interview with Licensed Practical Nurse (LPN) #3, she stated the night shift documents the temperatures for the evening shift. She confirmed that the temperatures were missing from the temperature log for dates of 05/19/23 -05/22/23 and the evening shift of 05/18/23. She did not know why the temperatures were missing.</p> <p>(continued on next page)</p> | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/24/2023 |
| NAME OF PROVIDER OR SUPPLIER Casa Real | | STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>E. On 05/22/23 at 4:36 pm, during an interview and observation of dining in the Memory Unit, several prepared (pre-poured) glasses of juice were observed on the preparation counter next to the refrigerator and hand sink. Certified Nursing Assistant #6 was observed to sanitize her hands using sanitizer dispensed from the hand sanitizer dispenser mounted on the wall located above the same preparation counter. Directly under the dispenser, lined against the back wall of the preparation counter, were the prepared glasses of red juice. A small, open plastic basket filled with individual salt, pepper and sugar in paper packets, sat directly under the dispenser. The basket was sitting directly on top of some of the glasses of juice. During an interview with LPN #1, she stated that because the basket of condiments was directly under the hand sanitizer dispenser and that basket covered some of the drinks, it should be okay for the drinks to be under the hand sanitizer dispenser.</p> <p>F. On 05/24/23 at 4:24 pm, during an interview, the Dietary Manager stated that corrective action was being done with the hand sanitizer dispenser.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>45426</p> <p>47899</p> <p>Based on observation, interview and record review the facility failed to ensure the glucometer's (a medical device to measure glucose {sugar} levels in the blood) utilized by the facility for more than one resident, was disinfected per manufacturer's instructions after each time one is used, for 4 (R #64, #67, #68 and #103) of 18 (R #4, #7, #10, #18, #43, #56, #58, #60, #62, #64, #66, #67, #68, #69, #91, #102, #103, and #104) residents observed for capillary (small blood vessels) blood glucose (CBG capillary blood glucose) monitoring with glucometers. This deficient practice may likely result in the spread of infection agents (viruses and bacteria) between residents and or staff who utilize glucometers. These findings are:</p> <p>A. On 05/16/23 at 10:32 am, during an observation of Registered Nurse (RN) #2 checking R #67 CBG, after the CBG was completed RN #2 was observed dropping the glucometer in a small caddy (this is where all the supplies were stored to check the resident's CBG's) without disinfecting the glucometer. The glucometer was not observed to be disinfected prior to use.</p> <p>B. On 05/16/23 at 11:00 am, during an observation of Licensed Practical Nurse (LPN) #3 checking R #64 CBG. After the CBG was completed, LPN #3 was observed placing the glucometer in the nursing cart without disinfecting the glucometer. The glucometer was not observed to be disinfected prior to use.</p> <p>C. On 05/16/23 at 11:10 am, during an observation of LPN #3 checking R #103 CBG. After the CBG was completed, LPN #3 was observed placing the glucometer in the nursing cart without disinfecting the glucometer. The glucometer was not observed to be disinfected prior to use.</p> <p>D. On 05/16/23 at 11:15 am, during an interview with LPN #3, she was asked how she would clean the glucometer after use. LPN #3 stated, Usually we have wipes, Clorox wipes or whatever the facility provides us with. I don't have any in my cart. Sometimes I will use a paper towel and spray some of the hand sanitizer to clean it.</p> <p>E. On 05/16/23 at 11:21 am, during observation of RN #4 checking R #68 CBG. It was observed RN #4 took the small caddy into R #68's room. After he completed the CBG he dropped the dirty glucometer into the small caddy and returned to the Nursing cart. There he placed it on top of the nursing cart. It was never disinfected. The glucometer was also not observed to be disinfected prior to use.</p> <p>F. On 05/16/23 at 12:30 pm, during interview with Center Nursing Executive (CNE) was asked what her expectations were for cleaning the glucometers, she explained that they (nurses) were expected to wipe down the glucometers with Clorox Bleach Wipes after every use.</p> <p>G. Record review of the diagnosis report for Diabetes Mellitus dated 05/02/23, revealed 17 other residents (R #4, R #5, R #10, R #20, R #26, R #35, R #36, R #37, R #39, R #56, R #67, R #68, R #92, R #197, R #200, R #204, and R #205) whose CBG's are checked using shared glucometers in the building.</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 - Some</p> | <p>H. Record review of the facility's policy titled, Cleaning and Disinfection your Meter. To disinfect your meter, clean the meter with one of the validated disinfecting wipes listed below. Other EPA (The Environmental Protection Agency (EPA) is an independent executive agency of the United States federal government tasked with environmental protection) registered wiped may be used for disinfecting the Even G2 systems (glucose monitoring system), however those other wipes have not been validated and could affect the performance of you meter.</p> <p>Dispatch hospital cleaner Disinfectant Towels with Bleach (EPA Registration Number: 56392-8).</p> <p>Medline Micro Kill Disinfecting, Deodorizing, Cleaning Wipes with Alcohol (EPA Registration Number: 59894-10).</p> <p>Clorox Healthcare Bleach Germicidal and Disinfectant Wipes (EPA Registration Number: 67619-12).</p> <p>Medline Micro Kill Bleach Germicidal Bleach Wipes (EPA Registration Number: 69687-1).</p> <p>Wipe all external areas of the meter including both front and back surfaces until visibly clean. Avoid wetting the meter strip port. Allow the surface of the meter to remain wet at room temperature for the contact time listed on the wipe's directions for use.</p> | | |