

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2021
NAME OF PROVIDER OR SUPPLIER Riverview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 611 East 2nd Ave Flandreau, SD 57028	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45383</p> <p>Based on observation, interview, record review, and policy review, the provider failed to maintain dignity for four of four sampled residents (4, 17, 22, and 183). Findings include:</p> <p>1. Observation on 11/9/21 at 11:00 a.m regarding resident 22 revealed:</p> <p>*Her pants were soiled.</p> <p>*She was walking with her walker down the hallway crying.</p> <p>*Staff encouraging her to keep walking to her room.</p> <p>*Staff did not drape anything around her or walk behind her to cover her soiled pants.</p> <p>Record review of resident 22's care plan revealed:</p> <p>*I tend to be a Hypochondriac.</p> <p>*I often think I have chest pain.</p> <p>*I am taking antianxiety/antipsychotic/antidepressant medication for anxiety, depression and psychosis.</p> <p>*Resident 22 did not have a diagnosis of Hypochondria.</p> <p>42477</p> <p>2. Observation and interview on 11/15/21 at 8:42 a.m. with licensed practical nurse (LPN) E and resident 4 revealed:</p> <p>*LPN E was completing medication pass outside of resident 4's door.</p> <p>*Resident 4 was asking for help locating her drink.</p> <p>*LPN replied to resident 4 by stating, It's right in front of you [resident 4's first name].</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of resident 4's electronic medical record revealed resident 4:</p> <p>*Was legally blind.</p> <p>*Had a [NAME] Bonnet syndrome, which causes a person to have hallucinations or see things that were not real.</p> <p>3. Observations made throughout the survey of resident 183 revealed he had been lying in bed without a brief on. Refer to F600, finding 1.</p> <p>43021</p> <p>4. Observation on 11/15/21 at 10:37 a.m. of resident 17 revealed:</p> <p>*She was sitting on the edge of the bed in her room, leaning to her right side with her pants down around knees, exposing her incontinent brief and skin on her upper thighs.</p> <p>*The privacy curtain was not pulled and the room door was open, which provided a clear view of the resident through the doorway from the hallway.</p> <p>At 10:40 a.m., certified nursing assistant (CNA) O wheeled resident 17's roommate in her wheelchair into the room. CNA O turned her head to observe resident 17 but continued to assist her roommate. CNA O had no interaction or acknowledgement of resident 17 and left the room while resident 17 remained sitting on the edge of her bed with her slacks down around knees.</p> <p>Review of resident 17's electronic medical record revealed:</p> <p>*On the 10/25/21 quarterly minimum data set (MDS) assessment, her cognitive status was scored as moderately impaired.</p> <p>*Her 11/15/21 care plan identified bladder incontinence, incontinent brief use, and the need for staff assistance with incontinence and clothing change.</p> <p>On 11/18/21 at 9:00 am., administrator A was requested to provide a copy of the provider's policy on dignity. Administrator A replied at 1:46 p.m. that there was no provider policy as dignity was a standard of practice.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>06365</p> <p>42477</p> <p>Based on observation, interview, record review, and admission packet review, the provider did not ensure 2 of 13 residents (4 and 29) had the opportunity to participate in the development of their person-centered plans of care. Findings include:</p> <p>1. Interview on 11/16/21 at 8:47 a.m. with resident 29 revealed she did not know there was a care plan meeting that she could have attended to talk about her care plan. Resident 29 also reported concerns regarding:</p> <ul style="list-style-type: none"> *Restoring her ability for getting up and going. *Needing to get her hair styled and her nails groomed. *Only getting a bath because she insisted on getting one. *Being able to do her in-room activities of coloring and word puzzles. *Having fear about running out of oxygen. *Not getting out of her room to interact with others because she thought someone asked here why she was wasting oxygen when the resident she was using an oxygen tank in the therapy room. *Not wanting to leave her room for meals but being told she had to go to the dining room. <p>Observation of resident 29 during the interview revealed she:</p> <ul style="list-style-type: none"> *Grimaced and held her stomach a few times while lying in bed, and explained her stomach was bothering her. *Was using an oxygen concentrator. *Had unkempt hair that was not brushed, frizzy, and standing up on end. *Had long fingernails with dark colored residue under the tips of the nails. *Had a basket of activity supplies, including coloring pages, next to the recliner in her room. <p>Review of the 10/21/21 admission minimum data set (MDS) assessment in the electronic medical record (EMR) for resident 29 revealed she:</p> <ul style="list-style-type: none"> *Entered the facility on 10/15/21. <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Had no difficulties with communication, vision, hearing, or cognitive function.</p> <p>*Had trouble concentrating on several days and inattention that was present continuously over the two weeks prior to 10/21/21, which was different from her baseline mood and mental status.</p> <p>*Said it was very important for her to choose and do her preferences for daily routine and activities.</p> <p>*Needed physical help transferring between surfaces and moving about with her walker and wheelchair.</p> <p>Review of resident 29's care plan in the EMR revealed the following focuses:</p> <p>*On 10/21/21, oxygen therapy and multiple diagnoses-related focuses without interventions to address her fear and use of the oxygen concentrator versus portable oxygen tanks.</p> <p>*On 10/28/21, little to no activity involvement due to anxiety without interventions related to in-room activity preferences nor supporting the use of oxygen when out of her room.</p> <p>*No focuses to address her preferences for daily routines, including bathing and grooming.</p> <p>Review of the progress notes in resident 29's record revealed no notes to document an effort to invite the resident and/or responsible party to the care plan meeting nor which focuses were reviewed and revised during the meeting.</p> <p>Surveyor 42477:</p> <p>2. Observation and interview on 8/15/21 at 8:10 a.m. with resident 4 revealed:</p> <p>*Staff had just gotten her up and dressed for the day.</p> <p>*The tone of her voice indicated she was not very happy and had not understood why she was awake.</p> <p>*When asked if she was able to choose what time she woke up and went to bed, she said she was not sure.</p> <p>Review of resident 4's EMR revealed:</p> <p>*A social service note dated 3/25/21 noted she had been unable to attend her March 2021 care conference meeting because she was participating in bingo.</p> <p>*There had been no documentation of trying to arrange her care conference meetings around the activities she liked to participate in.</p> <p>*There had been no documentation of trying to include her family or representative to participate in her care conference meetings.</p> <p>Surveyor 06365:</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/18/21 at 12:23 p.m. with the MDS coordinator I revealed:</p> <ul style="list-style-type: none"> *They try to invite the responsible party by a phone call on the day of the care plan meeting and invite the resident. *If the resident is out of his/her room at the time, they will leave a note on the resident's bed. *They have not documented progress notes related to the care plan or meeting. <p>Interview on 11/18/21 at 2:22 p.m. with the social services designee K revealed she was involved in development of the care plan and attended the care plan meeting but could not provide information about whether the resident and/or responsible party were invited to participate.</p> <p>Review of the provider's admission packet, updated in November 2016, revealed the resident has the right to:</p> <ul style="list-style-type: none"> *Participate in the development and implementation of his/her person-centered plan of care. *Participate in the planning process, including the right to request meetings and the right to request revisions of the person-centered plan of care. *Participate in establishing the expected goals and outcomes of the care, the type, amount, frequency , and the duration of the care, and other factors related to the effectiveness of the plan of care. *Be informed, in advance of any changes in the plan of care. *Receive services and/or items included in the plan of care. *See the plan of care, including the right to sign after significant changes to the plan of care. <p>On 11/18/21 at 9:00 a.m., director of nursing services B were requested to meet with the team anytime after 11:00 a.m. to discuss these findings, but she had not come to interview as of 11/18/21 at 3:00 p.m. when administrator A requested the team to leave the building without finishing the survey and having an exit interview.</p>		

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<p>F 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06365</p> <p>42477</p> <p>Based on observation, interview and record review, the provider failed to ensure two of two residents' (29 and 182) preferences had been accommodated. Findings include:</p> <p>Surveyor 06365:</p> <p>1. Interview on 11/16/21 at 8:31 a.m. with resident 29 revealed she:</p> <p>*Sometimes was given a choice for where she eats but was told she had to go the dining room.</p> <p>*They got pushy about her not getting up, but they need to balance out [my] medications before she could.</p> <p>*Had not gotten out of her room to interact with other residents because she had a fear about running out of oxygen.</p> <p>*Had received baths only because she insisted on getting one and her nails are ugly because they were not taken care of during her last bath.</p> <p>*Enjoyed coloring and playing games in her room.</p> <p>Observation of resident 29 during the interview revealed she:</p> <p>*Grimaced and held her stomach a few times while lying in bed, and explained her stomach was bothering her.</p> <p>*Was using an oxygen concentrator.</p> <p>*Had unkempt hair that was not brushed, frizzy, and standing up on end.</p> <p>*Had long fingernails with dark colored residue under the tips of the nails.</p> <p>*Had a basket of activity supplies, including coloring pages, next to the recliner in her room.</p> <p>Review of the 10/21/21 admission minimum data set (MDS) assessment in the EMR for resident 29 revealed she:</p> <p>*admitted to the facility on [DATE].</p> <p>*Had no difficulties with communication, vision, hearing, or cognitive function.</p> <p>*Reported it was very important for her to:</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Choose what to wear, her bedtime, and the type of bath.</p> <p>-Take care of her personal belongings and have a place to lock her things to keep them safe.</p> <p>-Have snacks between meals.</p> <p>-Have family involved in discussions about her care and use the phone in private.</p> <p>-Read, listen to music, be around animals, do things with groups of people, do favorite activities, and participate in religious services.</p> <p>Review of the resident 29's comprehensive care plan focuses and interventions revealed:</p> <p>*Activity involvement of little to no due to anxiety, prefer to stay in room and rest, initiated on 10/28/21, had no interventions for:</p> <p>-Support of in-room activities and keeping her activity supplies safe.</p> <p>-Oxygen use while attending activities.</p> <p>*Establish baseline plan of care, initiated 10/15/21, addressed:</p> <p>-Bathing weekly in whirlpool without specifying if that bathing type was her choice.</p> <p>-Bed mobility but did not specify her choice for bedtime.</p> <p>-Dressing with no intervention to let her choose what she wanted to wear.</p> <p>-Grooming without addressing how to provide nail and hair care.</p> <p>-Meals in dining room without offering her a choice to eat in her room as she desired nor how she would access snacks between meals.</p> <p>Review of the progress notes from social services, activities, and dietary revealed there were none that acknowledged her preferences.</p> <p>Refer to F636, finding 1 and F656, finding 1.</p> <p>Surveyor 42477:</p> <p>2. Phone interview on 11/15/21 at 3:40 p.m. with resident 182's representative revealed:</p> <p>*Resident 182 had been taken to the hospital.</p> <p>*Resident 182 had been approved for a power wheelchair by the Veterans Administration (VA) hospital.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*The VA completed an evaluation and declared resident 182 to be fit and safe for his motorized scooter.</p> <p>*The first time he used the power wheelchair in the facility, he ran into the nurse's station and hit his toe.</p> <p>*The facility took the scooter away.</p> <p>*He ended up having amputations.</p> <p>*The facility had not re-assessed him for the use of the power wheelchair.</p> <p>*The facility put him in a mechanical wheelchair that was too small for him and he had fallen out of it many times.</p> <p>Interview on 11/18/21 at 11:46 a.m. with therapy director X regarding resident 182's use of his motorized scooter revealed:</p> <p>*Resident 182 was a complex resident, with many issues.</p> <p>*He had failed two evaluations for his power wheelchair.</p> <p>*One of the times he rammed his toe into the nurses desk causing an opened wound.</p> <p>*Surveyor asked if they would re-evaluate resident 182 for the need of the power wheelchair as it is important to him.</p> <p>-She had not thought about re-evaluating resident 182 for the power wheelchair.</p> <p>-She then stated we could if he returns to the facility.</p> <p>*She believed his last re-evaluation was approximately mid-September.</p> <p>Review of resident 182's nursing notes in his electronic medical record (EMR) revealed:</p> <p>*On 11/8/21 the director of nursing documented:</p> <p>-Resident 182's wife had called and was upset wanting resident to be able to use his powerwheelchair.</p> <p>-She had threatened to call the State of South Dakota to complain about this.</p> <p>-She had been informed that therapy deemed him unsafe with his power wheelchair.</p> <p>Review of resident 182's therapy notes revealed:</p> <p>*He was being seen on 11/9/21 due to a report from nursing of him falling out of his wheelchair.</p> <p>(continued on next page)</p>		

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<p>F 0565</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 organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43021</p> <p>Based on observation, interview, record review, and policy review, the provider failed to:</p> <p>*Provide the resident council with privacy for meetings for six of six residents (5, 13, 18, 19, 22, and 24) who attended.</p> <p>*Follow-up, investigate, and provide a written response to resident council grievances brought up by the resident council for three of three months of documented meeting minutes.</p> <p>Findings include:</p> <p>1. Observations on 11/16/21 at 1:15 p.m. with local long-term care (LTC) ombudsman U revealed no grievance procedure, grievance forms, or identified grievance officer were posted in areas readily accessible to residents, either on the first or second floor of the facility.</p> <p>Interview on 11/16/21 at 1:30 p.m. with six residents (5, 13, 18, 19, 22, and 24) who attended the resident council group interview, with local LTC ombudsman U present, revealed:</p> <p>*The resident council met in the large activity room on the second floor.</p> <p>-The offices for the director of nursing services, social services, and business office manager were located at one end of the meeting space.</p> <p>-Staff members were observed walking through the activity room, on the side by the offices, during the resident group meeting.</p> <p>-The resident group confirmed that staff walking through the activity room while the resident council was in session occurred regularly.</p> <p>-During the meeting, physical therapy assistant (PTA) P approached resident 22 who was attending the resident group meeting, with a gait belt and walker in hand. This surveyor stopped the meeting and asked PTA P to leave the room as the meeting was in process. After PTA P left the room, this surveyor resumed the meeting.</p> <p>*The resident group confirmed that no response or feedback to the group's grievances were received, including:</p> <p>-Staff responding timely to call lights.</p> <p>-The lack of activity programs on the weekends.</p> <p>Interview on 11/16/21 at 3:15 p.m. with social services designee (SSD) K revealed:</p> <p>*She was the grievance official for the center.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*A request was made for a blank grievance form and SSD K went to the 2nd floor nurses station and tried to locate the form in a file cabinet.</p> <p>-This surveyor noted a pink binder labeled Grievances on the bookshelf behind the nurses station and directed SSD K to this binder.</p> <p>-SSD K took out a blank grievance form from this binder and gave the form to this surveyor.</p> <p>*SSD K stated that the last grievance form she received and logged on the grievance log was in July 2021.</p> <p>Interview on 11/18/21 at 12:05 p.m. with activity assistant J revealed and confirmed:</p> <p>*She had worked [AGE] years at this facility.</p> <p>-Prior position was dietary cook.</p> <p>-Transitioned to the activity department about six months ago.</p> <p>-Training to be the provider's activity director.</p> <p>-Recently completed 40 hours of activity coordinator training.</p> <p>*She confirmed that staff walking through the activity room during resident council meetings was a normal occurrence.</p> <p>*She really was not shown how to conduct a resident council meeting or complete the Resident Council Minutes form and Grievance Form.</p> <p>-After the resident council meeting, she fills out the Resident Council Minutes form and brings it to administrator A, who files the form in his office.</p> <p>-She was not aware of the resident council policy regarding Concerns brought forth by the Council are resolved via the Center grievance policy including the filling out of a grievance form.</p> <p>*She confirmed the ongoing concern from the resident council regarding staff taking too long to answer call lights.</p> <p>*No activity programming on weekends was due to her being the only staff member in the activity department with no additional activity staff due to resident census.</p> <p>Further interview on 11/18/21 at 2:22 p.m. with SSD K revealed:</p> <p>*She had been social service designee since August 2021.</p> <p>*She received no training from the previous staff member in social services.</p> <p>*The social worker consultant was at the facility the end of August 2021 for about 4 hours.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident council minutes from August 2021 through October 2021 revealed:</p> <p>*On 8/26/21 at 1:35 p.m. discussion included:</p> <p>-Call lights on way longer than should be. Understand CNAs [certified nursing assistants] are busy, but they take too long.</p> <p>-Saturday-Sunday too long of day with nothing to do. [Resident 13] suggest leave something out to do.</p> <p>*On 9/28/21 at 2:00 p.m. discussion included call lights on too long.</p> <p>*On 10/26/21 at 2:00 p.m. discussion included:</p> <p>-Nursing: don't answer call lights!! Many complaints about that or say they will come back, shut [call] light off and do not come back.</p> <p>-Many items missing when changing room.</p> <p>*All three of these forms were signed by administrator A.</p> <p>Review of the provider's resident council policy, last updated 1/17 revealed:</p> <p>*The resident council is intended to promote resident interest and involvement in the center as well as a forum for residents to voice concerns and to suggest changes.</p> <p>*The center provides a space for meetings, with privacy and staff support.</p> <p>*Concerns brought forth by the council are resolved via the center grievance policy.</p> <p>*The center communicates a response and/or decisions to the resident council by the next meeting.</p> <p>Review of the provider's grievance policy, last updated 11/16 revealed:</p> <p>*The executive director (ED) and SSD oversees the grievance procedure and coordinates the center system of collecting, tracking, and responding to grievances.</p> <p>*The center designates a grievance official for the center. Their contact information is posted with the policy in a prominent space.</p> <p>*The center makes grievance forms and this policy readily available to residents, family members, representatives, visitors, and staff members.</p> <p>*When immediate resolution is not possible, the grievance is routed to the grievance official and/or SSD within 24 hours. The individual receiving the grievance fills out a grievance form.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Riverview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 611 East 2nd Ave Flandreau, SD 57028	
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Social services or designee routes the grievance form to the appropriate department manager, who reviews the grievance, responds within two business days, and returns the grievance form to social services or designee.</p> <p>*The person with the grievance has a right to a written decision regarding his/her grievance.</p> <p>*Social services logs grievance forms on the grievance log.</p> <p>*The ED reviews the grievance log at the daily stand-up meeting for needed resolution and/or follow-up. If a grievance is not resolved in two business days, the ED reviews the grievance daily at the meeting until resolution is obtained.</p> <p>*SSD analyses grievances monthly for tracking and trending. Identifiable trends are addressed through the Quality Assurance Performance Improvement (QAPI) Committee.</p> <p>Review of the provider's grievance form, last updated 1/20, revealed the form contained checkboxes that would identify the resident council as an option for where the grievance was received.</p> <p>Interview with ED to discuss these findings did not occur during the survey.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services B to meet with the team anytime after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m. when ED A came and requested the team to leave the building without finishing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>43021</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure 36 of 36 residents residing in the facility during the survey were informed of resident rights throughout their stay. Findings include:</p> <p>1. Observations on 11/16/21 at 1:15 p.m. with local long-term care (LTC) ombudsman U revealed no poster of resident rights was posted either on the first or second floor of the facility.</p> <p>Interview on 11/16/21 at 1:30 p.m. with a group of residents during the resident council meeting, with the local LTC ombudsman U, revealed when asked if the facility staff talk about and review the rights of residents in the facility, the consensus of the group was:</p> <p>*Resident rights were not reviewed or discussed at the monthly resident council.</p> <p>*The previous staff person who assisted with resident council did review resident rights at their resident council meetings, but this was not currently occurring.</p> <p>Interview on 11/18/21 at 12:05 p.m. with activity assistant J revealed and confirmed:</p> <p>*She had transitioned to the activity department about six months ago.</p> <p>*She was not trained on how to conduct a resident council meeting.</p> <p>*She was not sure where the poster of resident rights were but stated the facility walls were in process of getting painted and many items were taken off the walls.</p> <p>Review of provider's resident council minutes form revealed on page 2 of 2 there was a section for discussion of new business. This section included the instruction to review survey results, locations of required postings, resident's rights, and grievance procedure quarterly.</p> <p>Review of resident council minutes from August 2021 through October 2021 revealed:</p> <p>*Under the form's section for Discussion of New Business, nothing was noted in this section on any of the forms for August, September, or October.</p> <p>*All three of these forms were signed by administrator A.</p> <p>Review of the provider's resident council policy, last updated 1/17, revealed the only mention of resident rights was regarding the right to organize and participate in resident groups reflected in the policy statement. The policy did not address resident rights.</p> <p>Review of the provider's Resident Rights policy, last updated 9/17, revealed a procedure that stated, The social services director and/or activity director/designee periodically present resident rights information to residents in resident council meetings .</p> <p>(continued on next page)</p>

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<p>F 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with executive director (ED) to discuss these findings did not occur during the survey.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested ED A and director of nursing services (DNS)B to meet with the team anytime after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m. when ED A came and requested the team to leave the building without finishing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0575</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>43021</p> <p>Based on observation and interview, the provider failed to display a statement that the resident may file a complaint with the state survey agency. Findings include:</p> <p>1. Observations on 11/16/21 at 1:15 p.m. on both the first or second floor of the facility with local long-term care (LTC) ombudsman U revealed no statement was displayed with:</p> <p>*How to file a complaint with the state survey agency.</p> <p>*Contact information such as a list of names, mailing address, email address, and telephone numbers.</p> <p>Interview on 11/16/21 at 1:30 p.m. with a group of residents during the resident council meeting and local LTC ombudsman U revealed the group was not aware of their right or given information on how to submit a complaint to the state survey agency about the care they were receiving.</p> <p>Interview on 11/18/21 at 12:05 p.m. with activity assistant J revealed she was not sure if or where the posted information regarding how to submit a complaint to the state survey agency was but stated the facility walls were in process of getting painted and many items were taken off the walls.</p> <p>Interview with executive director (ED) A to discuss these findings did not occur during the survey</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested ED A and director of nursing services (DNS) B to meet with the team anytime after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m. when ED A came and requested the team to leave the building without finishing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42477</p> <p>43021</p> <p>45383</p> <p>26632</p> <p>06365</p> <p>Based on interview and record review, the provider failed to ensure 19 of 19 sampled residents' (2, 4, 12, 13, 15, 16, 17, 20, 22, 23, 24, 26, 27, 28, 29, 32, 37, 182, and 183) advance directives had been:</p> <p>*Available in the medical record.</p> <p>*Communicated to their physician.</p> <p>*Periodically reviewed with the resident and/or the resident's representative.</p> <p>Findings include:</p> <p>1. Review of the electronic medical records for residents 2, 4, 12, 13, 15, 16, 17, 20, 22, 23, 24, 26, 27, 28, 29, 32, 37, 182, and 183 revealed:</p> <p>*A statement on the order summary, For Advanced Directives and Code Status, see Disaster Recovery binder at nursing station.</p> <p>*There was no statement regarding which nursing station the disaster recovery binder was located.</p> <p>*There were no copies of the advance directives in each resident's electronic or paper medical record.</p> <p>*When the physicians reviewed residents' current orders, they would not have information about the residents' advance directive and code status without having to referenced the disaster recovery binder.</p> <p>Review of the disaster recovery binder at the second floor nursing station revealed all of the above residents had forms documenting each resident's advance directives for resuscitative measures. The forms were signed by the residents and/or their representative.</p> <p>The advance directive form had areas to fill out that included:</p> <p>*Resident name, physician name, and date.</p> <p>(continued on next page)</p>

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*Three areas for the resident or resident representative to check including:</p> <ul style="list-style-type: none"> -Cardio-pulmonary resuscitation (CPR)/full resuscitative measures. -No CPR/no resuscitative measures. -Limited treatment. <p>*The limited treatment also had areas that could be checked. Those included:-No CPR.</p> <ul style="list-style-type: none"> -Do not intubate. -No tube feedings. -No intravenous fluids. -Do not hospitalize. -No antibiotics. -Other/comments. <p>*Other narratives included:</p> <ul style="list-style-type: none"> -See Resident's medical record for documentation and other orders. -These directives are the expressed wishes of the resident and/or the resident's responsible party/proxy, are medically appropriate, and are documented in the resident's medical record. -I have been informed of and understand the care and treatment options offered. I understand I may revoke these directives at any time. I give permission for this information to be given to physicians, nurses, paramedics, or other health personnel as necessary to implement these directives. <p>Interview on [DATE] at 2:48 p.m. with social services designee (SSD) K revealed she:</p> <ul style="list-style-type: none"> *Started this position in [DATE], but was not sure of her actual start date. *Would review the advance directive form when a resident was admitted . If the resident and/or representative had questions she could not answer, she would consult with other staff. *Had been informed approximately one year ago, before she became the SSD, that the resident's code status was not able to be listed in their EMR. They were removed from all residents' EMRs at that time. *Agreed if a resident's advance directive/code status was needed, staff would have to look in the disaster recovery binder at the second floor nurses station. *Confirmed there was no disaster recovery binder at the first floor nurses station. <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 9:00 a.m., the executive director A was requested to provide a copy of the advance directive policy. At 1:46 p.m., ED A reported they had no policy and referred to patient preference and state requirements.</p> <p>On [DATE] at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services B to meet with the team anytime after 11:00 a.m., to discuss findings. They had not come to discuss as of [DATE] at 3:00 p.m. when ED A came and requested the team to leave the building without finishing all survey tasks and interviews or conducting an in person exit interview.</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>42477</p> <p>Based on observation, interview, record review, and policy review, the provider failed to notify resident's representatives of changes for two of two sampled residents (182 and 183). Findings included.</p> <p>1. Phone interview with resident 182's family representative revealed that the provider had not kept her up to date on status of his wounds while he had resided in the facility. Observation of the resident was not possible as he was currently in the hospital. Review of resident 182's record revealed he had multiple wounds before being transferred to the hospital. Refer to F686, finding 1.</p> <p>2. Phone interview with resident 183's family representative revealed that the provider had not informed him of any changes. Every time he called, he was told his grandfather was doing good. Observations of resident 183 during the survey from 11/15/21 through 11/18/21 revealed he had been experiencing restlessness, pain, and difficulty in eating and drinking. Review of the record revealed multiple gaps in timely nursing assessment and documentation. Refer to F600, finding 1.</p> <p>On 11/18/21 at 9:00 a.m., the executive director (ED) A was requested to provide a copy of the provider's policy regarding notification of changes to the physician and resident representative. At 1:46 p.m., ED A noted a written clarification in regards to what? about the requested policy.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>06365</p> <p>Based on observation, interview, record review, and admission packet review, the facility failed to:</p> <ul style="list-style-type: none"> *Make information about how to file a grievance and the grievance forms readily available to residents and their responsible parties. *Provide resolutions to 3 of 13 residents (13, 27, and 29) who had reported grievances. *Provide resolutions to the resident council for 3 of 3 council minutes reviewed. <p>Findings include:</p> <p>1. Review of the provider's admission packet, updated in November 2016, revealed the grievance procedure policy specified:</p> <ul style="list-style-type: none"> *The administrator and social services designee (SSD) oversees the grievance procedure. *Contact information for the designated grievance official is posted with the policy in prominent areas throughout the center. *Grievance forms are readily available to residents, family members, resident representatives, visitors, and staff members. *When immediate resolution is not possible, the individual receiving the grievance fills out a grievance form. *SSD routes the grievance form to the appropriate department manager, who reviews the grievance, responds within two business days, and returns it to the SSD. *The policy does not specify who is responsible to communicate the resolution to the person filing the grievance. *Grievance forms and investigations are maintained for a minimum of 3 years. <p>Observation throughout the facility did not reveal grievance official contact information, policy, nor forms in prominent locations that would be readily available to anyone with a grievance.</p> <p>Interview on 11/16/21 at 3:15 p.m. with SSD K revealed she was not aware of the location of the grievance forms.</p> <p>2. Interviews on the dates and times listed below with three sampled residents (13, 27, and 29) revealed they each had personal belongings go missing, they reported the missing items to someone, and had not received a report on the investigations or resolutions to their missing items:</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*11/16/21 at 10:07 a.m., resident 13 said he discovered a couple of month ago that money was missing from an envelope he kept in his bedside drawer, and it wasn't a lot but enough to notice.</p> <p>*11/16/21 at 9:14 a.m., resident 27 said he was missing a brand new pair of jeans that my daughter bought for me along with a pair of green pants when he moved into the facility a month ago. He was wearing the green pants and explained they came back from laundry but the jeans did not.</p> <p>*11/16/21 at 8:45 a.m., resident 29 said she was missing a permanent black marker that she used for marking her personal belongings and a pink pen like a stylus with a rubber tip on one end and a pen on the other.</p> <p>Review of the minimum data set (MDS) assessments in the electronic medical record (EMR) for the same four sampled residents revealed:</p> <p>*9/14/21 quarterly MDS, resident 13 was coded as cognitively intact with no communication limitations.</p> <p>*10/22/21 admission MDS, resident 27 was coded as cognitively intact with minimal difficulty hearing but had no communication limitations.</p> <p>*10/21/21 admission MDS, resident 29 was coded as cognitively intact with symptoms of inattention and trouble concentrating but without communication limitations.</p> <p>Review of the grievance binder and interviews with executive director A and SSD K did not occur regarding these specific reported grievances.</p> <p>On 11/18/21 at 9:00 a.m., administrator A and director of nursing services B were requested to meeting with the team anytime after 11:00 a.m. to discuss these and other findings, but they had not come to interview as of 11/18/21 at 3:00 p.m. when administrator A requested the team leave the building without finishing the survey and having an exit interview.</p> <p>43021</p> <p>3. Interview on 11/16/21 at 1:30 p.m. with a group of residents during the resident council meeting, with local long term care ombudsman U, revealed the group had received no response or feedback to the group's grievances. Refer to F565, finding 1.</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42477</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure two of two sampled residents (12 and 183) had received care in a manner to prevent abuse and/or neglect for residents who were dependent on staff to meet their needs. Findings include:</p> <p>Surveyor 45383:</p> <p>1. Interview on 11/15/21 at 8:30 a.m. with licensed practical nurse (LPN) E revealed she did not have any dressing changes for the surveyors to observe that day.</p> <p>Surveyor 42477:</p> <p>Observation on 11/15/21 at 8:53 a.m. of resident 183 revealed he had:</p> <ul style="list-style-type: none"> *Been in a hospital gown. *Only had a thin draw sheet covering him. *Been laying on his back. *A phlegmy cough. *His bed lowered to the floor and had a fall mat on the floor, next to his bed. *His catheter bag was on the floor. <p>Observation on 11/15/21 at 10:22 a.m. of resident 183 revealed:</p> <ul style="list-style-type: none"> *He had been lying on his back. *His catheter bag was still touching the floor. *He had still been wearing a hospital gown. *Only had a thin sheet covering him. *He did not have any food or drinks near him. <p>Observation and interview on 11/15/21 at 1:35 p.m. with resident 183 and registered nurse (RN) D revealed:</p> <ul style="list-style-type: none"> *She was going to give resident 183 a suppository because Hospice told her to. *Resident 183 was lying in bed, wearing only a disposable brief. <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*His thin sheet had not been covering him.</p> <p>*His room door was opened, his curtain had been pulled back.</p> <p>*Surveyor asked RN D if resident 183 had clothes.</p> <p>-She was unsure if resident 183 had clothes or where the clothes might be.</p> <p>-She thought they were in the laundry.</p> <p>*RN D stated that his mouth was full of crud.</p> <p>-She used a toothette to moisten his lips.</p> <p>-She had not used the toothette to clean out his mouth.</p> <p>*Surveyor asked who his hospice provider was.</p> <p>-RN D was not quite sure who his hospice provider was.</p> <p>-There was no information about him in their hospice binder.</p> <p>Surveyor 45383:</p> <p>Observation and interview on 11/16/21 at 8:25 a.m. of resident 183 with RN H revealed:</p> <p>*He had many dry patches of skin in his mouth.</p> <p>*His tongue had been dried and cracked.</p> <p>*His lips were dry.</p> <p>*Surveyor asked RN H about observing his dressing changes. She replied, If I get to it, it will be this afternoon.</p> <p>*Dressing change was completed on 11/16/21 at 11:20 a.m.</p> <p>Observation on 11/16/21 at 9:29 a.m. of resident 183 revealed:</p> <p>*His mouth was still dry.</p> <p>*His tongue was still dry and cracked.</p> <p>*He was laying on his back with only a brief on.</p> <p>*His lips were still dry and chapped.</p> <p>Surveyor 42477:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Riverview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 611 East 2nd Ave Flandreau, SD 57028	
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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Phone interview on 11/16/21 at 8:52 a.m. with hospice RN M about resident 183 revealed:</p> <ul style="list-style-type: none"> *He had been admitted to Hospice care while he was at the hospital on 11/12/21. *He had been admitted to the facility on [DATE]. *Hospice providers had not seen him in the facility since his admission. *RN M was on her way to the facility to see resident 183. *She stated they received a call from the facility yesterday about holding medications and giving him a suppository for constipation. -They had not received any other calls from the facility regarding resident 183. *She would touch base with the surveyors after she visited with resident 183. <p>Interview on 11/16/21 at 11:30 a.m. with hospice nurse RN M revealed:</p> <ul style="list-style-type: none"> *She ended up getting eight toothettes of old ground-up food and gunk out of his mouth. *It had appeared that oral care had not been done as he had a lot of ground beef packed in his mouth and he had not been eating recently. *With all the ground meat and gunk she wiped out of his mouth she could understand why he had trouble swallowing. *His mouth was so dry the left side of his lip had split open. *They gave him orange juice which is acidic and would irritate his already sensitive mouth. *He had been on his back when she arrived. *She asked staff about his order to turn and reposition every two hours. -Staff were not sure about the order. *His back had been red from being on it for so long. *In [AGE] years of nursing she had never seen what she determined was such a bad case of neglect from a lack of cares. *Nursing informed her today that he was very restless yesterday, she inquired if they had given him anything. -They gave him one dose of his lorazepam medication. -He can have it every hour. <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*She had to go over the dressing and wound care orders with RN H.</p> <p>-It had been apparent that she was not aware of the orders.</p> <p>*His dressings had not been changed at all on 11/15/21.</p> <p>*The wound on his sacrum had leaked necrotic fluid through the dressing and to his brief.</p> <p>*She provided education to RN H stating that the dressings were for comfort, it was not for treatment of the pressure ulcers.</p> <p>*RN H had changed his dressing with RN M in the room.</p> <p>*He had been in pain while this dressing change was being completed.</p> <p>*The odor was very strong and pungent of necrotic tissues.</p> <p>*RN M inquired about the resident having a blanket and clothes.</p> <p>*He had only been wearing an incontinence brief when she arrived.</p> <p>*RN H had not been aware if he had clothing.</p> <p>*Resident 183's catheter had been wrapped around the bed and pulled super tight at the insertion site.</p> <p>*RN M found out that they had not been giving resident 183 his pain medication as ordered.</p> <p>*His hair appeared greasy and had not appeared to have received a bath.</p> <p>*RN M stated she would call and update his family.</p> <p>*RN M called and received a verbal order for a Fentanyl patch for resident 183.</p> <p>-She applied the patch and let RN H know that it would take about 12 hours to start working so they would need to supplement his other pain medication.</p> <p>Interview on 11/16/21 AT 2:02 p.m. with divisional director of clinical operations (DDCO) C, executive director (ED) A, and director of nursing services (DNS) B revealed:</p> <p>*Regarding ensuring residents had clothing to wear:</p> <p>-If a family was admitted without clothes, they have a surplus they can use.</p> <p>-Social services would reach out to the family to see if they could bring in items.</p> <p>-ED A will also buy items if they are unable to obtain any clothes.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*As far as ensuring admission assessments are completed:</p> <ul style="list-style-type: none"> -DNS B states that they do not have a very good admission process. -The nurses are expected to take care of the admission assessments within 24 hours of admission. -Typically, there is a dashboard that pops up in the electronic medical record (EMR) to let them know they need to complete the admission assessment. -DNS B is responsible for ensuring admission assessments are completed. -DNS B admits this process has not been great due to the COVID-19 survey last week and they have had admissions and hospitalizations. <p>*Regarding how hospital orders are implemented into resident's plans of care:</p> <ul style="list-style-type: none"> -They document in the resident's progress notes. -They follow the hospital admission orders. <p>*Regarding the newly admitted baseline care plans:</p> <ul style="list-style-type: none"> -DNS B tried to get them done as soon as possible. -All staff can add to the 48 hour baseline care plan. -DNS B usually tries to talk to the families about the resident's care plans. --She then waits until the families come into the facility to have them sign the baseline care plan. -The care plan is placed in a binder that staff can look at every day. <p>*Regarding communication between shifts:</p> <ul style="list-style-type: none"> -There is a tape recorder that nurses record shift reports on. -There is a communication binder that is kept at the nurses' station. <p>*Regarding ensuring residents are receiving required cares:</p> <ul style="list-style-type: none"> -Certified nursing assistants (CNAs) are to be documenting their tasks in the resident's EMR. -Things on the medication administration record (MAR)/ treatment administration record (TAR) is to be completed by nurses. *They have daily monitoring of pain. <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*They have daily rounds.</p> <p>*If someone were to be restless or agitated, they receive pain medication.</p> <p>*Nurses are supposed to oversee the aides to ensure residents are receiving the care they deserve.</p> <p>*They have mostly all senior nurses on shift.</p> <p>*DNS B believed nurses had been monitoring baths, skin checks, vitals, and blood pressure checks.</p> <p>*CNAs document baths and bed baths in the residents' EMR.</p> <p>*The main bath aide completes the skin checks, baths, vitals, and blood pressures during the resident's baths.</p> <p>*Licensed nurses are supposed to go in to observe the resident's skin while they are receiving their baths.</p> <p>*Oral care, bathing, and dressing was also documented in the residents' EMR.</p> <p>*DDCO C stated if residents are non-compliant, the non-compliance would be documented.</p> <p>*Regarding resident 183, he was already on hospice due to the hospital contacting hospice.</p> <p>*Hospice has always been very quick with getting back to the facility regarding orders.</p> <p>*In order to communicate with hospice, they have a special hospice binder.</p> <p>On 11/16/21 at 2:52 p.m. while surveyor was conducting a staff interview for a separate investigation, the staff member's walkie talkie sounded with a staff member stating resident 183's family member was on the phone and wanted to see how he was doing. RN H said into the walkie talkie, Good, he's been in bed all day.</p> <p>IMMEDIATE JEOPARDY HARM</p> <p>Resident had food debris impacted in his mouth making him unable to take in food or swallow his medications and resulted in a split lip on the left corner of his mouth. The resident exhibited pain with dressing changes, grimacing, groaning, and restlessness. His back was red from being left lying on his back. His catheter was wrapped tightly around the bed and was pulling at the insertion site. Two unstageable wounds had not been treated in 36 hours with a moderate amount of green exudate that leaked through the dressing down to his brief. A strong odor was present. He was noted to only have an incontinent brief on covered by a thin sheet.</p> <p>IMMEDIATE JEOPARDY NOTICE</p> <p>On 11/16/21 at 5:06 p.m. and immediate jeopardy had been determined when the facility failed to ensure:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*He had been admitted to the hospital on 11/6/21.</p> <p>*The physician documented:</p> <p>- .admitted for 2 decubitus ulcers one on his sacrum as well as one on his left heel both which are unstageable. Based on the size and degree of the ulcers this is likely been going on for sometime and he is likely receiving suboptimal care at his facility .</p> <p>*He also had:</p> <p>*Deep vein thrombosis (DVT).</p> <p>*Acute Kidney Injury.</p> <p>*Cellulitis infection surrounding the sacrum ulcer.</p> <p>*On 11/9/21 the hospital debrided the sacrum ulcer and heel ulcer.</p> <p>*On 11/9/21 the physician spoke with resident 183's family member and they opted to go comfort cares/palliative care.</p> <p>*The family member had to find a new facility, and had not wanted to send him back to the facility he was at previously.</p> <p>*They found placement and discharged him to new facility on 11/12/21.</p> <p>*They noted that he would be transported by ambulance because trying to transport him in a car would put too much pressure on his sacrum ulcer and would be exceptionally painful.</p> <p>Review of resident 183's discharge orders revealed:</p> <p>*He was to receive:</p> <p>-Sacrum: Packing/Dressing, change twice daily. Remove previous dressing, cleanse with wound spray and gauze. Pack wound cavity and cover entire wound with Vashe-moistened gauze. Cover with ABD [army battle dressing] and secure with medipore tape.</p> <p>-Turn and reposition Q2-4H [every 2 to 4 hours] as tolerated by patient. Apply isogel air mattress with pump. Apply chair cushion if up to chair.</p> <p>-Left heel: Dressing change daily. Apply betadine-soaked gauze over left heel wound, then cover with loosely rolled on kerlix or roll gauze and loosely applied ACE wrap. Offload heels at all times.</p> <p>Review of resident 183's admission assessment revealed:</p> <p>*His 11/12/21 at 2:45 p.m. admission assessment vitals had been documented.</p> <p>*The remaining 13 pages were blank.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*As of 11/16/21 at 12:16 p.m., his admission assessment had not been completed.</p> <p>Review of resident 183's November TAR revealed:</p> <p>*Turning and repositioning was not listed for staff to complete.</p> <p>*He had not received any dressing changes on 11/15/21 to his heel or to his sacrum ulcer.</p> <p>Review of resident 183's bathing documentation revealed as of 11/16/21 at 12:31 p.m. no baths had been documented.</p> <p>Review of resident 183's EMR revealed turning and repositioning had not been added so staff could ensure that resident 183 had been turned and repositioned every two to four hours.</p> <p>Phone interview on 11/17/21 at 1:25 p.m. with resident 183's power of attorney (POA) revealed:</p> <p>*His grandfather (resident 183) had been transferred to the facility on [DATE].</p> <p>-This had been after they found out he was not receiving adequate care at another facility.</p> <p>*He said he was stuck between a rock and a hard place and had to pick a new skilled nursing facility for his grandfather to live.</p> <p>*He saw his grandfather on Saturday 11/13/21.</p> <p>-He was sitting up in bed, eating beef pot roast or beef roast or beef pot pie.</p> <p>*His grandfather had not been wearing any clothes so he and his wife ran to the store to buy him three shirts and three pairs of pants.</p> <p>*He calls the facility every day, if not twice per day.</p> <p>-He verified he called on 11/16/21 around 2:45 p.m., and was told everything was good.</p> <p>*He received a call from the hospice provider yesterday to update him.</p> <p>*The facility called him today to let him know his grandfather was declining so he was on his way to the facility during the phone interview.</p> <p>Surveyor reached out to medical director HH. He was unavailable for a phone interview.</p> <p>Review of the provider's Admission/Readmission Nursing Evaluation form for resident 183 revealed document that consisted of 14 pages that when completed was a head-to-toe assessment and multiple body system review. The only area that had been completed for resident 183 was a portion of the general assessment that included the resident's vitals, the remain 13 pages had not been completed.</p> <p>Review of the provider's June 2016 Pain Management policy revealed:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*Residents' pain level is evaluated every shift by the LN [licensed nurse]. Noted pain is evaluated and treated accordingly by the LN. Pain is also evaluated quarterly and PRN [as needed]using the RAI [resident assessment instrument]/nursing process. Pain level is monitored and documented on the MAR using the Wong-Baker pain scale.</p> <p>*When pain is not adequately controlled by current regimen, or if there is newly identified pain, the LN contacts the physician for consideration of new or modified treatment orders.</p> <p>*The information on the Pain Evaluation Record is used in conjunction with the Center's other evaluation and data collection tools to develop an individualized care plan, including non-pharmaceutical interventions, if appropriate.</p> <p>*If the resident is a hospice client or receiving palliative care/comfort care, the LN and hospice personnel collaborate to develop and evaluate the pain management Plan of Care (POC).</p> <p>Review of the provider's September 2017 Hospice Provision of Care by Outside Providers policy revealed:</p> <p>*Centers collaborate with outside providers to coordinate the provision of hospice care as directed by each resident's physician.</p> <p>*The hospice and Center communicate, establish, and agree upon a coordinated Plan of Care (POC) reflecting the hospice philosophy and based on an evaluation of the individualized needs of the resident. The POC includes: directives for managing pain and other uncomfortable symptoms, the care and services the Center and hospice provide in order to be responsive to the unique needs of the resident and his/her expressed desire for hospice care. The hospice retains overall professional management responsibilities directing the implementation of the POC related to the terminal illness and associated conditions. The POC is updated quarterly and as needed.</p> <p>*The Center offers the same services to residents who have elected hospice benefits as to residents who have not elected hospice benefits. Residents have the right to refuse hospice services.</p> <p>*Prior to admission of a resident receiving hospice services by an outside provider, service coordination is agreed upon indicating each party's responsibilities. This may include, but is not limited to: medications, DME, laboratory services, and notifying physicians.</p> <p>*The Center immediately notifies hospice of all allegations of: a. Mistreatment. b. Neglect. c. Verbal, mental, physical, or sexual abuse. d. Injury of unknown origin. e. Misappropriation of property by hospice personnel. f. Exploitation.</p> <p>Review of the provider's 10/19/18 hospice agreement with the hospice provider revealed:</p> <p>*WHEREAS, The Facility desires to assure that the highest quality and level of services are provided to such individuals with respect to the care and management of their terminal illness.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*The facility shall furnish to the individual who is both a resident of The Facility and a Hospice client all of those services which normally would have provided in the absence of The Hospice Program, as provided for in The Facility policies, procedures, protocols, and agreements with the resident and the resident's family. It is understood and agreed that because of the eligible resident's place of residence is The Facility, The Facility shall provide those services which approximate the kind of services which would have been provided by family members.</p> <p>*With respect to the management of the resident's terminal illness, The Facility shall:</p> <p>-1. Notify The Hospice in the event of changes in the resident's condition; and</p> <p>-2. Provide usual and customary services of The Facility subject to The Hospice Plan of Care for such a resident including: Performing personal care services, Assisting with ADL [activities of daily living], Administering medication, Socializing activities, Maintaining the cleanliness of the resident's room, Supervising and assisting with the use of DME[durable medical equipment] and prescribed therapies.</p> <p>-3. Make records pertaining to care and services furnished by The Facility to a Hospice client available to The Hospice subject to the resident/client's consent.</p> <p>Review of the provider's September 2017 Abuse, Corporal Punishment, Involuntary Seclusion, Mistreatment, Neglect, Misappropriation of Resident's Property, and Exploitation policy revealed:</p> <p>*Each resident has the right to be free from abuse, including verbal, mental, sexual, or physical abuse, corporal punishment, involuntary seclusion, mistreatment, neglect, misappropriation of resident property, exploitation, and any physical or chemical restraint not required to treat the resident's medical condition. The Center implements policies and processes so that residents are not subjected to abuse by staff, other residents, volunteers, consultants, family members, and others who may have unsupervised access to residents. These policies address screening, training, prevention, identification, investigation, protection, and reporting/response.</p> <p>*Deprivation of Goods or Services by Staff: The deprivation by staff of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. In these cases, staff has the knowledge and ability to provide care and services, but choose not to do it, or acknowledge the request for assistance from a resident(s), which result in care deficits to a resident.</p> <p>*Neglect: Failure of the Center, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>*Mental abuse: The use of verbal or non verbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. It includes but is not limited to, coercion, harassment, inappropriately isolating a vulnerable adult from family, friends, or regular activity, and verbal assault that includes ridiculing, yelling, or swearing. Examples of verbal or nonverbal conduct that can cause mental abuse, include but are not limited to, staff taking photographs or recordings of residents that are demeaning or humiliating using any type of equipment (e.g. cameras, smart phones, and other electronic devices) and keeping or distributing them through multimedia messages or on social media networks.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*Verbal Abuse: May be considered to be a type of mental abuse. Verbal abuse includes the use of oral, written, or gestured communications, or sounds, to residents within hearing distance, regardless of age, ability to comprehend or disability. Examples of mental and verbal abuse include, but are not limited to: Harassing a resident; Mocking, insulting, ridiculing; Yelling or hovering over a resident, with the intent to intimidate; Threatening residents, including but not limited to depriving a resident of care or withholding a resident from contact with family and friends; and isolating a resident from social interaction or activities.</p> <p>45383</p> <p>2. Interview on 11/16/21 at 8:20 a.m. with resident 12 regarding her insulin administration and interaction with nurses revealed:</p> <p>*She stated that she had to argue with nursing staff to get her blood sugar and insulin given at the right time.</p> <p>*She had been experiencing shaking when her insulin was given at 8:30 a.m., 12:30 p.m. and 4:30 p.m.</p> <p>*Staff had not rechecked her blood sugar.</p> <p>*Mealtimes were:</p> <p>-7:00 a.m. continental breakfast (juice and a muffin).</p> <p>-10:00 a.m. breakfast.</p> <p>-1:00 p.m. lunch.</p> <p>-5:00 p.m. supper.</p> <p>-8:00 p.m. evening snack.</p> <p>*She spoke with nursing about her shaking and how she should not be given her insulin 1 hour before meal times.</p> <p>*She stated staff were rude and upset with her when she refused to let them administer insulin too early.</p> <p>*Staff would make remarks about her snacking and her blood sugar being elevated.</p> <p>Interview on 11/16/21 with licensed practical nurse (LPN) E revealed:</p> <p>*Had been a been a nurse for [AGE] years.</p> <p>*Received yearly training on medication administration and insulin.</p> <p>*Had not received any advanced diabetic education.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*Had not received any customer service training and thought that referring to residents as customers was a cold term.</p> <p>Review of 9/12/21 at 7:55 a.m. nursing progress note for resident 12 composed by LPN E revealed:</p> <p>*Resident's blood sugar was 234.</p> <p>*She had a lot of regular coke on her bedside stand.</p> <p>*Was instructed she should drink diet coke.</p> <p>*She was instructed to watch what kind of snacks such as crackers which are full of carbohydrates.</p> <p>*Resident was already aware of this information.</p> <p>Review of 11/5/21 at 1:15 p.m. nursing progress note for resident 12 composed by LPN E revealed:</p> <p>*Resident was in her wheelchair by the nurses desk.</p> <p>*Acknowledged LPN E coming with the charge cart.</p> <p>*Informed LPN E she was not going to eat and did not need that.</p> <p>*Her husband was there and she was going out to smoke.</p> <p>*Informed resident that she should make her diabetes the priority instead of smoking, and skipping meals and insulin was not a good idea.</p> <p>*Resident wheeled by with no comment.</p> <p>Review of resident 12's care plan initiated on 9/22/21 revealed:</p> <p>*I have inappropriate snacks in my room and have been educated about correct.</p> <p>*I prefer to continue to eat my snacks.</p> <p>Review of providers Abuse Policy dated September 2017 revealed:</p> <p>*Mental abuse is the use of verbal and nonverbal conduct which causes or the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation.</p> <p>*Verbal abuse is a type of mental abuse. Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance.</p> <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services (DNS) B to meet with the team anytime after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m. when ED A came and requested the team to leave the building without finishing all survey tasks and interviews or conducting an in person exit interview.</p> <p>Interview with DNS B would have included:</p> <p>*How staff were expected to communicate with residents who make questionable choices about their health conditions.</p> <p>*What actions she would take regarding the manner in which LPN E interacted with resident 12.</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26632</p> <p>Based on interview and record review, the facility failed to provide notice of bed hold for four of four sampled residents (13, 28, 29, and 37) discharged to the hospital. Findings include:</p> <p>1. Interview on 11/18/21 at 10:45 a.m. with resident 28 revealed he had not received any information on a bed hold when he had been hospitalized .</p> <p>Review of resident 28's medical record revealed:</p> <p>*He had been hospitalized on [DATE] and returned on 8/24/21, on 9/27/21 and returned on 9/29/21, and on 10/8/21 and returned on 10/14/21.</p> <p>*There was no signed bed hold in his record.</p> <p>Interview on 11/18/21 at 12:16 p.m. with social services designee K revealed:</p> <p>*When a resident was admitted they signed the admission paperwork.</p> <p>*That paperwork had a blanket bed hold that was good for all hospitalization s or leave of absences.</p> <p>*She was not aware a bed hold had to have been given to the resident and/or their representatives for each hospitalization or leave of absence.</p> <p>06365</p> <p>2. Review of minimum data set (MDS) assessments for residents 13, 29, and 37 revealed they had been recently hospitalized and returned:</p> <p>*Resident 13 transferred on 10/12/21 and returned on 10/14/21.</p> <p>*Resident 29 transferred on 11/10/21 and returned on 11/12/21.</p> <p>*Resident 37 transferred on 10/12/21 and returned on 10/14/21.</p> <p>Review of electronic medical records for these residents did not reveal any bed hold notices.</p> <p>Interview on 11/18/21 at 10:40 a.m. with business office manager DD revealed the bed hold policy is provided to residents at the time of admission. They do not provide one at the time of transfer.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06365</p> <p>Based on observation, interview, and record review, the facility failed to document comprehensive person-centered assessments that included needs, strengths, and preferences for four of eight sampled residents (12, 22, 27, 29, and 37) reviewed for completion of comprehensive assessments. Findings include:</p> <p>1. Interview on 11/16/21 at 8:31 a.m. with resident 29 revealed she:</p> <ul style="list-style-type: none"> *Sometimes was given a choice for where she eats but was told she had to go the dining room. *Wants to get back to getting up and going after her recent return from the hospital. *They got pushy about getting up but they need to balance out [her] medications before she can. *Needs help using the toilet so she does not trip on her oxygen tubing. *Had not gotten out of her room to interact with other residents because she had a fear about running out of oxygen. *Not getting out of her room to interact with others because she thought someone asked here why she was wasting oxygen when the resident she was using an oxygen tank in the therapy room. *Had not gotten her hair styled since the stylist had not come because of COVID. *Had received bathes only because of my nasty attitude and her nails are ugly because they were not taken care of during her last bath. *Enjoyed coloring and playing games in her room. <p>Observation of resident 29 during the interview revealed she:</p> <ul style="list-style-type: none"> *Grimaced and held her stomach a few times while lying in bed, and explained her stomach was bothering her. *Was using an oxygen concentrator. *Had unkempt hair that was not brushed, frizzy, and standing up on end. *Had long fingernails with dark colored residue under the tips of the nails. *Had a basket of activity supplies, including coloring pages, next to the recliner in her room. <p>Review of the 10/21/21 admission minimum data set (MDS) assessment in the electronic medical record (EMR) for resident 29 revealed she:</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Entered the facility on 10/15/21.</p> <p>*Had no difficulties with communication, vision, hearing, or cognitive function.</p> <p>*Had symptoms of inattention and trouble concentrating that was present continuously over the two weeks prior to 10/21/21.</p> <p>*Needed physical help transferring between surfaces and moving about with her walker and wheelchair.</p> <p>*Reported it was very important for her to:</p> <ul style="list-style-type: none"> -Choose what to wear, her bedtime, and the type of bath. -Take care of her personal belongings and have a place to lock her things to keep them safe. -Have snacks between meals. -Have family involved in discussions about her care and use the phone in private. -Read, listen to music, be around animals, do things with groups of people, do favorite activities, and participate in religious services. <p>*Participated in the admission MDS.</p> <p>Review of the care area assessment (CAA) worksheets completed with the 10/21/21 admission MDS revealed none of CAA worksheets included the resident's and her family's input regarding each care area, the resident's fear of being without oxygen, nor what she had reported as very important customary routines and activities.</p> <p>*The cognitive loss CAA addressed her problem with inattention but only noted the related diagnoses of depression and anxiety and her current medication.</p> <p>*The activities of daily living (ADL) CAA did not note an evaluation of the problems for each ADL nor address goals regarding:</p> <ul style="list-style-type: none"> -Dressing, her preference for obtaining what she wants to wear. -Bathing, her preferences for the type of bathing and grooming of her hair and nails. -Toileting and transfer, self-sufficiency related to the impact her oxygen use had on her abilities. -Eating, her preference to have snacks between meals. <p>*The activities and psychosocial well-being CAAs both had the same problem note as the cognitive loss CAA, but did not check any:</p> <p>(continued on next page)</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Relationship factors that could be modified.</p> <p>-Customary lifestyle routines to maintain.</p> <p>-Strengths to build upon such as activities that put the resident at ease, gave a sense of satisfaction, and distinguished the resident before admission.</p> <p>-Activity preferences and pursuits such as solitary activities, inside the home, or self-directed.</p> <p>-Environmental and other issues that hindered activity participation, such as her need for oxygen.</p> <p>Review of the progress notes the week before and on the day of the 10/21/21 MDS revealed no notes that provided information about the resident's input on the MDS and CAA documentation.</p> <p>Interview on 11/18/21 at 12:23 p.m. with MDS coordinator I revealed:</p> <p>*Director of nursing services (DNS) B and social services designee (SSD) K also participated in completing the MDS and CAA documentation.</p> <p>*They did not write separate progress notes related to the MDS documentation.</p> <p>*She had no explanation for the absence of customary routines and preferences in the CAA worksheets.</p> <p>Interview with DNS B would have inquired about the expectation for:</p> <p>*Documenting supportive MDS assessment progress notes.</p> <p>*Documenting further assessment in the CAAs of the resident's needs, routines, and preferences coded on the MDS.</p> <p>*Using the CAA assessment to develop an individualized person-centered care plan.</p> <p>On 11/18/21 at 9:00 a.m., administrator A and director of nursing services B were requested to meeting with the team anytime after 11:00 a.m. to discuss these and other findings, but they had not come to interview as of 11/18/21 at 3:00 p.m. when administrator A requested the team leave the building without finishing the survey and having an exit interview.</p> <p>Review of the RAI [resident assessment instrument] Version 3.0 Manual dated October 2019 revealed the comprehensive assessment process revealed:</p> <p>*The MDS is the starting point for collection of basic physical, functional, and psychosocial information about a resident, and provides a foundation for a more thorough assessment and development of an individualized care plan.</p> <p>*The CAA process provides a framework and a link between the MDS and care planning for:</p> <p>-Review of triggered areas.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Clarification of the resident's needs and related causes.</p> <p>-Additional assessment of potential issues, including related risk factors.</p> <p>-Giving the team additional information to develop a comprehensive plan of care.</p> <p>2. Interview on 11/16/21 at 9:14 a.m. with resident 27 revealed he had needs and concerns related to:</p> <p>*Getting a haircut. His friend who cuts his hair is away and he had not been offered a haircut here.</p> <p>*Returning home to where he lived. No one had talked with him about going somewhere else.</p> <p>*The recent insertion of a catheter and not wanting to have it permanently.</p> <p>Observation of resident 27 during the interview revealed:</p> <p>*He was able to reposition himself to sitting on the edge of the bed.</p> <p>*His hair was long and standing up on end after lying in bed.</p> <p>Review of the 10/22/21 admission MDS assessment in the EMR for resident 27 revealed he:</p> <p>*Entered the facility on 10/14/21.</p> <p>*Had no difficulties with cognitive function or communication</p> <p>*Had minimal difficulty hearing with the use of a hearing aid.</p> <p>*Had little energy or was tired nearly every day and little interest or pleasure more than half of the days for the 14 day assessment timeframe.</p> <p>*Had not walked during the 7 day assessment timeframe and needed staff weight-bearing support to do all other ADLs.</p> <p>*Reported that it was very important for him to:</p> <p>-Choose what to wear and his bedtime.</p> <p>-Take care of his personal belongings and have a place to lock his things to keep them safe.</p> <p>-Have snacks between meals.</p> <p>-Have family involved in discussions about her care and use the phone in private.</p> <p>-Read, keep up on news, do favorite activities, and participate in religious services.</p> <p>(continued on next page)</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Participated in the admission MDS.</p> <p>*Expected to be discharged and wanted to be asked about returning to the community on all assessments.</p> <p>Review of the CAA worksheets completed with the 10/22/21 admission MDS revealed none of them included the resident's and his family's input regarding each care area, the resident's desire to return home, nor what he had reported as very important customary routines and activities.</p> <p>*The ADL CAA did not note an evaluation of the problems for each ADL nor address goals regarding:</p> <p>-Dressing and his preference for obtaining what he wants to wear.</p> <p>-Toileting and transfer and goals for self-sufficiency related to his desire to discharge.</p> <p>-Eating and his preference to have snacks between meals.</p> <p>*The nutritional status CAA also did not address having his preference for snack between meals.</p> <p>*The indwelling catheter CAA did not address his desire to have it removed.</p> <p>*The activities CAA had group activities checked as his preference prior to admission but solitary activities, inside the home, or self-directed were not checked. No issues that reduced his activity participation were checked.</p> <p>*The activities, psychosocial well-being, and return to community CAAs had the same note on each of them that addressed:</p> <p>-His desire to stay in his room, napping and watching television, not much different than home.</p> <p>-Noncompliance with wearing a supportive boot when walking and not bearing weight on his foot when the boot is not on.</p> <p>-A lifestyle of being unhappy and grumpy according to a conversation with his daughter.</p> <p>-The desire to discharge without local support since his daughter lived out of state.</p> <p>*The psychosocial well-being CAA did not address any relationship problems or customary lifestyle items relevant to the resident.</p> <p>3. Interview on 11/15/21 at 4:24 p.m. with resident 37 revealed he:</p> <p>*Waited pretty consistently for pain medication when his pain level was at a rating of 7 or 8 out of a 10 point scale.</p> <p>*Developed an open sore on his heel that he did not know he had. A nursing assistant discovered it. The staff are supposed to check his skin but, I don't think they are.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the 7/6/21 annual MDS assessment in the EMR for resident 37 revealed he:</p> <ul style="list-style-type: none"> *Had no difficulties with cognitive function or communication. *Felt tired nearly every day during the 14 day assessment timeframe. *Had not walked during the 7 day assessment timeframe, needed supervision of one staff for moving about in bed, and needed staff physical support to do all other ADLs. *Reported pain occasionally over the last 5 days with a rating of 8. *Was coded as not at risk for developing pressure ulcers and had no current pressure, venous, or arterial ulcers. <p>Review of the Pain CAA worksheet completed on 7/9/21 for resident 37 revealed:</p> <ul style="list-style-type: none"> *The resident doesn't want routine pain medications, prefers to ask for PRN [as needed.] *The documentation does not address any of the following factors: <ul style="list-style-type: none"> -Characteristics of the pain, where it is located, and what makes it better or worse. -Frequency and intensity of the pain. -Pain effect on his ability to function. -Associated signs or symptoms of the pain. -Effectiveness of the pain medication once given. <p>Review of the Pressure Ulcer/Injury CAA worksheet completed on 7/9/21 for resident 37 revealed:</p> <ul style="list-style-type: none"> *This condition triggered due to assist needed with bed mobility. *Extrinsic risk factors had just pressure and special mattress. *Other factors that were not automatically selected based on the coding of the MDS were not checked. *There was no note to evaluate the effectiveness of supervision with bed mobility to prevent ulcers. <p>Review of the weekly skin and wound evaluations for resident 37 prior to the 7/6/21 MDS revealed:</p> <ul style="list-style-type: none"> *On 7/1/21, a pressure deep tissue injury was noted on his right heel that was acquired on 6/21/21 and measured 0.3 centimeters (cm) by 0.4 cm by 0.6 cm described as a hematoma. <p>(continued on next page)</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*On 7/6/21, a venous ulcer was noted to his right heel that was acquired on 6/21/21 and measured 2.0 cm by 1.8 cm by 1.5 cm with the wound bed noted as a hematoma with the surface 100% (percent) intact and no drainage.</p> <p>*On 7/15/21, the venous ulcer on his right heel was marked as resolved.</p> <p>45383</p> <p>4. Review of resident 22's comprehensive assessment dated [DATE] revealed:</p> <p>*Functional loss of ADLs (activities of daily living) in relationship to cognitive loss.</p> <p>*Resident 22 was performing own ADLs with encouragement from staff.</p> <p>*Care plan did not address any potential for decrease or loss of performing ADLs due to cognitive loss.</p> <p>*Restorative nursing program and/or segmentation program to help with cognitive loss.</p> <p>*Care plan dated 10/1/21 stated resident 22 is low risk for falls related to right knee pain and shuffling gait.</p> <p>*Care plan does not address assistance with ambulation and or assistive devices needed for mobility.</p> <p>5. Review of resident 12's comprehensive assessment dated [DATE] revealed:</p> <p>*Vision field deficit was triggered.</p> <p>*Care plan does not address any problems with vision.</p> <p>*No interventions for visual aid.</p> <p>*Urinary incontinence was triggered.</p> <p>*Care plan does not address any incontinence or bladder program.</p> <p>*Falls potential was triggered.</p> <p>*Resident had a fall on 8/31/21.</p> <p>*Care plan dated 8/31/21 addressed risk for falls due to impaired mobility.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>06365</p> <p>Based on observation, interview, record review, and policy review, the facility did not develop comprehensive person-centered care plans for 7 of 15 sampled residents (12, 15, 17, 27, 28, 29, and 37) whose care plans were reviewed. Findings include:</p> <p>1. Interview on 11/16/21 at 8:31 a.m. with resident 29 revealed she had concerns about eating in her room, use of oxygen, bathing frequency, grooming of her nails and hair, and not feeling well enough to do activities.</p> <p>Observation of resident 29 during the interview revealed she:</p> <ul style="list-style-type: none"> *Grimaced a few times and held her stomach area as she explained it was bothering her. *Was using an oxygen concentrator. *Had unkempt hair that was not brushed, frizzy, and standing up on end. *Had long fingernails with dark colored residue under the tips. *Had a basket of activity supplies, including coloring pages, next to the recliner in her room. <p>Review of the 10/21/21 admission minimum data set (MDS) assessment in the electronic medical record (EMR) for resident 29 revealed she:</p> <ul style="list-style-type: none"> *Needed physical help transferring between surfaces and moving about with her walker and wheelchair. *Reported it was very important for her to choose what to wear, her bedtime, and type of bath; take care of and keep personal belongings safe, have snacks, do things alone and with groups of people. <p>(Refer also to F636, finding 1.)</p> <p>Review of the resident 29's comprehensive care plan focuses and interventions revealed they did not address her concerns and preferences:</p> <ul style="list-style-type: none"> *Three separate focuses, initiated 10/21/21, included the intervention of oxygen use, but did not address: <ul style="list-style-type: none"> -Her fear of going without her concentrator and the availability of using an oxygen tank. -Her dependence on staff to assist with safely transferring due to the oxygen tubing. *Activity involvement of little to no due to anxiety, prefer to stay in room and rest, initiated on 10/28/21, had no interventions for: <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 - Many</p>	<p>-Support of in-room activities and keeping her activity supplies safe.</p> <p>-Oxygen use while attending activities.</p> <p>*Establish baseline plan of care, initiated 10/15/21, addressed:</p> <p>-Bathing weekly in whirlpool without specifying if that bathing type was her choice.</p> <p>-Bed mobility but did not specify her choice for bedtime.</p> <p>-Dressing with no intervention to let her choose what she wanted to wear.</p> <p>-Grooming without addressing how nail and hair care were to be provided.</p> <p>-Meals in dining room without offering her a choice to eat in her room as she desired nor how she would access snacks between meals.</p> <p>Review of task documentation for bathing revealed in the 30 days before 11/17/21, the only date she had received a bath was 10/29/21.</p> <p>Review of the treatment administration record for November 2021 revealed nail care was documented as completed by registered nurse (RN) F on 11/8 and 11/15, but the condition of the resident's nails when observed on 11/16 noted above did not appear to be groomed.</p> <p>Interview on 11/18/21 at 12:23 p.m. with MDS coordinator/RN I revealed:</p> <p>*She had not thought about revising or replacing the baseline plan of care with a focus for activities of daily living (ADL) care needs.</p> <p>*She provided no explanation for missing the person-centered information on resident 29's care plan.</p> <p>Interview with director of nursing services (DNS) B would have inquired about:</p> <p>*Development of individualized person-centered care plans.</p> <p>*Updating the baseline care plan in accordance with the completed comprehensive admission assessment.</p> <p>*Specific needs and concerns related to the sampled residents.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and DNS B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p> <p>Review of the provider's policy titled, Baseline Plan of Care, revealed:</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 - Many</p>	<p>*It is developed within 48 hours of admission.</p> <p>*It includes information sufficient to promote safe delivery of care.</p> <p>*A progress note documents giving a copy of the baseline care plan to the resident/representative.</p> <p>Review of the RAI [resident assessment instrument] Version 3.0 Manual dated October 2019 revealed:</p> <p>*Good assessment is the starting point for good clinical problem solving and decision making and ultimately for the creation of a sound care plan.</p> <p>*The care plan should be revised on an ongoing basis to reflect changes in the resident and the care the resident is receiving.</p> <p>2. Interview on 11/16/21 at 9:14 a.m. with resident 27 revealed he wanted to return home, did not want the catheter that was inserted before admission, preferred to stay in his room watching television, and needed a haircut, and was angry about a missing a pair of brand new jeans.</p> <p>Observation of resident 27 during the interview revealed he had a catheter in place, he had his television on, and his hair was long and standing up on end.</p> <p>Review of the 10/22/21 admission MDS assessment in the EMR for resident 27 revealed:</p> <p>*He expected to be discharged and wanted to be asked about returning to the community during each assessment.</p> <p>*It was very important for him to do his favorite activities including reading and keeping up on the news, choose what to wear, and keep his personal belongings safe.</p> <p>(Refer also to F636, finding 2.)</p> <p>Review of the resident 27's care plan focuses and interventions revealed they did not address his concerns and preferences:</p> <p>*Return to community, initiated on 10/26/21, indicated that topic should be asked only on comprehensive assessments.</p> <p>*Indwelling catheter, initiated 10/26/21, did not include a plan to address the resident's discontent with placement of the catheter.</p> <p>*Satisfaction with activities, initiated on 10/28/21, did not address his in-room interests but directed staff to Remind the resident that the resident may leave activities at any time, and is not required to stay for entire activity.</p> <p>*Self-care performance deficit, initiated on 10/26/21, addressed:</p> <p>-Assisting the resident to choose simple comfortable clothing but does not specify what a plan to keep his belongings safe.</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 - Many</p>	<p>-The resident's ability to comb his own hair, but it does not specify how his hair will be groomed.</p> <p>3. Interview on 11/15/21 at 4:24 p.m. with resident 37 revealed he:</p> <p>*Waited pretty consistently for pain medication when his pain level was at a rating of 7 or 8 out of a 10 point scale.</p> <p>*Developed an open sore on his heel that he did not know he had. A nursing assistant discovered it. The staff are supposed to check his skin but, I don't think they are.</p> <p>Review of the 7/6/21 annual MDS assessment in the EMR for resident 37 revealed he reported pain occasionally over the last 5 days with a rating of 8, and was at risk for developing ulcers.</p> <p>(Refer also to F636, finding 3.)</p> <p>Review of the resident 37's care plan focuses and interventions revealed the following focuses and interventions had not been modified based on the 7/6/21 comprehensive assessment:</p> <p>*Pain stated, I don't want any routine pain med at this time, initiated on 2/18/20 and revised 4/8/21, with an intervention for staff to provide pain medication and re-evaluate effectiveness within 60 minutes, initiated on 5/19/21.</p> <p>*Two focuses addressed the risk for skin problems:</p> <p>-History of venous stasis ulcers on his legs and feet, initiated on 9/18/17 and revised on 10/28/21 with an addition on 10/5/21, I have a venous ulcer on my lateral aspect of R [right] foot and an intervention to provide snacks and extra one oz [ounce] protein with meals to help with healing, initiated on 12/25/15 and revised on 8/8/17.</p> <p>-Peripheral Vascular Disease (PVD), initiated on 2/18/20 and revised on 4/8/21, without specifying how to monitor/document/report PRN (as needed) any s/sx (signs/symptoms) of skin problems, initiated 11/25/15 and revised on 8/8/17.</p> <p>*Hygiene/ADL's/Skin stated the resident prefer this type of bath shower and at various days, times, initiated on 1/9/17. An intervention initiated on 11/16/15 and revised on 8/8/17 address staff cleaning and trimming nails his nails after baths, but do not specify monitoring of skin condition.</p> <p>26632</p> <p>4. Review of resident 15's 9/10/21 care plan with a focus area for hospice revealed the interventions did not specify what the hospice certified nursing assistant (CNA) would have provided when he/she visited four to five times a week.</p> <p>5. Review of resident 28's last revised on 10/28/21 care plan revealed no focus area, goals, or interventions for his left heel pressure ulcer blister.</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 - Many</p>	<p>Interview on 11/18/21 at 12:33 p.m. MDS coordinator/RN I revealed she had not added his pressure injury to his left heel. She tried to keep them as updated as possible but stated it was not possible to keep them all current all the time.</p> <p>43021</p> <p>6. Observation on 11/16/21 at 8:52 a.m. in resident 17's room revealed the October 2021 activities calendar was posted on her wall. The November 2021 calendar was not posted.</p> <p>At 9:25 a.m., resident 17 was observed sitting in her wheelchair in the area by the second-floor nursing station. The resident was idle but responded to the surveyor's greeting.</p> <p>Review of resident 17's medical record revealed:</p> <p>*On her 6/25/21 admission MDS assessment:</p> <p>-Her interview for activity preferences indicated all areas of activity involvement were of importance to her.</p> <p>-She rated keeping up with the news as very important to her.</p> <p>*Her 6/29/21 admission activity care area assessment (CAA) was completed by social services designee K and indicated that the resident's activities functional status would be addressed in her care plan.</p> <p>*Her 6/28/21 care plan upon admission had no activity care plan.</p> <p>*Her updated care plan, revised on 11/15/21 had no activity care plan.</p> <p>45383</p> <p>7. Review of resident 12's 5/24/21 care plan revealed she:</p> <p>*Had been admitted with a diagnosis of Guillan Barre upon admission on 5/24/21.</p> <p>-Autoimmune condition which attacks nerves.</p> <p>*Used a wheelchair for mobility.</p> <p>*Had not been triggered for a fall risk due to neurological disease.</p> <p>*Had fallen on 8/31/21.</p> <p>*Was an insulin dependent diabetic.</p> <p>*There was no focus or interventions for hypoglycemia associated with insulin administration.</p> <p>*There was no focus on resident activity likes or dislikes.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>26632</p> <p>Based on observation, interview, record review, and manufacturer's recommendation review, the provider failed to ensure professional standards of care had been followed for six of six sampled residents (12,15, 28, 29, 32, and 37) as evidenced by:</p> <p>*Lack of documentation on medication administration record (MAR) and treatment administration record TAR for six of fifteen sampled residents (12, 15, 28, 29, 32, and 37).</p> <p>*Lack of documentation for one of one sampled residents (28) regarding their pressure ulcers and wounds.</p> <p>*Administration of insulin for one of one sampled resident (12) had been given at the incorrect time.</p> <p>*Lack of complete and accurate documentation by staff for resident 32's wound pump.</p> <p>Findings include:</p> <p>1. Review of resident 15's November 2021 TAR revealed missed documentation for the following:</p> <p>*Full set of vital signs every Wednesday. No documentation for 11/3/21 and 11/10/21.</p> <p>*Fingernail and toenail care every Wednesday. No documentation for 11/3/21.</p> <p>*Weekly skin audit on Wednesday. No documentation for 11/3/21.</p> <p>*Hydromorphone 4 milligram (mg) four times a day for pain. No documentation for the 6:00 a.m. dose on 11/4/21 and 11/5/21.</p> <p>2. Review of resident 28's October 2021 TAR revealed missed documentation for the following:</p> <p>*Micafungin sodium solution 100 mg intravenously (IV) one time a day. No documentation it has been administered on 10/24/21, 10/26/21, and 10/27/21.</p> <p>*Weekly skin audit every Friday and weight twice a week. No documentation for his 10/1/21 skin audit and no weight recorded on 10/1/21/ and 10/5/21.</p> <p>*Documentation for a left heel blister present on admission 10/14/21 had not been documented on until 11/11/21. Refer to F686, finding 2)</p> <p>3. Review of resident 32's interdisciplinary progress notes revealed:</p> <p>*On 10/27/21 at 12:45 p.m. Wound vac intact to left hip.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*On 10/28/21 at 8:30 a.m. Noted wound vac container empty, no cord, no lights on, pump not running. Spoke to resident who states all wound pump supplies are in white bag. Cord for wound vac found in white bag et [and] plugged. Vac starts after approximately 2 minutes of being plugged in.</p> <p>Review of resident 32's November 2021 TAR revealed missed documentation that included.</p> <p>*Ceftriaxone [antibiotic] 2 grams IV one time a day. No documentation it had been administered on 11/3/21, 11/6/21, 11/8/21, and 11/10/21.</p> <p>*Fingernail and toenail care, weekly skin audits, and weekly weights on Wednesdays. No documentation for those on 11/3/21 and 11/10/21.</p> <p>*Flush PICC [peripherally inserted central catheter] with 10 cc [cubic centimeter] normal saline before IV antibiotic and after complete. Two times a day for flush. No documentation it had been flushed for the 10:00 p.m. time on 11/1/21, 11/5/21, 11/11/21, and 11/14/21.</p> <p>*Vancomycin [antibiotic] 759 mg IV two times a day at 10:00 a.m. and 10:00 p.m. No documentation the 10:00 p.m. dose had been given on 11/1/21, 11/5/21, 11/11/21, and 11/14/21.</p> <p>45383</p> <p>4. Observation and interview on 11/15/21 at 8:25 a.m. with resident 12 revealed:</p> <p>*She had been in the facility since May of 2021 for physical and occupational therapy.</p> <p>-She had been an insulin dependent diabetic for years.</p> <p>*Received Novolog insulin scheduled for breakfast, lunch, and supper and sliding scale 3 times per day with meals depending on blood sugar.</p> <p>-Novolog insulin is rapid acting insulin.</p> <p>-Novolog insulin can start to work within 5-10 minutes of administration and peak is 1 hour after administration and keeps working for 2-4 hours.</p> <p>*She would start shaking from her blood sugar being low.</p> <p>Interview on 11/15/21 at 1:30 p.m. with resident 12's husband revealed:</p> <p>*His wife was having issues with low blood sugars.</p> <p>*Nurses would give her insulin at 8:30 a.m. and then she did not eat until 10:00 a.m.</p> <p>*She had to see her endocrinologist to get an order to administer her Novolog insulin 15 minutes before meals.</p> <p>*She had her blood sugar checked four times per day.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*Insulin was scheduled for 9:00 a.m., 12:00 p.m., 5:00 p.m., and 9:00 p.m.</p> <p>Interview on 11/16/21 at 8:20 a.m. with resident 12 regarding her insulin administration and interaction with nurses revealed:</p> <p>*She stated that she had to argue with nursing staff to get her blood sugar and insulin given at the right time.</p> <p>*She had been experiencing shaking when her insulin was given at 8:30 a.m., 12:30 p.m. and 4:30 p.m.</p> <p>*Mealtimes are:</p> <p>-7:00 a.m. continental breakfast (juice and a muffin)</p> <p>-10:00 a.m. breakfast</p> <p>-1:00 p.m. lunch</p> <p>-5:00 p.m. supper</p> <p>-8:00 p.m. evening snack</p> <p>*She spoke with nursing about her shaking how she should not be given her insulin 1 hour before mealtimes.</p> <p>*She stated staff were rude and upset with her when she refused to let them administer insulin too early.</p> <p>*Staff would make remarks about her snacking and her blood sugar being elevated.</p> <p>Interview on 11/16/21 at 8:27 a.m. with registered nurse (RN) H revealed:</p> <p>*She used the TAR scheduled times to check blood sugar and administer sliding scale insulin.</p> <p>*She checked resident's blood sugars then would administer insulin.</p> <p>*She tried to give insulin within half hour of meal.</p> <p>*She would reference the provider's insulin policy for administration of certain types of insulin.</p> <p>Telephone interview on 11/17/21 at 12:25 p.m. with certified nurse practitioner N revealed:</p> <p>*She had seen resident 12 on 10/21/21 regarding her insulin dosage.</p> <p>*She had increased her Novolog insulin and instructed insulin to administered 15 minutes before meals.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*She requested for the provider to fax resident 12's blood sugars for the next two weeks after the insulin dose had been increased.</p> <p>*She had not received any information since resident's clinic visit on 10/21/21.</p> <p>Record review of resident 12's insulin administration times revealed:</p> <p>*October 2021 out of 164 administrations 89 times the insulin was administered at the incorrect time.</p> <p>*November 1-18 2021 out of 89 administrations 46 times the insulin was administered at the incorrect time.</p> <p>Policy review of provider's September 2014 Insulin Administration policy revealed rapid acting insulin onset 10-15 minutes of administration, peak half hour to three hours and duration is three to six hours.</p> <p>06365</p> <p>5. Interview on 11/16/21 at 8:31 a.m. with resident 29 revealed she had concerns about bathing frequency and grooming of her nails and hair.</p> <p>Observation of resident 29 during the interview revealed she had unkempt hair that was not brushed, frizzy, and standing up on end, and she had long fingernails with dark colored residue under the tips.</p> <p>Review of task documentation for bathing revealed between 10/18/21 and 11/17/21, the only date she had received a bath was 10/29/21.</p> <p>Review of the treatment administration record for November 2021 revealed nail care was documented as completed by registered nurse (RN) F on 11/8 and 11/15, but the condition of the resident's nails when observed on 11/16 noted above did not appear to be groomed.</p> <p>6. Interview on 11/15/21 at 4:24 p.m. with resident 37 revealed he developed an open sore on his heel that he did not know he had.</p> <p>A nursing assistant discovered it. The staff are supposed to check his skin but, I don't think they are.</p> <p>Review of the weekly skin and wound evaluations revealed two evaluations during the assessment window for the 7/6/21 minimum data set (MDS) assessment noted a wound that should have been coded on the MDS as a pressure ulcer and/or a venous ulcer.</p> <p>(Refer also to F636, finding 3.)</p> <p>Review of treatment administration records revealed a weekly skin audit was to be documented every Tuesday with a plus (+) sign denoting a new skin impairment and a minus (-) for no new impairment.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*In August 2021, every Tuesday had - except on 8/17/21 the field was blank, the skin audit was not done.</p> <p>*In September 2021, every Tuesday's fields were blank.</p> <p>*In October 2021, the timing for the skin audit changed from 11 am to D 6-, and the coding changed to Yes and No instead of + and - signs.</p> <p>-10/5 was marked as NA.</p> <p>-10/12 was marked with a +.</p> <p>-10/19 was marked as NO.</p> <p>-10/26 was left blank.</p> <p>*In November 2021,</p> <p>-11/2 was marked as X.</p> <p>-11/9 and 11/16 were marked a n.</p> <p>(Refer also to F684, finding 2.)</p> <p>Interview with director of nursing services (DNS) B would have inquired about the systems for :</p> <p>*Monitoring missing or inaccurate documentation on the MAR and TAR.</p> <p>*Conducting and documenting skin assessments.</p> <p>*Monitoring the accuracy of insulin administration.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2021
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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>06365</p> <p>Based on interview and record review, the facility failed to assist with discharge planning for one of one interviewed resident (27) who stated his desire to return to his home. Findings include:</p> <p>1. Interview on 11/16/21 at 9:14 a.m. with resident 27 revealed he wanted to return home.</p> <p>Review of the 10/22/21 admission minimum data set (MDS) assessment in the electronic medical record (EMR) for resident 27 revealed he expected to be discharged and wanted to be asked about returning to the community during each assessment.</p> <p>(Refer also to F636, finding 2.)</p> <p>Review of resident 27's care plan focuses and interventions revealed Return to community, initiated on 10/26/21, indicated that topic should be asked only on comprehensive assessments.</p> <p>(Refer also to F656, finding 2.)</p> <p>Interview with director of nursing services (DNS) B would have inquired about the disconnect between the MDS and the care plan.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide activities to meet all resident's needs.</p> <p>43021</p> <p>Based on observation, interview, record review, and policy review, the provider failed to provide an individualized activity program for ten of thirteen residents (5, 12, 13, 14, 17, 18, 19, 22, 24, and 29) that were interviewed. Findings include:</p> <p>1. Observation on 11/16/21 at 8:52 a.m. in resident 17's room revealed the October 2021 activities calendar was still posted on her wall. The November 2021 calendar was not posted.</p> <p>At 9:25 a.m., resident 17 was observed sitting in her wheelchair in the area by the second-floor nursing station. The resident was idle, but she responded to surveyor's greeting.</p> <p>Review of resident 17's medical record revealed:</p> <p>*On her 6/25/21 admission minimum data set (MDS) assessment:</p> <p>-Her Brief Interview for Mental Status was scored at 10, indicating moderate cognitive impairment.</p> <p>-Her interview for activity preferences indicated all areas of activity involvement were of importance to her.</p> <p>-She rated keeping up with the news as very important to her.</p> <p>*Her 6/29/21 admission activity care area assessment (CAA) was completed by social services designee K and indicated that the resident's activities functional status would be addressed in her care plan.</p> <p>*Her 6/28/21 care plan upon admission had no activity care plan.</p> <p>*Her updated care plan, revised on 11/15/21 had no activity care plan.</p> <p>*There were no activities documented.</p> <p>*There were no activity progress notes.</p> <p>2. Interview on 11/16/21 at 1:30 p.m. with a group of residents during the resident council meeting, with local long term care ombudsman U revealed:</p> <p>*They stated there used to be activities on the weekends, but not currently.</p> <p>*The consensus of the group was that the days were too long on the weekends.</p> <p>*They would also like to see more outings, especially during the holidays to see the holiday lights.</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 - Many</p>	<p>*One resident commented that the only difference between this place and prison is that this place does not have bars on the windows. The resident felt like he was imprisoned in this place.</p> <p>Review of the 8/26/21 resident council minutes revealed the discussion on activities with Saturday and Sunday being too long of days with nothing to do. One resident had suggested to leave something out for the residents to do.</p> <p>*There was no follow-up or resolution to the resident council's concern with activities.</p> <p>Interview on 11/18/21 at 10:59 a.m. with activity assistant J revealed the provider currently had no activity director.</p> <p>Interview on 11/18/21 at 2:22 p.m. with SSD K revealed she:</p> <p>*Completed multiple parts of the MDS assessment, including the activity section.</p> <p>*Completed the activity CAAs.</p> <p>*Completed and updated resident care plans for her areas, including the activity care plan.</p> <p>*Did not document a routine progress note for either activities or social services.</p> <p>*Was not aware of any activity assessment, separate from the MDS assessment.</p> <p>*Was not aware of the social service admission assessment until earlier this week.</p> <p>Review of activity assistant J's spiral notebook that she used to keep track of activity programs and attendance revealed:</p> <p>*The first page started 2/15/21 with Bingo at 2 p.m with 15 first names of residents.</p> <p>*The final pages were dated 11/15/21 with state surveyors noted.</p> <p>*There were 136 pages with dates noting the activity and first names of residents attending.</p> <p>*Of the 274 days from 2/15/21 to 11/15/21, group activity programs were performed on 50% of the days.</p> <p>Review of the provider's activity program policy, updated 7/2015 revealed:</p> <p>*Activities include individual, small and large group, one-on-one, and independent activities to meet resident needs, abilities, and interests.</p> <p>*For residents confined to, or who choose to remain in their room, the activity department provides and assists with in-room activities/projects/leisure pursuits in keeping with needs, abilities, and interests.</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 - Many</p>	<p>*Activities are offered at a variety of times to reflect resident's scheduling needs and preferences.</p> <p>*Activities are posted on calendars within the center and in each resident's room.</p> <p>45383</p> <p>3. Review of resident 12's care plan initiated on 5/24/21 revealed it did not identify any activities that she would like to participate in.</p> <p>Observation of resident 12's room revealed the October 2021 activity calendar was hanging on the bathroom door.</p> <p>4. Review of resident 22's care plan initiated on 10/12/18 revealed:</p> <p>*Preference about attending activities are of my choice and interest when I'm invited.</p> <p>-I would like staff to anticipate my needs and address them.</p> <p>*Activities I pursue independently include relaxing in my room, sitting in the living area, watching T.V. and chatting with staff or other resident's.</p> <p>-I would like to have fun at activities.</p> <p>*Activities staff provide monthly/year activity calendars and all staff assist me in planning attendance to activities of my choice of interest.</p> <p>Observation of resident 22's room revealed the October 2021 activity calendar was hanging on the bathroom door.</p> <p>06365</p> <p>5. Interview on 11/16/21 at 8:31 a.m. with resident 29 revealed she had concerns about:</p> <p>*Attending activities because she had a fear about running out of oxygen.</p> <p>*Not feeling well enough to do her independent activities.</p> <p>Observation of resident 29 during the interview revealed she:</p> <p>*Grimaced a few times and held her stomach area as she explained it was bothering her.</p> <p>*Was using an oxygen concentrator.</p> <p>*Had a basket of activity supplies, including coloring pages, next to the recliner in her room.</p> <p>Review of the 10/21/21 admission MDS assessment in the electronic medical record (EMR) for resident 29 revealed she reported it was very important for her:</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 - Many</p>	<p>*To take care of and keep her personal belongings safe.</p> <p>*Do things alone and with groups of people.</p> <p>Review of the CAA worksheets completed with the 10/21/21 admission MDS revealed the activities and psychosocial well-being CAAs did not address:</p> <p>*Activity preferences and pursuits such as solitary activities, inside the home, or self-directed.</p> <p>*Environmental and other issues that hindered activity participation, such as her need for oxygen.</p> <p>*Strengths to build upon such as activities that put the resident at ease, gave a sense of satisfaction, and distinguished the resident before admission.</p> <p>(Refer also to F636, finding 1.)</p> <p>Review of the resident 29's comprehensive care plan focuses and interventions revealed:</p> <p>*Activity involvement of little to no due to anxiety, prefer to stay in room and rest, initiated on 10/28/21, without interventions for:</p> <p>-Support of in-room activities and keeping her activity supplies safe.</p> <p>-Oxygen use while attending activities.</p> <p>(Refer also to F656, finding 1.)</p> <p>Review of the progress notes the week before and on the day of the 10/21/21 MDS and at the time of the care plan on 10/28/21 revealed there were no notes that provided information about the resident's input on the MDS/CAA documentation and her care plan.</p> <p>Interview on 11/18/21 at 12:23 p.m. with MDS coordinator I revealed she had no explanation for the absence of customary routines and preferences in the CAA worksheets and the care plan.</p> <p>Interview with executive director (ED) A would have inquired about:</p> <p>*The status of hiring a full-time activity director.</p> <p>*What efforts were being made to meet the activity needs of all residents.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested ED A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0684</p> <p>Level of Harm - 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** 06365</p> <p>Based on observation, interview, and record review, the provider failed to ensure residents received treatment and care in accordance with professional standards of practice to:</p> <p>*Ensure two of two residents (12 and 183) were free from abuse and neglect. Refer to F600.</p> <p>*Ensure a comprehensive skin care program had been followed to the prevent the development of skin ulcers for three of three residents (28, 37, and 182). Refer to F686 for residents 28 and 182.</p> <p>*Perform cardio-pulmonary resuscitation (CPR) for one of one resident (185) who had an advance directive requesting CPR.</p> <p>*Ensure one of one resident (20) was safe from accident hazards. Refer to F689.</p> <p>*Ensure one of one resident (182) who was receiving dialysis had consistent communication and collaboration of care. Refer to F698.</p> <p>*Ensure staff followed precautions to prevent the potential for spreading COVID 19 and other illnesses to all residents. Refer to F880.</p> <p>*Conduct routine COVID 19 testing for residents and staff to identify the presence of symptoms putting all residents at risk. Refer to F886.</p> <p>Findings include:</p> <p>1. Interview on [DATE] at 4:24 p.m. with resident 37 revealed he:</p> <p>*Developed an open sore on his heel that he did not know he had.</p> <p>*A nursing assistant discovered it.</p> <p>*The staff are supposed to check his skin but, I don't think they are.</p> <p>*Felt the meals provided limited options of food he wanted to eat. He had not had fried chicken or steak in a long time and asked for it to be added to the menu.</p> <p>Review of the [DATE] annual minimum data set (MDS) assessment in the electronic medical record (EMR) for resident 37 revealed he:</p> <p>*Had no difficulties with cognitive function or communication.</p> <p>*Needed supervision of one staff for moving about in bed.</p> <p>*Was coded as not at risk for developing pressure ulcers and had no current pressure, venous, or arterial ulcers.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the weekly skin and wound evaluations revealed two evaluations during the assessment window for the [DATE] MDS noted a wound that should have been coded on the MDS as a pressure ulcer and/or a venous ulcer.</p> <p>(Refer also to F636, finding 3.)</p> <p>Review of the Pressure Ulcer/Injury care area assessment (CAA) worksheet completed on [DATE] revealed:</p> <ul style="list-style-type: none"> *This condition triggered due to assist needed with bed mobility. *Extrinsic risk factors had just pressure and special mattress. *Other factors that were not automatically selected based on the coding of the MDS were not checked. *There was no note to evaluate the effectiveness of supervision with bed mobility to prevent ulcers. <p>(Refer also to F636, finding 3.)</p> <p>Review of the resident 37's current care plan revealed the following focuses and interventions:</p> <ul style="list-style-type: none"> *History of venous stasis ulcers on his legs and feet, revised on [DATE] with an added statement dated [DATE], I have a venous ulcer on my lateral aspect of R [right] foot and an intervention to provide snacks and extra one oz [ounce] protein with meals to help with healing, initiated on [DATE] and revised on [DATE]. -Peripheral Vascular Disease (PVD), initiated on [DATE] and revised on [DATE], with and intervention that did not specify how to monitor/document/report PRN (as needed) any s/sx (signs/symptoms) of skin problems, initiated [DATE] and revised on [DATE]. *Hygiene/ADL's/Skin, initiated on [DATE] with an intervention initiated on [DATE] and revised on [DATE] directing the cleaning and trimming of nails after baths, but does not address monitoring of skin condition. <p>(Refer also to F656, finding 3.)</p> <p>Review of the quarterly MDS dated [DATE] revealed no changes in resident 37's cognitive or physical function, but one venous ulcer was coded as present.</p> <p>Review of weekly skin and wound evaluations revealed the progress of the venous ulcer noted on the care plan:</p> <ul style="list-style-type: none"> *On [DATE], a new venous ulcer identified to the right side of his foot, measuring 7.3 centimeters (cm) by 4.1 cm by 2.3 cm with eschar (dark scab), a light amount of purulent (thick yellow) drainage that was faintly odorous. The physician and dietitian were notified. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*On [DATE], the ulcer measured 8 cm by 2.7 cm by 4.1 cm with 10% (percent) of the wound bed with slough and 90% with eschar, and a moderate amount of purulent drainage.</p> <p>*On [DATE], the ulcer measured 6.4 cm by 2.5 cm by 3.1 cm with 90% slough and 10% granulation (red connective tissue) in the wound bed and a moderate amount of purulent drainage with no odor. *On [DATE], the ulcer measured 6.6 cm, by 2.5 cm by 3 cm, with 50% granulation (red connective tissue) and 50% slough, serosanguineous (watery light red) drainage with no odor.</p> <p>Review of a nursing progress note dated [DATE], related to the quarterly MDS dated [DATE], written by MDS coordinator I revealed:</p> <p>*The resident needed supervision of one person to be reminded and assisted to reposition in bed.</p> <p>*Had a vascular ulcer to his right foot.</p> <p>Review of nutrition/dietary notes written by registered dietitian (RD) EE revealed:</p> <p>*On [DATE], the resident appears to not be motivated to eat or come out to meals, and told RD EE that he does not want to and food is not good.</p> <p>*On [DATE], The wound nurse says the new vascular ulcer to right side of the resident's foot is healable.</p> <p>-The resident takes in ,d+[DATE]% of regular food.</p> <p>-RD EE recommended magic cup at dinner to provide 30 calories and 9 grams of protein.</p> <p>*On [DATE], The resident was noted as no longer coming out of his room for meals and not eating them in his room. Weight loss is continuing.</p> <p>-The resident refused Cal Dense Med Pass last month so it was discontinued.</p> <p>-RD EE talked with resident but would not answer why he has not been coming out (for meals) or why he has been eating less.</p> <p>-The resident agreed with receiving chocolate i.e. cream shake with protein powder to give 600 calories and 18 grams of protein.</p> <p>*On [DATE], RD EE asked resident about the ice cream shake and resident 37 said he has not been getting it. Educated dietary staff about making and providing this every day at 3:00 p.m.</p> <p>Review of treatment administration records revealed a weekly skin audit was to be documented every Tuesday with a plus (+) sign denoting a new skin impairment and a minus (-) for no new impairment.</p> <p>*In [DATE], there were - signs on every Tuesday except [DATE] had a + sign.</p> <p>*In [DATE], there were - on every Tuesday.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*In [DATE], every Tuesday had - except on [DATE] the field was blank, the skin audit was not done.</p> <p>*In [DATE], every Tuesday's fields were blank.</p> <p>*In [DATE], the timing for the skin audit changed from 11 am to D 6-, and the coding changed to Yes and No instead of + and - signs.</p> <p>-,d+[DATE] was marked as NA.</p> <p>-,d+[DATE] was marked with a +.</p> <p>-,d+[DATE] was marked as NO.</p> <p>-,d+[DATE] was left blank.</p> <p>*In [DATE],</p> <p>-,d+[DATE] was marked as X.</p> <p>-,d+[DATE] and ,d+[DATE] were marked a n.</p> <p>42477</p> <p>3. Review of closed EMR and paper record for resident 185 revealed:</p> <p>*He had passed away in the facility.</p> <p>*He had a signed advance directive dated [DATE] that stated he wanted limited treatment but still wanted to receive CPR.</p> <p>*His documentation had not revealed any CPR had been performed.</p> <p>*There was not another advance directive in his paper or electronic record.</p> <p>Interview with the director of nursing services (DNS) B would have inquired about:</p> <p>*The skin care system to monitor for the development of wounds.</p> <p>*The system for auditing the accuracy of assessment and TAR documentation.</p> <p>*The reason CPR was not performed on resident 185.</p> <p>On [DATE] at 9:00 a.m. the survey team had requested executive director (ED) A and DNS B to meet with the team any time after 11:00 a.m. to discuss findings. They had not come to discuss as of [DATE] at 3:00 p. m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>42477</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure two of two sampled residents (28 and 182) with facility acquired pressure ulcers received care, on-going assessments, and interventions to prevent wounds from worsening. Findings include:</p> <p>1. Phone interview on 11/15/21 at 3:40 p.m. with resident 182's representative revealed:</p> <ul style="list-style-type: none"> *Resident 182 had informed her that he had many sores on his bottom. *The facility had never called to let her know that he had sores on his bottom. *He has also lost both of his lower legs due to sores. <p>Review of resident 182's electronic medical record (EMR) revealed:</p> <ul style="list-style-type: none"> *He had been admitted to the facility 12/8/20. *His diagnoses included: <ul style="list-style-type: none"> -Type II Diabetes. -Chronic Kidney disease. -Dependence on Renal Dialysis. -Chronic Lymphocytic Leukemia. *When he was admitted he had half of a right foot, and had been missing two toes on his left foot. -He had a wound vacuum (vac) applied to his right foot. *He had many various ulcers on his feet and legs throughout his stay at the facility. *On of the areas he developed at the facility was a skin tear to his right heel. *He ended up having a right below the knee amputation because of the right heel wound. <p>Review of resident 182's nursing progress notes revealed:</p> <ul style="list-style-type: none"> *He had an open spot to his right heel. -This had been caused when the nurse removed the tape to his wound vac and it caused a skin tear. *On 7/16/21, the physician had been notified: <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-The area around the skin tear has developed a darkened bruise like area.</p> <p>-There was serosanguinous (blood and liquid) drainage and the skin tear had a black scab.</p> <p>-Nursing had asked to treat with anasept to the wound bed, hydrogel gauze, cover with oil emulsion, cover with Opti-foam and change three times per week with the wound vac changes.</p> <p>*On 7/20/21 a wound consultant recommended using calcium alginate silver and negative pressure dressings.</p> <p>*On 7/27/21 the order was changed to Betadine to the wound daily.</p> <p>*7/30/21 through 8/10/21 he was in the hospital for sepsis.</p> <p>*He had new orders on 8/17/21 to change dressing to right heel every day, apply calcium alginate silver and secure with kerlix.</p> <p>*He was out of the facility from 9/14/21 to 9/23/21 due to having a left below knee amputation.</p> <p>*On 9/30/21 he returned from an appointment with his orthopedic doctor with orders to:</p> <p>- .Paint right heel with Betadine twice daily, and cover with gauze.</p> <p>*On 10/19/21 there was a note for him to continue to Betadine treatments.</p> <p>Review of resident 182's wound assessments revealed:</p> <p>*The wound was noted to be an in-house acquired skin tear on 6/19/21.</p> <p>*The first wound assessment was not completed until 7/15/21.</p> <p>*On 7/15/21 the wound was:</p> <p>-12.3 centimeters squared (cm2) by (x) 4.6 centimeters (cm) x 3.7 cm.</p> <p>-Marked as healable.</p> <p>-being treated with generic wound cleanser and a compression wrap.</p> <p>*On 7/15/21 there was not documentation that the provider had been informed.</p> <p>*On 7/22/21 the wound was:</p> <p>-9.6 cm2 x 3.9 cm x 3.4 cm.</p> <p>-treatments and interventions the same as the 7/15/21 assessment.</p> <p>*On 7/29/21 the wound was:</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-11 cm2 x 3.6 cm x 4.2 cm</p> <p>-Marked as healing not achievable.</p> <p>*He was in the hospital until. 8/10/21.</p> <p>*On 8/10/21 the wound was:</p> <p>-26.1 cm2 x 6.9 cm x 5.2 cm.</p> <p>-Being cleaned with Iodine.</p> <p>-Had now been changed from a skin tear to a diabetic ulcer.</p> <p>*His next wound assessment was on 8/24/21 the wound was:</p> <p>-35.2 cm2 x 7.8 cm x 6.5 cm.</p> <p>-Being cleaned with generic wound cleanser and calcium alginate dressing.</p> <p>-Had now been changed from a diabetic ulcer to a venous ulcer.</p> <p>*On 8/31/21 the wound was:</p> <p>-32.7 cm2 x 9.2 cm x 5.7 cm.</p> <p>-Being cleaned with generic wound cleanser</p> <p>*On the 8/31/21 assessment there is a note that mentions:</p> <p>-The resident was being seen by infectious disease for wounds as well as wound care for treatment plan. The current treatment was paint eschar with Betadine and cover with kerlix.</p> <p>*On 9/8/21 the wound was:</p> <p>-24.0 cm2 x 7.7 cm x 4.1 cm.</p> <p>-Being treated with generic wound cleanser and calcium alginate dressing.</p> <p>*The next wound assessment was on 10/1/21:</p> <p>*The wound was now:</p> <p>-61.3 cm2 x 10.1 cm x 7.8 cm.</p> <p>-Marked as improving.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*Many of his wound documentation had not been marked for physician or power of attorney (POA) notification.</p> <p>Review of resident 182's medication administration record (MAR) and treatment administration records (TAR) revealed:</p> <p>*There had been many gaps with treatments related to resident 182's wounds.</p> <p>*In august 2021 he had not received 5 out of 15 dressing changes for his right heel.</p> <p>*He did not receive one out of three weekly skin audits.</p> <p>*In September 2021:</p> <p>-There had been no weekly skin audits documented on the MAR/TAR</p> <p>-There had missing documentation for offloading of heels, wound vac therapy.</p> <p>-Many gaps in applying skin protectant to buttocks.</p> <p>*In October 2021:</p> <p>-He missed three treatments to his right heel.</p> <p>-Painting the area twice daily with Betadine had never been added to the MAR/TAR as the orthopedic doctor ordered.</p> <p>Review of resident 182's dialysis communication forms revealed:</p> <p>*On 10/4/21 the dialysis unit notified the long term care provider that:</p> <p>-Resident 182 had arrived at dialysis with a saturated dressing that was falling off. His heel had been actively bleeding as well.</p> <p>-The dialysis unit secured that dressing with a chux pad and Coban dressing so the nursing home staff could address the wound as ordered.</p> <p>*On 9/29/21 his right heel had been bleeding through his dressing upon arrive to the dialysis unit.</p> <p>*On 6/18/21 his wound vac began beeping low battery and there was not a charge cord sent with the unit so it ended up shutting down.</p> <p>*The dialysis unit noted that he had a central line dressing that had not been changed in month, they had inquired about the status of this as it was not something that they were using.</p> <p>*On 1/1/21 the wound vac began beeping low battery a few hours after he arrive to the dialysis unit, the pump ended up shutting down because of the low battery.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>26632</p> <p>2. Review of resident 28's skin and wound evaluations revealed:</p> <p>*On 11/11/21:</p> <ul style="list-style-type: none"> -He had a blister on his right heel. -It has been listed as present on admission, which was 10/14/21. -It measured 2.1 centimeters (cm) long by 2.2 cm wide. -The dietician and therapist had been notified. -There was no indication the physician had been notified. <p>-Interventions included: compression, cushion, foam mattress, incontinence management, mobility aide, moisture barrier, moisture control, repositioning device, and other.</p> <p>-It did not include any interventions to protect his heel.</p> <p>*On 11/17/21:</p> <ul style="list-style-type: none"> -He continued with a blister to his right heel. -It measured 2.5 cm long by 2.4 cm wide. -It was described as a serum filled blister. -The dressing was intact, cleansing solution was listed as soap and water, and generic wound cleanser. -Primary dressing was listed as other. -New interventions since the 11/11/21 assessment included customized shoe wear. -Progress was listed as deteriorating. -Nursing note: Area is softer to the touch than last week. Area is intact with no redness or drainage noted. <p>Review of resident 28's 10/14/21 admission - readmission nursing evaluation revealed it had not been completed. The only section with documentation was his vital signs. Those had all been from 10/8/21 when he had been transferred to the hospital.</p> <p>Review of resident 28's interdisciplinary (IDT) progress notes revealed on;</p> <p>*10/14/21 at 2:45 p.m. he had returned to the facility.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*10/14/21 at 10:23 p.m. his great left and right toes were red.</p> <p>*10/15/21 at 1:24 p.m. his right heel was blistered and spongy. Skin prep and a gripper sock was applied.</p> <p>*10/18/21 at 11:03 a.m. he had a right heel had an intact blister. Skin prep was applied per treatment order.</p> <p>*10/28/21 at 1:42 p.m. he had a right heel blister.</p> <p>*11/8/21 at 10:27 a.m. applying skin prep to L [left] heel -area dry, dark in color, no drainage, denies pain to touch. The assessment completed at 11:12 p.m. stated he had no open skin areas.</p> <p>*Review of the other IDT progress notes from 10/14/21 through 11/15/21 revealed twenty-nine out of the thirty-three days there had been no documentation regarding his right heel blister.</p> <p>Observation and interview on 11/18/21 at 9:37 a.m. of resident 28's right heal with registered nurse (RN) D revealed a closed deflated blister with dry edges at the top. RN D applied skin prep to the blister. He did not wear any special shoes. He wore diabetic socks instead of the anti-embolism stockings he was to have worn. She was worried when the anti-embolism stockings were put on the blister would be opened.</p> <p>Continued interview on 11/18/21 at 9:37 a.m. with RN D revealed she:</p> <p>*Was the designated skin and wound nurse.</p> <p>*Had been absent from work between 8/15/21 and 11/11/21.</p> <p>*Found out about the blister and did the measurements on 11/11/21.</p> <p>*In her absence director of nursing service (DNS) B was to have covered the completion and documentation of any skin concerns.</p> <p>Review of resident 28's current care plan revealed it had not been updated with his right heel blister and any interventions that were in place.</p> <p>Interview on 11/18/21 at 12:33 p.m. with minimum data set (MDS) coordinator I confirmed his right heel pressure injury had not been added to his care plan.</p> <p>Review of the provider's May 2019 Skin Integrity policy revealed the following:</p> <p>*The center had a systematic approach and monitoring process for evaluating and documenting skin integrity.</p> <p>*Care was to have provided interventions to treat, heal, and prevent, if possible, and prevent the further development of skin ulcers/pressure ulcers/wounds.</p> <p>*Skin evaluations were to have continued on a weekly basis.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*For skin impairment identified when admitted or after admission the following should have been completed including:</p> <ul style="list-style-type: none"> -Skin impairments would have included measurements of size, color, presence of odor, exudates, and presence of pain associated with the skin impairment in Nurse's Notes and on the Weekly Wound Evaluation. -The physician would have been notified and orders for treatment received. -Interventions would have been initiated. -The registered dietitian would have been notified for a nutritional needs evaluation. -The DNS and/or designee would have completed a comprehensive review of the resident's medical record to evaluate if the pressure ulcer was avoidable or unavoidable. <p>*All wounds were to have been evaluated weekly.</p> <p>Interview with director of nursing services B would have inquired about implementation of the above policy.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and DNS B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45383</p> <p>Based on observation, interview, and policy review, the provider failed to ensure a safe and hazard free environment for one of one resident (20) who wandered. Findings include:</p> <p>1. Random observations on 11/15/21 at 9:00 a.m., 11/16/21 at 2:00 p.m., and 11/18/21 at 10:00 a.m. revealed:</p> <p>*The second floor west hallway exit contained hazardous items including trowels, putty knife, caulk gun, paint buckets, sanding pads, and broom heads lying on the floor.</p> <p>*Resident 20, who resided on the same hallway, had elopement and wandering behaviors and wore a Wander Guard bracelet. Refer to F744.</p> <p>Interview on 11/18/21 at 11:30 a.m. with maintenance supervisor L revealed:</p> <p>*Trowels, putty knife, caulk gun, paint buckets, sanding pads, and broom heads were left by the contractor.</p> <p>*The contractor had not been working with that equipment for at least two weeks.</p> <p>*He was unsure when work would resume.</p> <p>*He was not aware that materials needed to be secured from residents.</p> <p>Review of the provider's March 2018 Elopement/Wandering policy revealed:</p> <p>*Policy statement: The Center evaluates residents for wandering and/or exit seeking behavior and implements appropriate interventions.</p> <p>Interview executive director (ED) A and director of nursing services (DNS) B would have inquired if they felt the materials posed as a potential hazard and why the materials were still in the hallway.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>42477</p> <p>Based on interview, record review, and policy review, the provider failed to ensure communication and post dialysis assessments had been completed for one of one sampled residents (182) receiving hemodialysis treatments. Findings include:</p> <p>1. Interview on 11/18/21 at 1:00 p.m. with licensed practical nurse (LPN) E revealed:</p> <ul style="list-style-type: none"> *Resident 182 received hemodialysis at an outpatient dialysis unit three times per week. *They kept a binder of dialysis communication forms in a binder. <p>-The forms were how they communicated about care and issues that may have been going on for resident 182.</p> <ul style="list-style-type: none"> *They were supposed to fill out the form before he went to dialysis and when he returned from dialysis. <p>Review of resident 182's dialysis communication forms from December 2020 through November 2021 revealed:</p> <ul style="list-style-type: none"> *The forms contained areas for the provider to fill out a pre dialysis report. *The forms also had an area for the providers to fill out a post dialysis report. *From December 2020 through November 2020 there was: *Many missing post assessments, including missing access site assessments. *There was an area for documentation of resident's mentation upon return, those had not all been filled out. *There were missing dialysis transfer forms in their entirety. <p>Review of the provider's dialysis contract with the outpatient dialysis clinic revealed:</p> <ul style="list-style-type: none"> *The contract was effective 2/1/19. *The dialysis manager signed the contract 5/13/19. *The representative from the provider signed the contract 5/17/20. <p>*Interchange of Information. The Company shall provide for the interchange of information useful or necessary for the care of the Residents, including a Registered Nurse or other appropriate Company employee as a contact person for the facility.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Collaboration of Care. Both parties shall ensure that there is documented evidence of collaboration of care and communication between the Company and Dialysis Unit. Documentation shall include, but not be limited to, participation in care conferences, continual quality improvements, annual review of infection control of policies and procedures and the signatures of team members from both parties on a Short Term Care Plan (STCP) AND Long Term Care Plan (LTCP). Team members shall include the physician, nurse, social worker and dietitian from the Dialysis Unit and a representative from the Company. The Dialysis Unit shall keep the original the STCP and LTCP in the medical record of the Resident and the Company shall maintain a copy.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m. to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42477</p> <p>Based on interview, record review, and policy review, the provider failed to ensure two of two residents (4 and 22) who exhibited psychosocial needs received services from social services. Findings include:</p> <ol style="list-style-type: none"> Review of offsite selected resident 4's electronic medical record revealed: <ul style="list-style-type: none"> *She had dementia and [NAME] Bonnet Syndrome which resulted in visual hallucinations. *A social services note from 6/17/21 stated: <ul style="list-style-type: none"> -Completed PHQ-9 [depression assessment] on resident for assessment, asked if she had thoughts of being better off dead or hurting herself. She said she's thought about both maybe 4 or 5 days. Asked if she had plans for harming herself, oh no I'd never do anything. During the resident council meeting on 11/16/21 at 1:30 p.m. resident 22 made comments regarding being uncomfortable with a male certified nursing assistant (CNA) and how he touched and took care of her. Interview on 11/18/21 at 2:22 p.m. with social services designee K regarding resident 4 and 22 revealed: <ul style="list-style-type: none"> *She had been in her current role since august 2021. *She had previously worked as a certified nursing assistant and certified medication aide. *The training in social services was trial by fire; there had not been a formal training process. *She had not informed anyone of resident 4's PHQ-9 assessments results because the resident stated she did not have any plans on harming herself. *Resident 22 had some history with a male about [AGE] years ago, that has resulted in some post traumatic stress for resident 22. *Surveyor asked SSD K if they had tried to ensure male CNAs had not worked with resident 22 so she does not relive any traumatic memories and she said no and that she had never thought to do that. On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m. to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45383</p> <p>Based on observation, interview, and record review, the provider failed to provide effective treatment and services for one of one sampled residents (22) behaviors related to dementia and moderate intellectual disability. Findings include:</p> <p>1.Observation and interview on 11/18/21 at 11:00 a.m. with resident 22 revealed:</p> <p>*She was crying and upset.</p> <p>*Worried her sister would be mad at her because she did not tell where she was at.</p> <p>*Staff wheeled her away in her wheelchair without providing any reassurance.</p> <p>Review of resident 22's electronic medical record revealed:</p> <p>*She was admitted on [DATE] with diagnoses of:</p> <ul style="list-style-type: none"> - Unspecific dementia with behavioral disturbance - Moderate intellectual disability - Unspecified psychosis not due to a substance or known physiological condition -Major depressive disorder recurrent - Anxiety disorder -General anxiety disorder. <p>*Resident 22 was receiving counseling services from an outside behavioral health service.</p> <p>*Progress notes from appointment on 6/17/21 revealed unconditional supportive therapy should be used to address tearfulness and confusion resident 22.</p> <p>Review of resident 22 care plan focus and interventions revealed:</p> <p>*Focus initiated on 10/1/18: I tend to be a hypochondriac. I often think I have chest pain.</p> <p>*Intervention nurse will complete evaluation to ensure my vitals are within normal limits and I am not experiencing true chest pain.</p> <p>*Focus initiated on 5/19/21: When I move from on area of the facility to another I often get confused and think I live in another building.</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Intervention: staff will assist resident 22 when she is confused. If needed let resident get into the elevator and push button for floor she thinks she lives on. Sometimes it helps to get out of the other side of the elevator.</p> <p>*Focus initiated on 3/10/21:I will often have delusions that I need to go somewhere or that she has things to do, but doesn't have items she needs.</p> <p>*Intervention: resident 22 will remain calm, talk calmly and inform of days activities, remind her that we will let her know if she has an appointment. Try to redirect to watch TV or attend activities.</p> <p>*Focus initiated on 1/11/19:I cannot recognize a dangerous situation.</p> <p>*Intervention: staff of one will assist resident 22 to recognize dangerous situations and move her to safety.</p> <p>On 11/18/21 at 9:00 a.m., executive director (ED) A was requested to provide copies of social services progress notes related to resident 22. As of 1:46 p.m., no notes had been provided.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested ED A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2021
NAME OF PROVIDER OR SUPPLIER Riverview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 611 East 2nd Ave Flandreau, SD 57028	

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>45383</p> <p>Based on interview and record review, the provider failed to ensure a monthly medication review was completed by a pharmacist on four of eight sampled residents (2, 12, 20, and 22).</p> <p>Findings include:</p> <p>Review of the following resident's monthly pharmacist medication review revealed:</p> <ul style="list-style-type: none"> *Resident 2 had seven out of ten months reviewed. *Resident 12 had six out of ten months reviewed. *Resident 20 had seven out of ten months reviewed. *Resident 22 had seven out of ten months reviewed. <p>On 11/18/21 at 9:00 a.m., executive director (ED) A was requested to provide copies of all monthly pharmacist medication reviews for these four residents. At 1:46 p.m., no missing reviews had been provided.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested ED A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>26632</p> <p>45383</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure one of one resident (12) had not experienced adverse effects from insulin administered at the incorrect time. Findings include:</p> <p>1. Interview on 11/15/21 at 8:25 a.m. with resident 12 revealed:</p> <ul style="list-style-type: none"> *She had been in the facility since May of 2021 for physical and occupational therapy. *She had been an insulin dependent diabetic for years. *She received Novolog 15 unit insulin subcutaneously scheduled for breakfast, lunch, and supper. *She also received sliding scale Novolog 3 times per day with meals depending on blood sugar. *She would start shaking from her blood sugar being low. *Staff did not recheck her blood sugar when she was shaking. *She would eat something to help with her shaking due to her low blood sugar. <p>Interview on 11/15/21 at 1:30 p.m. with resident 12's husband revealed:</p> <ul style="list-style-type: none"> *His wife was having issues with low blood sugars. *Nurses would give her insulin at 8:30 a.m. and then she did not eat until 10:00 a.m. *She had to see her endocrinologist to get an order to administer her Novolog insulin 15 minutes before meals. *She had her blood sugar checked four times per day. *Insulin was scheduled for 9:00 a.m., 12:00 p.m., 5:00 p.m., and 9:00 p.m. <p>Interview on 11/16/21 at 8:20 a.m. with resident 12 regarding her insulin administration and interaction with nurses revealed:</p> <ul style="list-style-type: none"> *She had to argue with nursing staff to get her blood sugar and insulin given at the right time. *She had been experiencing shaking when her insulin was given at 8:30 a.m., 12:30 p.m. and 4:30 p.m. <p>*Mealtimes were:</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-7:00 a.m. continental breakfast (juice and a muffin)</p> <p>-10:00 a.m. breakfast</p> <p>-1:00 p.m. lunch</p> <p>-5:00 p.m. supper</p> <p>-8:00 p.m. evening snack</p> <p>*She spoke with nursing about her shaking and how she should not be given her insulin 1 hour before mealtimes.</p> <p>*She stated staff were rude and upset with her when she refused to let them administer insulin too early.</p> <p>*Staff would make remarks about her snacking and her blood sugar being elevated.</p> <p>Interview on 11/16/21 at 8:27 a.m. with registered nurse (RN) H revealed:</p> <p>*She used the treatment administration record (TAR) scheduled times to check blood sugar and administer sliding scale insulin.</p> <p>*She checked resident's blood sugars then would administer insulin.</p> <p>*She tried to give insulin within half hour of meal.</p> <p>*She would reference the provider's insulin policy for administration of certain types of insulin.</p> <p>Telephone interview on 11/17/21 at 12:25 p.m. with certified nurse practitioner N revealed:</p> <p>*She had seen resident 12 on 10/21/21 regarding her insulin dosage.</p> <p>*She had increased her Novolog insulin and instructed insulin to be administered 15 minutes before meals.</p> <p>*She requested the provider to fax resident 12's blood sugars for the next two weeks after the insulin dose had been increased.</p> <p>*She had not received any information since resident's clinic visit on 10/21/21.</p> <p>Surveyor: 26632</p> <p>Interview on 11/18/21 at 11:43 a.m. with licensed practical nurse E revealed:</p> <p>*Resident 12 did not want her insulin until her food was in front of her.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>*Resident 12 had gone to her physician and received an order not to administer her insulin sooner than fifteen minutes before eating.</p> <p>*Resident 12 received Novolog insulin.</p> <p>*She was not aware of the peak times for different types of insulin.</p> <p>*She stated I need to know that?</p> <p>Surveyor: 45383</p> <p>Review of resident 12's medication administration record for insulin administration times revealed:</p> <p>*In October 2021, the insulin was administered at the incorrect time 89 out of 164 administration times.</p> <p>*On 11/1/21-11/18/21, the insulin was administered at the incorrect time 46 out of 89 administration times.</p> <p>Review of the provider's September 2014 insulin administration policy revealed rapid acting insulin onset 10-15 minutes of administration, peak half hour to three hours and duration is three to six hours.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services B to meet with the team anytime after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m. when ED A came and requested the team to leave the building without finishing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>26632</p> <p>Based on observation and interview, the provider failed to ensure one of one medication refrigerator in the main level medication room did not have food and medications stored together. Findings include:</p> <p>1. Observation and interview on 11/18/21 at 2:05 p.m. with registered nurse (RN) D of the main floor medication room revealed:</p> <p>*Both medications that included insulin pens, nebulizer medications, pre-filled influenza immunizations stored with food items of applesauce, pop, and juice.</p> <p>*RN D confirmed the above finding.</p> <p>*RN D stated the medications should not have been stored in that refrigerator. They medication refrigerator was located in the second floor medication room.</p> <p>*RN D did not know who had brought those refrigerated medications and placed them in this refrigerator.</p> <p>*RN D stated she had told them not to store them together.</p> <p>A policy was requested from executive director A for medication storage on 11/18/21. ED A stated they did not have a policy.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested ED A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>06365</p> <p>Based on interview, the provider failed to designate a qualified person to serve as food and nutrition services supervisor. Findings include:</p> <p>1. Interview on 11/15/21 at 8:00 a.m. with food and nutrition services (FANS) cook FF revealed there was no one designated as the supervisor and that position was vacant.</p> <p>Interview on 11/16/21 at 10:25 am. with divisional director of clinical operations (DDCO) C revealed registered dietitian (RD) EE was providing increased oversight during the vacancy.</p> <p>Review of the nutrition/dietary notes in resident 37's record revealed documentation by RD EE every two weeks.</p> <p>Interview with executive director (ED) A regarding this vacancy did not occur during the survey.</p> <p>On 11/18/21 at 9:00 a.m., the survey team had requested ED A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>06365</p> <p>43021</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and policy review, the facility failed to ensure food served to the residents was palatable and at a safe and appetizing temperature. Findings include:</p> <p>1. Observation on 11/15/21 during the breakfast meal service revealed:</p> <p>*At 9:50 a.m., food and nutrition assistant (FANS) aide CC, was taking beverage glasses filled with various juices and milk off a wheeled cart and placing them on the dining room tables. This was before most of the residents had been seated at the tables.</p> <p>*At 10:02 a.m., requested FANS aide CC pour a glass of chocolate milk for temperature testing at the end of the meal service.</p> <p>*At 10:06 a.m., FANS cook FF, started setting up plates of food for delivery to residents. He poured milk on the bowls of cereal before handing the plates off to FANS aide CC. She placed an insulated plastic dome on the top of each plate and then put the plates on a wheeled delivery cart.</p> <p>*At 10:08 a.m., FANS aide GG was placing plastic lids on numerous filled beverage glasses that were setting on two shelves of a wheeled cart. Activity assistant (AA) J moved the covered filled beverage glasses from the cart to the delivery cart next to each plate that was to be delivered.</p> <p>*At 10:18 a.m., one delivery cart with covered plates and beverages left the dining room for resident rooms. FANS aide CC and AA J began filling another delivery cart.</p> <p>*At 10:24 a.m., AA J and registered nurse (RN) D commented that the cart was really stacked. The cart had 3 shelves with 4 plates and beverage glasses crowded together on each shelf.</p> <p>*At 10:28 a.m., AA J and FANS aide CC left the dining room with the cart to deliver the meals to the resident rooms on the main floor.</p> <p>*At 10:29 a.m., a glass of chocolate milk that had been setting on the beverage cart tested at 52 degrees by FANS cook FF, using the provider's digital thermometer. He said, It's been out awhile.</p> <p>Interview on 11/15/21 9:50 a.m. with resident 27 revealed the food is terrible. After the breakfast meal on 11/15/21 at 10:45 a.m., the resident reported his rice krispies were soggy. He ate his breakfast in his room.</p> <p>Interview on 11/16/21 at 8:26 a.m. revealed FANS aide CC starts setting up for breakfast at 9:35 a.m, first setting out silverware and cover ups, then ice water, then filled beverage glasses.</p> <p>Observation on 11/18/21 at 10:03 a.m. revealed FANS cook FF poured milk onto cereal in bowls before the plates were delivered to the residents at dining room tables.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the provider's policy for serving food, published July 2008, revealed no procedures regarding the timing for filling beverage glasses before meals or how to keep beverages and cereal palatable and with an acceptable temperature.</p> <p>Interview with executive director (ED) A regarding these observations did not occur during the survey.</p> <p>On 11/18/21 at 9:00 a.m., the survey team had requested ED A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>06365</p> <p>Based on observation, interview, menu review, and policy review, the provider failed to ensure:</p> <p>*A substantial evening snack was provided between supper/dinner and breakfast.</p> <p>*Obtain resident group agreement for a lapse of over 16 hours.</p> <p>Findings include:</p> <p>1. On 11/15/21 at 8:20 a.m. a schedule of mealtimes was requested from executive director (ED) A during the survey entrance conference.</p> <p>Review of the mealtimes schedule ED A provided listed mealtimes as:</p> <p>*Early breakfast at 7:00 a.m.</p> <p>*Breakfast at 10:15 a.m.</p> <p>*Lunch at 1:00 p.m.</p> <p>*Dinner at 5:30 p.m.</p> <p>*Late snack at 8:00 p.m.</p> <p>Observation of the mealtimes schedule posted in a frame on the dining room wall listed a variation from the list executive director A provided:</p> <p>*7:00 a.m. in-room early breakfast.</p> <p>*9:45 a.m. main breakfast.</p> <p>*1:00 p.m. lunch.</p> <p>*5:00 p.m. supper</p> <p>*8:00 p.m. in-room late supper.</p> <p>Both of the mealtime schedules have a lapse of 16.5 hours between breakfast and supper/dinner.</p> <p>Review of the provider's 2021-2022 menu revealed:</p> <p>*The in-room early breakfast, called the 5 a day meal breakfast, included fruit juice, banana, vanilla yogurt, muffin with butter and jelly, coffee and tea, and milk.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>*The in-room late snack/supper was not included on the menu.</p> <p>Observation on 11/16/21 at 7:30 a.m. revealed food and nutrition services (FANS) aide CC pushing a wheeled cart with in-room early breakfast items down the resident hallways on the main floor.</p> <p>Interview on 11/16/21 at 08:29 a.m. with FANS aide CC confirmed early breakfast included muffin and juice, coffee is provided, and sometimes a banana.</p> <p>Group interview on 11/16/21 at 1:30 p.m. with a group of residents and local long-term care (LTC) ombudsman U revealed the group felt the main breakfast at 10:00 a.m. was too late.</p> <p>Interviews on 11/18/21 at the following time regarding the 8:00 p.m. in-room late supper revealed:</p> <p>*At 9:42 a.m. FANS cook FF said there was no written menu or list of food items for the late snack. The certified nursing assistants prepare and serve ice cream or sandwiches that are prepared from food usually leftover from lunch out of the upstairs kitchen.</p> <p>*At 9:51 a.m. FANS cook Q stated, It's a snack, not supper and only included a sandwich or ice cream.</p> <p>Review of the provider's July 2008 Scheduled Meal Hours for Five Meal a Day Plan policy revealed:*The mealtimes are established by our facility for residents.</p> <p>A schedule of mealtimes is posted in resident areas.</p> <p>Review of the provider's January 2019 admission agreement revealed at least three meals a day would be available with snacks between meals and at bedtime.</p> <p>43021</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45383</p> <p>06365</p> <p>Based on observation and interview, the provider failed to ensure food was served to residents by two of two food service staff (GG and W) without cross-contamination of harmful substances or microorganisms during two of two meals observed. Findings include:</p> <p>1. Observation on 11/15/21 during the breakfast meal service revealed food and nursing services (FANS) cook W touched contaminated surfaces and then continued serving food without washing his hands:</p> <p>*He touched the side of his face.</p> <p>*He leaned down with his arms in his sweatshirt sleeves onto the serving countertop. When he stood upright, he shifted his pants and sweatshirt.</p> <p>*He placed his hands in his pockets.</p> <p>*He wiped off the griddle with a rag and then rinsed the rag in the sink.</p> <p>Observation on 11/15/21 at 10:11 a.m. revealed FANS aide GG touched the inside of plastic lids with his bare hands before putting the lids on beverage glasses filled with various juices and milk.</p> <p>Observation on 11/18/21 at 10:20 a.m. revealed FANS cook W touched his face mask and then picked up utensils wrapped in paper napkins and placed them on the delivery cart for room trays.</p> <p>Interview on 11/15/21 at 7:45 a.m. with FANS cook FF revealed the facility currently does not have a certified dietary manager.</p> <p>Interview on 11/15/21 at 8:30 a.m. with executive director A confirmed the dietary manager position was vacant.</p> <p>Interview on 11/18/21 at 1:00 p.m. with FANS cook FF revealed and FANS cook Q have current SERV Safe certificates.</p> <p>Interview with executive director (ED) A regarding these observations did not occur during the survey.</p> <p>On 11/18/21 at 9:00 a.m., the survey team had requested ED A and director of nursing services (DNS) B to meet with the team any time after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m., when ED A came and requested the team to leave the building without completing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>26632</p> <p>Based on observation, interview, record review, and policy review, the provider failed to ensure the facility was operated and administered in a manner that ensured the safety and overall well-being of all thirty-six residents in the facility. Findings include:</p> <p>1. Observations, interviews, record reviews, and policy reviews from 11/9/21 at 9:00 a.m. through 3:00 p.m., 11/11/21 at 9:30 a.m. through 10:00 am., 11/15/21 at 7:15 a.m. through 5:30 p.m., 11/16/21 from 7:30 a.m. through 6:00 p.m., and 11/18/21 from 8:00 a.m. through 3:45 p.m. revealed executive director (ED) A had not ensured safe management and overall well-being of all the residents who lived in the facility.</p> <p>ED A's and director of nursing services (DNS) B's job descriptions had been requested on 11/17/21 from ED A, and again on 11/18/21 at 9:00 a.m. The job descriptions had not been received by 11/22/21 at 12:05 p.m. when ED A stated all the policies that had been requested had already been provided or there was no policy.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested executive director (ED) A and director of nursing services B to meet with the team anytime after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m. when ED A came and requested the team to leave the building without finishing all survey tasks and interviews or conducting an in person exit interview.</p> <p>Refer to F550, F553, F561, F565, F572, F578, F580, F585, F600, F625, F636, F656, F658, F660, F679, F684, F686, F689, F698, F740, F744, F756, F760, F761, F801, F804, F809, F812, F880, F885, and F886.</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>26632</p> <p>Based on observations, interviews, record reviews, and policy reviews, the governing body failed to ensure the facility was operated in a manner that ensured the safe management and overall well-being for all thirty-six residents in the facility. Findings include:</p> <p>1. During the survey on 11/9/21 at 9:00 a.m. through 3:00 p.m., 11/11/21 at 9:30 a.m. through 10:00 am., 11/15/21 at 7:15 a.m. through 5:30 p.m., 11/16/21 from 7:30 a.m. through 6:00 p.m. and 11/18/21 from 8:00 a.m. through 3:45 p.m., the provider had not operated in a manner to ensure residents received quality care. Executive director (ED) A had not been assisted with his duties to ensure he was able to effectively provide guidance to staff to be able to provide quality care.</p> <p>Refer to F550, F553, F561, F565, F572, F578, F580, F585, F600, F625, F636, F656, F658, F660, F679, F684, F686, F689, F698, F740, F744, F756, F760, F761, F801, F804, F809, F812, F835, F880, F885, and F886.</p>

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42477</p> <p>A. Based on observation, interview, policy review, and reference source review, the provider failed to implement proper infection control practices for the coronavirus (COVID-19) pandemic with the potential for exposing residents and staff to serious harm including death, by failing to ensure:</p> <ul style="list-style-type: none"> *Infection control practices were followed to prevent exposure and potential spread of COVID-19. *All staff had been properly fitted for N95 masks to prevent the potential for COVID-19 exposure. *All staff had been medically cleared to wear N95 masks. *The health and safety of all staff and residents. <p>These failures had the potential to expose all residents, staff, and visiting essential personnel to COVID-19, a viral infection that could lead to serious harm or death.</p> <p>NOTICE:</p> <p>On 11/9/21 at 2:40 p.m. an Immediate Jeopardy was identified when the facility failed to ensure:</p> <ul style="list-style-type: none"> *Staff were wearing personal protective equipment (PPE) properly during a COVID-19 facility outbreak while providing direct care to residents. *Staff had been fit-tested for N95 makes during a COVID-19 facility outbreak. *Failed to ensure one of one housekeeping staff had been aware of the proper disinfection process and chemical contact time while in COVID-19 outbreak status. *One of one housekeeping staff members cleaned resident rooms using practices to mitigate infection spread. *Quarantine residents who may have had contact with a resident who had tested positive for COVID-19. <p>At the above time the executive director (ED) A and director of nursing services (DNS) B were asked for an immediate plan of correction (POC) to ensure all staff working in the facility received education and monitoring for nationally recognized infection control procedures.</p> <p>PLAN:</p> <p>On 11/10/21 at 1:40 p.m. the divisional director of clinical operations (DDCO) C, ED A, and DNS B, provided the surveyor with an email that included the final written removal plan. The written removal plan was approved by the long-term care advisor for the department of health on 11/10/21 at 1:50 p.m.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The facility provided the following acceptable removal plan on 11/10/21:</p> <ol style="list-style-type: none"> 1. Staff directly observed will be reeducated on proper mask wearing. Handwashing and glove use education will be provided to all staff. All staff will be re-educated on wearing face-shields during shifts. All staff will be re-educated on cleaning of equipment between resident use. This education completed on 11/9/21 by 11:59 p.m. All staff not educated will be educated prior to their next working shift. 2. All housekeeping staff will be educated on the disinfecting process and chemical contact time by 7:30 AM on 11/10/21. All housekeeping staff not in attendance will be educated prior to their next working shift. 3. Any residents or staff who test positive will be evaluated for close contacts who would need to be quarantined. Any close contacts for the positive resident were evaluated on 11/4/21 prior to 10 AM and no close contacts were identified. 4. All staff required to wear N95 masks will be fit-tested and medically cleared to wear N95 masks. This will be completed by 3 PM on 11/10/21. All those requiring fit-testing not in attendance will be fit-tested prior to their next working shift. 5. All nursing staff re-educated and competency done for proper PPE don/doffing by 11/9/21 at 11:59 PM. All nursing staff not in attendance will be educated prior to their next working shift. <p>The immediate jeopardy had been removed on 11/11/21 at 9:40 a.m. after verification that the provider had implemented their removal plan. After removal of the Immediate Jeopardy, the scope/severity of this citation is level F.</p> <p>1. Observation and interview on 11/9/21 at 9:00 a.m. revealed:</p> <ul style="list-style-type: none"> *Surveyors entered through the facility's main entrance: *There had been an unidentified staff member walking in the building without a face shield on. *Housekeeping staff member S identified the staff member as dietary staff Q. <p>Entrance conference on 11/9/21 at 9:30 a.m. with ED A and DNS B revealed they:</p> <ul style="list-style-type: none"> *Were currently in COVID-19 outbreak status. *Resident 184 had tested positive for COVID-19 after being transferred to the hospital. *They had expected staff to wear N95 masks and face shields while in outbreak. <p>2. Interview on 11/9/21 at 9:40 a.m. with DNS B revealed:</p> <ul style="list-style-type: none"> *They were currently testing all residents in the facility because they had been unable to identify close contacts to resident 184. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>*They were testing residents and staff on Mondays and Thursdays.</p> <p>*No residents were being quarantined.</p> <p>3. Observation on 11/9/21 at 9:45 a.m. of the facility's west second floor hallway revealed:</p> <p>*Licensed practical nurse (LPN) T had been coming out of resident 3's room.</p> <p>-Her N95 was down underneath her nose.</p> <p>*She had then walked into resident 182's room and the shared room of resident 21 and 14.</p> <p>-Her N95 mask was still down underneath her nose.</p> <p>*She had performed hand hygiene when she arrived back at her medication cart, but not in between resident 3, 182, and 21 and 14's room.</p> <p>4. Observation on 11/9/21 at 9:47 a.m. revealed certified nursing assistant (CNA) R wearing an N95 mask that had visible gaps around her nose and sides of her mouth.</p> <p>5. Observation on 11/9/21 at 9:48 a.m. of CNA O revealed she:</p> <p>*Came out of resident 3's room with her N95 underneath her chin, pushing a stand lift.</p> <p>-Did not disinfect the lift or sanitize her hands.</p> <p>*Then went into resident 182's room with soiled hands and her N95 mask underneath her chin.</p> <p>*Went from resident 182's room to resident 18 and 6's shared room.</p> <p>-Had not sanitized her hands and her N95 mask was underneath her chin.</p> <p>6. Observation and interview on 11/9/21 at 9:50 a.m. of housekeeping staff V cleaning resident 182's room revealed she:</p> <p>*Had sprayed Virex on all surfaces in the bathroom.</p> <p>*Believed the contact time for the disinfectant was five minutes.</p> <p>*Wiped the surfaces off with her blue rag.</p> <p>*Stated the blue rag she used in the bathroom, the red rag was used in the bedroom.</p> <p>*Finished cleaning the bathroom and with the same soiled gloves she had been wearing to clean the bathroom.</p> <p>*Began moving resident 182's breakfast juices, tv remote and other personal items.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>*Had a red rag in one hand and a blue rag in the other hand.</p> <p>-Touched his drinking glasses and remotes with the soiled gloves and blue rag.</p> <p>*Had the same process when cleaning COVID-19 rooms, although sometimes they will use bleach.</p> <p>Interview on 11/9/21 at 10:03 a.m. with CNA O revealed:</p> <p>*Surveyor mentioned that she noticed her N95 was under her chin while caring for residents.</p> <p>*She stated, that's because I can't breathe with it on.</p> <p>*Surveyor asked if she had been fit-tested for the N95 mask that she had been wearing, she thought she had.</p> <p>7. Observation on 11/9/21 at 10:05 a.m. of registered nurse (RN) F revealed she had not been wearing a face shield.</p> <p>Interview on 11/9/21 at 10:30 a.m. with ED A and DNS B revealed:</p> <p>*They were not short on PPE supplies or testing supplies.</p> <p>*DNS B stated they were not sure where resident 184 had contracted COVID-19.</p> <p>*Surveyors shared their infection control concerns and lack of hand hygiene being performed by staff members.</p> <p>Further interview on 11/9/21 at 12:45 p.m. with DNS B revealed:</p> <p>*They have a COVID-19 outbreak strategy action plan.</p> <p>*They had not filled it out for the COVID-19 outbreak that began on 11/4/21.</p> <p>Review of the provider's November 2020 COVID-19 Outbreak Strategy Action Plan form revealed:</p> <p>*The Immediate actions that were to be put into place included:</p> <p>-Transmission-based precautions implemented with door closed and appropriate signage.</p> <p>-The shared bathroom would be closed and residents were to use separate bedside commodes.</p> <p>-All recent transfers or discharges are notified of COVID-19 Center outbreak.</p> <p>-The Center-wide testing strategy has been implemented. (All staff and residents must be tested immediately upon receiving the first positive result, testing all the negative staff and residents should occur at a minimum of every 7 days thereafter until 14 days have passed with no new positive cases identified.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-Consistent staff should be assigned to infected/symptomatic residents.</p> <p>-Line listing would be initiated and updated.</p> <p>-Infection Preventionist maintains mapping and trending of unit/room outbreak.</p> <p>-Patient cases placed on alert/change of condition charting each shift and infection control care plan in place.</p> <p>-Increased active monitoring/screening to every 2 hours implemented for positive symptomatic resident and roommate.</p> <p>-Increased active monitoring/screening for all residents to every 4 hours during active outbreak.</p> <p>-The PPE capacity strategy has been reviewed.</p> <p>-Restrict communal activities.</p> <p>-Suspend activities on affected unit.</p> <p>-Restrict communal dining.</p> <p>-Restrict visitation per state and health department guidelines. (Except in cases of compassionate care/end of life visits.) Encourage virtual visitation.</p> <p>-The Center has reviewed and is in compliance with the Covid-19 Focused Survey for Nursing Homes.</p> <p>*There were three other pages of the outbreak plan that went through the steps that should be implemented or looked at when an outbreak in the facility occurs.</p> <p>Interview on 11/9/21 at 1:00 p.m. with RN G revealed she:</p> <p>*Had not tested resident 184 for COVID-19.</p> <p>*Agreed that the symptoms he had been experiencing were known COVID-19 symptoms.</p> <p>*Stated that licensed nurses are supposed to complete the testing.</p> <p>-Acknowledged that does not always happen.</p> <p>*Resident 184 had been known to wander the facility. Refer to F880, finding 2.</p> <p>Review of the provider's fit-testing records revealed:</p> <p>*Staff were last fit-tested in May of 2020.</p> <p>*The N95 masks they had been fit-tested for were not the masks they were currently wearing.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>*None of the staff fit-tested had been medically cleared to wear an N95 respirator.</p> <p>*ED A and DNS B did not have a timeline for when they would have fit-testing completed.</p> <p>Review of the provider's May 2015 Infection Control Policies and Practices policy revealed:</p> <p>*The objectives of our infection control policies and practices are to:</p> <ul style="list-style-type: none"> -a. Prevent, detect, investigate, and control infections in the Center; -b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public. -c. Establish guidelines for implementing Isolation Precautions, including Standard and Transmission-Based Precautions; -d. Establish guidelines for the availability and accessibility of supplies and equipment necessary for Standard Precautions. -e. Maintain records of incidents and corrective actions related to infections; and -f. Provide guidelines for the safe cleaning and reprocessing of reusable resident-care equipment. <p>*5. The Executive Director (ED) or Governing Board, through the QAPI and the Infection Control Committees, have adopted our infection control policies and practices, as outlined herein, to reflect the Center's needs and operational requirements for preventing transmission of infections and communicable diseases as set forth in current OBRA [omnibus budget reconciliation act], OSHA [Occupational Safety and Health Administration], and CDC [centers for disease control and prevention] guidelines and recommendations.</p> <p>Review of the provider's March 2018 Handwashing/Hand Hygiene policy revealed:</p> <p>*Personnel follow the handwashing/hand hygiene procedures to help prevent the spread of infections to the other personnel, residents, and visitors.</p> <p>*Hand sanitizer should be used:</p> <ul style="list-style-type: none"> -Before and after coming on duty. -Before and after direct contact with residents; -Before preparing or handling medications; -Before performing any non-surgical invasive procedures; -Before donning [putting on] sterile gloves. -Before handling clean or soiled dressings, gauze pads, etc. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-Before moving from a contaminated body site to a clean body site during resident care.</p> <p>-After contact with a resident's intact skin.</p> <p>-After contact with blood or bodily fluids.</p> <p>-After handling used dressings, contaminated equipment, etc.</p> <p>-After contact with objects (e.g. [for example] medical equipment) in the immediate vicinity of the resident; and</p> <p>-After removing gloves.</p> <p>-Before and after entering isolation precaution settings;</p> <p>-Before and after eating or handling food;</p> <p>-Before and after assisting a resident with meals; and</p> <p>-After personal use of the toilet or conducting your personal hygiene.</p> <p>Review of the provider's May 2015 Standard Precautions policy revealed:</p> <p>*Standard precautions are used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. Standard Precautions presume that all blood, body fluids, secretions, and excretions (except sweat), not-intact skin and mucous membranes may contain transmissible infectious agents.</p> <p>*3. Masks, Eye Protection, Face Shields</p> <p>-a. Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.</p> <p>Review of <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html> September 2021, CDC Strategies for Optimizing the Supply of N95 Respirators, accessed 11/9/21 revealed:</p> <p>*N95 respirators are the PPE most often used to control exposures to infectious pathogens transmitted via the airborne route, though their effectiveness is highly dependent upon proper fit and use. N95 respirators are intended to be used once and then properly disposed of and replaced with a new N95 respirator. The optimal way to prevent airborne transmission is to use a combination of interventions from across the hierarchy of controls, not just PPE alone. Applying a combination of controls can provide an additional degree of protection, even if one intervention fails or is not available.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>*While engineering and administrative controls should be considered first when selecting controls, the use of personal protective equipment (PPE) should also be part of a suite of strategies used to protect personnel. Proper use of respiratory protection by HCP requires a comprehensive program (including medical clearance, training, and fit testing) that complies with OSHA's Respiratory Protection and a high level of HCP involvement and commitment. The program should also include provisions for the cleaning, disinfecting, inspection, repair, and storage of respirators used by HCP on the job according to manufacturer's instructions. Proper storage conditions can maximize shelf life of respirators. The following strategies in this section are traditionally used by some healthcare systems. If not already implemented, these strategies can be considered by healthcare settings in the face of a potential N95 respirator shortage before implementing the contingency strategies that are listed further below.</p> <p>Review of <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>, updated September 2021, Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, accessed 11/9/21 revealed:</p> <p>*Older adults living in congregate settings are at high risk of being affected by respiratory and other pathogens, such as SARS-CoV-2.</p> <p>*A strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).</p> <p>*Even as nursing homes resume normal practices, they must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death.</p> <p>*Testing: Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible.</p> <p>*Asymptomatic HCP [health care personnel] with a higher-risk exposure and residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5-7 days after the exposure. Criteria for use of post-exposure prophylaxis are described elsewhere.</p> <p>*Evaluate residents at least daily.</p> <p>*Ask residents to report if they feel feverish or have symptoms consistent with COVID-19 or an acute respiratory infection.</p> <p>*Actively monitor all residents upon admission and at least daily for fever (temperature =100.0 F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement precautions described in Section: Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>*Older adults with SARS-CoV-2 infection may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0 F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for SARS-CoV-2 infection.</p> <p>*Because some of the symptoms are similar, it may be difficult to tell the difference between influenza, COVID-19, and other acute respiratory infections, based on symptoms alone. Consider testing for pathogens other than SARS-CoV-2 and initiating appropriate infection prevention precautions for symptomatic older adults.</p> <p>*A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by CDC/NIOSH, including those intended for use in healthcare.</p> <p>26632</p> <p>B. Based on observation, interview, and policy review, the provider failed to ensure two of two observed RN (F and H) maintained infection control practices during two of two resident dressing changes (1 and 183). Findings include:</p> <p>1. Observation on 11/15/21 from 9:40 a.m. through 9:56 a.m. of RN F during a dressing change for resident 1 revealed she:</p> <p>*Removed the dressing supplies out of the treatment cart that included: a large amount of gauze 4 X 4's, Maxorb II (alginate dressing), Optifoam Gentle, chux as a barrier, and a small red zippered case with resident 1's name on it.</p> <p>*Placed the other dressings on the overbed table.</p> <p>*Had not sanitized the overbed table or placed a barrier down. The dressings were next to two urinals, one contained urine.</p> <p>*Washed her hands for approximately 10 seconds and put on gloves.</p> <p>*Spread the barrier out on the bed.</p> <p>*Placed the wound cleanser and Aquaphor moisturizing cream on the left top corner of the barrier. *Placed the two packages of dressings and gauze 4 X 4's to the right upper side of the barrier. She moved the wound cleaner to the right upper side of the barrier.</p> <p>*Opened the packages that contained the dressings.</p> <p>*Took her pen out of her pocket and put the date on the dressing and put the pen back in her pocket.</p> <p>*Had resident 1 place his feet with shoes on top of the barrier in the middle.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>*Removed her gloves, moved the garbage can, and then washed her hands for approximately ten seconds.</p> <p>*Answered her walkie talkie that was in the same pocket as her pen.</p> <p>*Removed her gloves and without any hand hygiene she put on a new pair of gloves.</p> <p>*Removed the soiled dressing from the top of his left foot.</p> <p>*Applied skin barrier around the open wound on top of his left foot.</p> <p>*Removed scissors from the red zippered bag, cut a very small piece of the alginate with scissors that were in the red zippered bag. (Had wiped the scissors with wet gauze)</p> <p>*Removed Aquaphor cream from the container several times with her same gloved hands and applied it to his feet and legs.</p> <p>*Put his socks and shoes on him.</p> <p>*Returned the red zippered bag to the treatment cart.</p> <p>*She had not sanitized the scissors after she had used them.</p> <p>Interview on 11/15/21 at 10:00 a.m. with RN F revealed:</p> <p>*That was how she always completed his dressing change.</p> <p>*Did not feel resident 1's shoes and socks had contaminated anything, as the supplies were in the corners.</p> <p>*Agreed she had missed some hand hygiene opportunities.</p> <p>45383</p> <p>2. Observation on 11/16/21 at 11:20 a.m. of RN H during the wound dressing changes for resident 183 revealed she:</p> <p>*Washed her hands.</p> <p>*Put on clean gloves and laid clean 4x4's on the resident's bed without providing a clean barrier.</p> <p>*Removed dressing from resident's sacral area.</p> <p>*Removed her gloves and washed her hands.</p> <p>*Put on clean gloves and used wound cleanser and 4x4's from resident's bed to cleanse wound.</p> <p>*Removed gloves and washed her hands.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>*Put on clean gloves and dipped 4x4's from resident's bed in to Vashe wash and packed wound with soaked 4x4's.</p> <p>*She removed her gloves and washed her hands.</p> <p>*Put on clean gloves and removed ace wrap and dressing from resident's left heel.</p> <p>*Left resident's room with gloves on.</p> <p>*Had not removed her gloves and performed hand hygiene.</p> <p>*She returned and cleansed wound to left heel with wound cleanser.</p> <p>*Removed gloves and washed her hands.</p> <p>*Put on clean gloves and applied betadine soaked 4x4's to left heel and covered with more 4x4's.</p> <p>*She rewrapped dressing with the dirty ace wrap.</p> <p>Review of the provider's July 2014 Licensed Nurse Competency Dressing, Technique Aseptic revealed:</p> <p>*Provide a clean surface, such as a paper towel, to place treatment supplies in room and a plastic bag for disposal.</p> <p>*Remove soiled dressings and dispose in plastic bag with gloves.</p> <p>*Wash hands if visibly soiled or use gel hand sanitizer if not.</p> <p>*Open dressing supplies, leave in sterile packages, and place on aseptic field.</p> <p>*Apply new gloves.</p> <p>*Perform treatment as ordered.</p> <p>*Date and initial dressing according to Center procedure.</p> <p>*Remove gloves and wash hands if visibly soiled or use gel hand sanitizer.</p> <p>Interview with DNS B would have given an opportunity to review the observations and verify if the dressing changes had been completed in a clean manor to prevent a break in infection control.</p> <p>On 11/18/21 at 9:00 a.m. the survey team had requested ED A and DNS B to meet with the team anytime after 11:00 a.m., to discuss findings. They had not come to discuss as of 11/18/21 at 3:00 p.m. when ED A came and requested the team to leave the building without finishing all survey tasks and interviews or conducting an in person exit interview.</p>		

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<p>F 0885</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Report COVID19 data to residents and families.</p> <p>42477</p> <p>Based on record review and policy review, the provider failed to notify 10 out of 37 residents (6, 8, 10, 11, 15, 22, 24, 27, 31, and 36), their representatives, or their families when the facility was in a COVID-19 outbreak. Findings include:</p> <p>1. Interview on 11/9/21 at 9:30 a.m. with the director of nursing services (DNS) B regarding COVID-19 notifications revealed they documented the notifications to residents, their representatives, and/or families in each resident's electronic medical record (EMR).</p> <p>Review of resident 6, 8, 10, 11, 15, 22, 24, 27, 31, and 36's EMR revealed no documentation of notification COVID-19 outbreak status in the facility.</p> <p>Review of the provider's May 2021 Limiting the Spread of COVID-19 in Skilled Nursing Facilities policy revealed: *Centers must inform residents and their representatives by 5 pm the next calendar day with the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours. Also, updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours.</p> <p>Review of the provider's June 2021 COVID-19 Notification Guidelines For Nursing Homes policy revealed:</p> <p>*Notify Residents, Representatives, and Families:</p> <p>-a. For every confirmed case of a resident or staff member AND/OR if a group of three or more residents or staff have new onset of respiratory symptoms within a 72-hour period (referred to as a cluster) the following must occur:</p> <p>-i. Notify residents, representatives, and families by 5 p.m. the next calendar day after the occurrence.</p> <p>-ii. If you do not have any new confirmed cases or new clusters of 3 or more residents/staff with new onset respiratory symptoms within a given week, you must provide a weekly update.</p> <p>-iii. Each update must include mitigation actions you are taking.</p>		

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<p>F 0886</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Perform COVID19 testing on residents and staff.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42477</p> <p>Based on observation, interview, record review, and reference source review, the provider failed to follow outbreak testing procedures for all staff and residents. Findings include:</p> <p>These failures had the potential to expose all residents, staff, and visiting essential personnel to COVID-19, a viral infection that could lead to serious harm or death.</p> <p>NOTICE:</p> <p>On 11/9/21 at 2:40 p.m. an Immediate Jeopardy was identified when the facility failed to ensure:</p> <p>*Residents had been tested based off potential symptoms of COVID-19, regardless of COVID-19 vaccination status.</p> <p>*All staff working in the building had been tested for COVID-19 prior to working with residents.</p> <p>*Staff who were self-testing were testing accurately and the testing process is being monitored.</p> <p>At the above time, executive director (ED) A and director of nursing services (DNS) B were asked for an immediate plan of correction (POC) to ensure all staff working in the facility received education and monitoring for nationally recognized infection control procedures.</p> <p>PLAN:</p> <p>On 11/10/21 at 1:40 p.m. the divisional director of clinical operations (DDCO) C, ED A, and DNS B, provided the surveyor with an email that included the final written removal plan. The written removal plan was approved by the long-term care advisor for the department of health on 11/10/21 at 1:50 p.m.</p> <p>The facility provided the following acceptable removal plan on 11/10/21:</p> <p>*1. All staff re-educated on recognizing signs and symptoms of Covid 19. Residents will be tested if they are exhibiting Covid 19 symptoms in accordance with CDC [Centers for Disease Control and Prevention] recommendations and per direction of the local health department. All residents have been continued to be tested every three to seven days during the outbreak status. Residents will also be tested upon notification of covid symptoms Staff will be re-educated on this. All staff educated by 11/9/21 at 11:59 PM. All staff not tin [in] attendance will be educated prior to their next working shift.</p> <p>*2. Those who conduct self-testing will continue to complete competency for self-testing by 11/9/21 at 11:59 PM. All those not competenced for self-testing will be prior to their next working shift.</p> <p>*3. The center will audit each shift for the above education completed as specified and observational audits for compliance with PPE, and infection control every shift 11/10/21 by ED/DNS or designee until substantial compliance is met.</p> <p>(continued on next page)</p>		

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<p>F 0886</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The immediate jeopardy had been removed on 11/11/21 at 9:40 a.m. after verification that the provider had implemented their removal plan. After removal of the Immediate Jeopardy, the scope/severity of this citation is level F.</p> <p>1. Interview on 11/9/21 at 1:00 p.m. with registered nurse (RN) G revealed she:</p> <ul style="list-style-type: none"> *Stated only licensed nurses were supposed to have been completing the tests. *Had been aware that had not always happened. *Had been unable to say whether tests were always read within the 15 minute window. *Was not sure if she had completed a competency on testing. *Had not tested resident 184 even though he had been exhibiting COVID-19 like symptoms. Refer to F880, finding 7. <p>Review of the provider's testing documentation from the most recent facility outbreak beginning on 11/4/21 revealed:</p> <ul style="list-style-type: none"> *They had testing documentation from 11/4/21 and 11/8/21-11/9/21. *Dietary staff Q was not on the testing records for any of the above dates. <p>-She had been observed in the building without a shield on. Refer to F880, finding 1.</p> <ul style="list-style-type: none"> *Certified nursing aide (CNA)s Y, AA, and R had not been tested and had been working in the building during the testing time. *CNA Z had testing completed on 11/8/21 but there had been no result documented. <p>Refer to F880, findings 1, 2, 3, 4, 5, 6, and 7.</p> <p>Review of resident 184's electronic medical record (EMR) revealed:</p> <ul style="list-style-type: none"> *He had been admitted to the facility on [DATE]. *His diagnoses included: <ul style="list-style-type: none"> -Sepsis. -Chronic obstructive pulmonary disease (COPD). -Hypertension. -Pulmonary fibrosis. -Dementia. <p>(continued on next page)</p>		

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<p>F 0886</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-Ischemic cardio myopathy.</p> <p>*On:</p> <p>-11/12/21 he was noted to be sleepy and needed help putting oral medications in his mouth.</p> <p>-11/2/21 at 9:52 a.m. he had been noted to have an oxygen (O2) saturation (sat) rate of 90 percent.</p> <p>-11/2/21 at 8:16 p.m. he had been noted to have an O2 sat rate of 91 percent.</p> <p>-11/3/21 at 11:29 a.m. he had been documented to be more short of breath (SOB) with exertion and confused.</p> <p>-11/3/21 at 11:47 p.m. he was documented to have diminished lung sounds.</p> <p>-11/4/21 at 7:00 a.m. CNAs reported resident was SOB, resident was laying on his bed with his legs dangling, skin cold to touch, resident did not respond, noted on respirations inhalations were twice as long as expirations, O2 sat 78% on room air, offered resident PRN [as needed] Proventil inhaler. Vitals: O2 sat 78% on room air.</p> <p>-11/4/21 at 7:25 a.m., : Resident was positioned on his bed, O2 sat increased to 85%, offered resident O2 at 2L [liters] per nasal cannula, resident verbalized pain in Rt. [right] arm when Rt. arm was moved, BP [blood pressure] 104/62, T 97.6, P 87 apical [part where the beat is the loudest], R [respirations] 20 with 20 sec. [second] apnea [absence of breath], skin still cold to touch, lung sounds crackle throughout lobes, bowel sounds present in all four quadrants, abdomen is soft and non-tender, 2+[two plus] edema in Rt. lower leg and 1+ edema in Lt. [left] lower leg in the posterior leg, noted resident is a full code. Vitals: BP 104/62, T 97.6, P 87, R 20 w/ 20 sec. apnea, O2 sat 85% on room air[.]</p> <p>*At 8:00 a.m. on 11/4/21 registered nurse (RN) G called the hospital to get an order to transport resident 184 to the emergency room by ambulance.</p> <p>*He had been taken by ambulance to the hospital at 8:20 a.m. on 11/4/21.</p> <p>*At 2:57 p.m. on 11/4/21 DNS B documented that she had called the resident's son to notify him that the hospital informed them resident 184 had tested positive for COVID-19.</p> <p>Review of the provider's May 2020 provided American Healthcare Association Algorithm for Testing and Cohorting Residents documents revealed:</p> <p>*Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >[greater than] 99.0 [degrees] F [Fahrenheit] might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.</p> <p>(continued on next page)</p>		

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<p>F 0886</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the provider's May 2021 Limiting The Spread of COVID-19 in SNF [skilled nursing facility]policy revealed:</p> <p>*1. Center-wide surveillance testing is completed based on the CMS [Centers for Medicare and Medicaid Services] county positivity rates determined every Monday morning or in state regulatory guidance if a more stringent frequency is required, utilizing a POC [point of care] antigen test, or PCR [Polymerase Chain Reaction] laboratory if POC antigen testing is not available.</p> <p>*a. Staff are required to test in accordance with the COVID-19 Testing policy. Those who do not test may be excluded from work. Staff may choose to test through other means, such as through their Primary Care Physician.</p> <p>*d. All staff must participate in outbreak testing regardless of vaccination status.</p> <p>*e. Staff may self-swab, unsupervised, according to lab directives after training has occurred.</p> <p>*1. All residents are continually monitored for signs/symptoms of respiratory illness. If symptoms exist, the resident is placed on Enhanced Droplet Precautions and the provider and center's state department of health are notified.</p> <p>-a. Monitoring of residents will occur at least daily, which includes symptom monitoring (cough, shortness of breath or difficulty breathing, fever, chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorders(S); consider also rhinorrhea, diarrhea, nausea or vomiting), temperature, and other vital signs, including pulse oximetry.</p> <p>Review of the provider's May 2020 COVID-19 Testing Flowsheet revealed:</p> <p>*It included the steps that should be taken during an outbreak which included:</p> <p>-Resident name.</p> <p>-Test date.</p> <p>-Test Type.</p> <p>-Testing Consent.</p> <p>-If the resident was currently on transmission-based precautions.</p> <p>-Completion of the screening form.</p> <p>-Who was completing the testing.</p> <p>-Test result date.</p> <p>-Test result.</p> <p>-Notification of the Health Department.</p> <p>(continued on next page)</p>		

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<p>F 0886</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-Notification of positive test by five p.m. the next calendar day.</p> <p>-Report completed to NHSN (national healthcare safety network).</p> <p>-Completion of the provider's outbreak action plan.</p> <p>-Implementation of Isolation.</p> <p>-Hand Hygiene and personal protective equipment observations.</p> <p>-Increased screening and observations.</p> <p>-Resident's care plans updated.</p> <p>*The provider had not been utilizing this form.</p> <p>26632</p> <p>2. Interview on 11/15/21 at 2:25 p.m. Minimum Data Set (MDS) coordinator I revealed:</p> <p>*She assisted with the COVID-19 testing.</p> <p>*They tested the staff today.</p> <p>*The list of who was tested and the results is on a clipboard at the second floor nurses station.</p> <p>*The nurses on duty do the staff testing.</p> <p>*She was not sure when the residents would be tested again as the resident who had been positive was no longer in the building.</p> <p>*She then stated all the residents would be tested on [DATE].</p>