

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>GENERATIONS AT ROCK ISLAND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2545 24TH STREET</b> <b>ROCK ISLAND, IL 61201</b>		
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F 000	INITIAL COMMENTS  Complaint Investigation  2022880/IL122014 - F600, F602, F760, F842 2023865/IL123049 - No deficiency 2023965/IL123148 - F600, F684, F725 2025041/IL124293 - F622, F626 2025841/IL124770 - F600, F602, F760, F842 2025819/IL125115 - F558, F600, F677, F725, F919 2025960/IL125271 - F558, F600, F684, F693 2026224/IL125548 - F677 2026239/IL125564 - F600, F684 2026266/IL125593 - F600, F657, F659, F684, F689, F725 2026571/IL125971 - F610 2026609/IL126018 - F600, F684, F697, F808, F835, F842 2026781/IL126222 - F600, F657, F684 2026857/IL126309 - F600, F610, F684, F693, F689 2026877/IL126328 - F600, F610, F684, F689, F725, F732, F908 2027058/IL126549 - No deficiency 2027065/IL126553 - F558, F600, F610, F684, F689, F725, F880, F908 2027077/IL126569 - F550  Facility Reported Incident of 11-7-19/IL125852 - F602, F755 Facility Reported Incident of 6-7-20/IL125890 - F689	F 000			
F 550 SS=D	A partial extended survey was conducted. Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights.	F 550		10/13/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/08/2020

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

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F 550	<p>Continued From page 1</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p>	F 550			

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F 550	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to allow access to a bedroom bathroom for two (R71, R79) of six residents reviewed for toileting assistance in a sample of 95.</p> <p>Findings include:</p> <p>On 9/4/2020 at 9:15 AM, there was a silver child proof lock on the door to the bathroom from the side of R71 and R79's room. No commodes present in residents' room. The bathroom door was not able to be opened. V46 (Certified Nurse Aide/CNA) stated, "This is not right that these two women (R71 and R79) cannot have access to their bathrooms. They have to go down the hall to the shower room. I have never worked anywhere that it is ok to have men and women share a bathroom, especially when all four of them have the ability to use the bathroom."</p> <p>On 9/4/2020 at 9:18 AM, V7 (Registered Nurse/RN) stated, "This is insane to lock people out of their own bathrooms. I have spoken to V1 (Administrator) and V2 (Director of Nursing) regarding this and nothing happens."</p> <p>On 9/4/2020 at 9:30 AM, R71 stated she was "scared" because the bathroom that is shared with her room is shared with men. R71 stated she has woken up in the middle of the night to find R77 (male) in the bathroom with the door to the women's bedroom open and staring at her while she was in bed. R71 stated she spoke to a nurse (cannot remember a date or name). After she spoke to the nurse, the next day V4 (Maintenance Director) came to room and installed a child lock over the knob on the side of the bathroom on the</p>	F 550	<p>F550 Resident Rights/Exercise of Rights SS=D</p> <p>The facility does allow access to bedroom bathrooms.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: The safety mechanism was removed from the bathroom door for R71 &amp; R79</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Facility has reviewed placement of residents with shared bathrooms to ensure there is no conflict with placement. Resident needs will be taken into consideration when assigning resident rooms for new admissions and/or room transfers. Facility had re-educated staff on resident rights</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility Supervisor or designee will conduct 2 random audits per week for 4 weeks to verify resident rights are being</p>		

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F 550	<p>Continued From page 3</p> <p>women's side which blocks access for the women.</p> <p>R71's Minimum Data Set (MDS), dated 8/3/2020, documents R71 requires extensive assistance of one person for toileting needs.</p> <p>On 9/4/2020 at 9:45 AM, R79 stated she was not comfortable sharing a bathroom with men. R79 stated, "I try to make it to the shower room but sometimes I wet or mess myself because I can't get there in time."</p> <p>R79's MDS, dated 7/1/2020, documents R79 requires extensive assistance of one person for toileting needs.</p> <p>On 9/4/2020 at 9:18 AM R72 was lying in bed. When R79 was spoken to, he opened his eyes, made eye contact, and rolled over.</p> <p>R72's MDS, dated 6/5/2020, documents R72 can toilet independently.</p> <p>On 9/4/2020 at 9:20 AM R77 was walking out of the bathroom, and R77 stated, "Get the hell out of my room."</p> <p>R77's MDS, dated 7/9/20, documents R77 toilets with supervision assistance of one person.</p> <p>On 09/10/2020 at 3:00 PM, V1 (Administrator) stated R72 had been in R72's room since 7/6/2020, and R77 was moved R72's room on 8/6/2020. V1 stated R71 was moved to R71's room on 8/6/20, and R79 was moved to R71's room on 8/13/2020. V1 stated she was aware the bathroom between these residents' rooms were shared by both men and women.</p>	F 550	<p>adhered to</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 550	Continued From page 4  On 9/7/2020 at 10:30am, V1 stated that the bathroom being shared was temporary due to a shortage of rooms, although tour of the facility on 8/27/20 revealed the whole second floor which usually houses residents was empty. V1 also stated there were only residents on the third and fourth floor of the facility while the second floor was closed down due to low census. V1 also stated the "device" on R71 and R79's door handle was not a lock, it was there for both of the women's safety so they would request assistance for the bathroom. V1 stated, "It is not a child lock, the key hole on it is for placement." V1 also stated there is to always be commodes placed at the bedside for both women.  On 9/7/2020 at 11:00 AM, V4 (Maintenance Director) stated he had installed the child locking mechanism on the door "a couple of weeks ago." V4 stated he could "not recall" who asked him to do so or why. V4 denied the existence of a work order, email, or any other form of communication in relation to putting the child lock on the door. V4 confirmed "the device" on R71 and R79's door handle was a locking mechanism.	F 550			
F 558 SS=E	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)  §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, record review and	F 558	F558 Reasonable Accommodations	10/13/20	

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F 558	<p>Continued From page 5</p> <p>interview the facility failed to answer call lights in a timely manner for 11 residents (R1, R5, R12, R27, R56, R13, R43, R53, R62, R70, R87) of 13 residents reviewed for call lights in a total sample of 95.</p> <p>Findings include:</p> <p>The Facility's "Call Light" Policy dated 5/2017 documents the objective is "To respond to resident's request and needs." The procedure documents "Answer call light in a prompt, calm, courteous manner."</p> <p>The Certified Nursing Assistant job description, updated 10/2013, documents "Main Duties: E. Answer call lights promptly."</p> <p>Resident Council Meeting Minutes dated 5/27/2020 documents residents "Would appreciate their call lights answered more quickly."</p> <p>Resident Council Meeting Minutes dated 6/24/2020 documents residents "Would appreciate a quicker response time to call lights."</p> <p>1. On 9/2/2020 from 10:21 P.M. R27 stated, "This damn (call) light has been on for over an hour and a half."</p> <p>On 9/2/2020 R27's call light was on upon entrance to 400 floor. The call light was continuously observed being activated from 10:21 P.M. until 10:44 P.M.</p> <p>On 9/2/2020 at 10:30 P.M, V25 Certified Nurse Aide/CNA) and V26 (CNA) were sitting in the dayroom in the Alzheimer's Unit with the double</p>	F 558	<p>Needs/Preferences SS=E</p> <p>The facility does answer call lights in a timely manner.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R1, R5, R12, R27, R56, R13, R43, R53, R62, R70, R87 call lights are being answered in a timely manner.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Full house audit completed to validate all call lights are in place and in working order. Facility staff have been re-educated on the facilities call light policy including proper placement, and prompt response time.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility Supervisor or designee will conduct 2 random audits per week for 4 weeks to ensure call lights are answered in a timely manner.</p> <p>Identified concerns shall be reviewed by</p>		

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F 558	<p>Continued From page 6 doors propped open with a chair.</p> <p>On 9/2/2020 at 10:30 P.M, V25 stated, "I can't hear the call lights from the front side back here."</p> <p>On 9/2/2020 at 10:35 P.M, V23 (Licensed Practical Nurse/LPN) stated "Both CNAs should never be on one side of the double doors unless there is a nurse or another staff member out here (the front) to hear the call lights."</p> <p>2. On 8/28/20 at 4:29 PM, R1 stated, "I would put my call light on, and it would take them 45 minutes to an hour to come. I would have accidents with my stool and then they would be mad at me. I know when I need to go but had to wait too long. They would also say they'd be right back and never come back."</p> <p>3. R12's Facility Concern form, dated 7/27/20, documents R12 had concerns on call light response, missing items, incontinence concerns, and communication. On 8/27/20 at 2:12 PM, R12 stated, "I filled out a grievance on call lights. It takes about 20 minutes give or take to answer the call light; it doesn't matter the time. I wear briefs but can't always hold it until someone comes, and I wear briefs because I can't hold it and because I am afraid to mess myself because staff doesn't come in time. I can tell when I have to go to the bathroom, and I put on the call light. I spoke to the administrator about my concerns, but nothing ever changes and everything stayed the same."</p> <p>On 8/27/20 at 11:15 AM, V1 (Administrator) stated, "R12's shoes were in laundry, she had a concern about call lights and incontinence so we had a zoom meeting to talk with family about how</p>	F 558	<p>the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 558	<p>Continued From page 7 we can work on that."</p> <p>4. On 8/27/20 at 2:25 PM, R13 stated, "There is never any staff to answer call lights here."</p> <p>5. On 8/27/20 at 11:00 AM, R43 stated, "It can take 15 to 30 minutes, sometimes more, for them to answer our call light. They need more help."</p> <p>6. On 9/1/20 at 11:40 AM, R53 stated, "It takes them 10 to 15 minutes to answer my light most time."</p> <p>7. On 9/1/20 at 12:25 PM, R56 stated, "Depends on how many are working. I've had to wait over an hour for them to come. They only have two staff working at night, and sometimes only one."</p> <p>8. On 9/1/20 at 12:20 PM, R62 stated, "I'm close to the nurse's station and it can take a long time for them to answer my light. They don't have much staff here at night."</p> <p>9. On 9/4/20 at 11:00 AM, R70 stated, "I have had to wait an hour to an hour and a half for someone to come answer my call light."</p> <p>10. R87's Minimum Data Set (MDS) assessment, dated 8/14/20, documents R87 is cognitively intact. On 9/1/20 at 11:45 am, R87 stated on 8/22/20 at 4:50 am, he slipped out of his bed onto the floor and couldn't reach his call light to call for help so his roommate pushed his call light for him and "about an hour later" someone came to his room. R87 stated the call lights take forever to get answered and he has complained to the facility Ombudsman and to administration about it.</p>	F 558			



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F 558	Continued From page 8 11. On 8/31/20 at 2:25 pm, R5 stated, "I don't use my call light much, but when I do it takes forever for someone to come in." R5 stated, "I usually pee in my diaper because I have to wait so long for someone to help me."  On 8/27/20 at 10:45 A.M, V7 (Registered Nurse/RN) stated, "There are 42 people on this floor (4th floor). The Alzheimer's unit is up here too. Call lights will go off for hours."  On 9/10/20 at 2:51 PM, V16 (Ombudsman) stated, "I was going to resident council monthly due to multiple complaints on staffing and call lights. I had residents calling me and complaining they are not getting the care they need, and call lights aren't getting answered."	F 558			
F 600 SS=K	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.  §483.12(a) The facility must-  §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 600	F600 Free from Abuse and Neglect	10/13/20	

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F 600	<p>Continued From page 9</p> <p>review the facility neglected to provide skin assessments and physician ordered treatment for four of eight residents reviewed for wound care in the sample of 95. This failure resulted in impaired healing and worsening skin conditions for four residents with known wounds (R1, R40, R62, R95). The facility also neglected to provide timely lifting assistance for R87 after a fall and failed to provide appropriate lifting equipment for R40 resulting in a missed dialysis appointment for R40 on 8/13/2020. The facility neglected to provide skin care to R40 causing R40 to refuse dialysis in 09/01/2020 because of extreme pain. This systematic failure resulted in worsening wounds, increased pain, and missed dialysis.</p> <p>These failures resulted in an Immediate Jeopardy</p> <p>While the Immediacy was removed on 9/11/20, the facility remains out of compliance at Severity level 2 while in the process of implementing re-education components and training related to: Emergency Response, Skin Assessments, Skin Treatments and Documentation, Pain Management and Medication Administration.</p> <p>Findings include:</p> <p>The facility's undated Abuse Prevention Program, documents "Neglect means the failure to provide, or willful withholding of, adequate medical care, mental health treatment, psychiatric rehabilitation, personal care, or assistance with activities of daily living that is necessary to avoid physical harm, mental anguish, or mental illness of a resident."</p> <p>1. On 9/1/2020 at 12:00PM R40 stated, "I missed dialysis a couple of weeks ago because there wasn't a sling to get me out of bed. I had to go to</p>	F 600	<p>SS=K</p> <p>The facility does provide skin assessments and physician ordered treatments. The facility provides timely lift assistance. The facility provides skin care.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R1, R40, and R95 are no longer in the facility R62 has skin assessments and treatments in place. R87 is receiving timely lift assistance.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All Residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: The facility has dedicated a nurse to oversee the wound care program. Wound care nurse was educated on assessment of wounds, treatments and proper documentation. Vohra a wound care physician is conducting visits weekly Re-educated nursing staff on completion of skin assessments, skin treatments and documentation, pain management prior to treatments, therapies etc, and medication administration. Nursing staff have been reeducated on response to incidents, use of the</p>		

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F 600	<p>Continued From page 10</p> <p>the hospital for dialysis. I have trouble sometimes getting out of bed because there isn't always enough staff to get me up either. I have only had three showers since I was admitted in December and I do not think my hair has been washed for a couple of months. They do not have any caps to wash my hair with like they do in the hospital. I have two treatments. One on my right hip and the other towards the groin. I got bandage put on yesterday. I am lucky to have my treatment done once a month. No one ever shows up to do it on the weekend."</p> <p>On 9/1/2020 at 11:30AM V32 (Registered Nurse/RN/Dialysis RN) stated, "The nursing home did not have sling to transfer R40 out of bed on Friday 8/14/2020 so V29 (Nephrologist) sent her to the hospital for dialysis. She could not go through the weekend without dialysis treatment. We do try to accommodate the lack of staff time or equipment if the residents cannot get in at their time for dialysis. We cannot do anything if they cannot get them out of bed."</p> <p>On 9/2/2020 at 1:00p.m. V29 stated, "(R40) had to be sent to the hospital for dialysis because the facility did not have sling to transfer (R40) out of bed for dialysis. It was Friday and she could not go the entire weekend without dialysis. It could be very detrimental to her health if she had not been hospitalized."</p> <p>On 9/1/2020 at 1:40PM V3 (Licensed Practical Nurse/LPN/Treatment Nurse) stated, "(R40) went to the hospital and returned on 8/22/2020. The treatment order did not get 'pulled forward' (entered into R40's medical record) so there was not a treatment until yesterday (08/31/2020, nine days later). Now she has an open area on her</p>	F 600	<p>mechanical lift, nursing equipment and safe lifting practices. Additional slings were purchased.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Nursing management or designee will conduct 3 random audits per week for 4 weeks to ensure all skin assessments and physician ordered treatments as ordered and documented on TAR.</p> <p>Facility Supervisor or designee will conduct 3 random audits per week for 4 weeks to ensure lift equipment is available.</p> <p>Fall incidents will be reviewed to ensure proper response.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 600	<p>Continued From page 11 right abdominal apron too."</p> <p>On 9/1/2020 at 1:45p.m. V3 (Certified Nurse Aide/CNA) and V10 (CNA) assisted R40 to roll on to her left side. R40's right hip and back of her right thigh had multiple round and linear shaped open areas ranging from pinpoint to larger than a quarter in diameter with defined borders, bright red in color with scant bleeding. This surveyor counted 12+ wounds on the back of R40's thigh and another 4+ wounds on her hip at beginning of the crease in her belly fold and under her "apron" belly flap. V18 (LPN) verified the presence of the wounds then cleaned the areas. R40 started to complain and wanted to be placed on her back to rest. V18 and V10 lifted R40's belly apron further to perform a treatment to the center lower abdomen. R40's lower abdomen was observed to be covered with a malodorous thick, white, mucous substance and more open wounds. V3 and V10 then assisted R40 to her left side. As they repositioned R40 on her right side, there was dried stool down the back of R40's left leg. R40 was observed to have draining blood blister on the upper right quadrant of her abdomen and open areas in the creases of the outer aspect of her left thigh and abdominal fold verified by V3. R40 complained of pain at this time and wanted to be rolled onto her back.</p> <p>On 9/1/2020 at 1:20p.m. V18 (Licensed Practical Nurse/LPN/Treatment Nurse) verified the two treatment orders for R40 to be completed: Left lower apron abdomen - cleanse with wound cleanser, place a 6x10 Optilock (moisture absorbing dressing) x2 lengthwise to absorb weeping, change daily, start date 8/31/2020. The second order was to the right lower aspect of the lower abdomen: cleanse with soap and water, pat</p>	F 600			

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F 600	<p>Continued From page 12</p> <p>dry, apply Optifoam (adhesive dressing with an absorbent center), 4x4 change daily, start date 8/31/2020. There were no other treatment orders present for the other wounds.</p> <p>During the treatment R40 stated to V3, "I have so much pain in that sore (motioning to her left lower belly) that I didn't go to dialysis this morning."</p> <p>On 9/2/2020 at 12:50 p.m. V30 (Dialysis Office Manager) verified R40 did refuse dialysis on 9/1/2020.</p> <p>On 9/1/202 at 2:40PM V3 stated, "(R40's) 8/22/2020 readmission skin assessment did not get done that day because it was a Saturday or Sunday, because I don't work on Sundays. Mondays and Tuesdays I do the COVID testing so I did not do treatments on those days." The last Skin Management report provided was 8/19/2020, not a readmission report post the 8/22/2020 hospitalization. On 8/22/2020 V31 (LPN) completed an admission assessment that stated R40's pressure wounds were the same as they were before her hospitalization. No wound measurement or location was noted on the assessment.</p> <p>On 9/1/2020 at 2:15p.m. V3 stated, "All those open areas were new. I did not know about them. And that white stuff under (R40's) belly is just 'funk' from not having a shower."</p> <p>R40's June, July and August shower sheets were reviewed. R40 has not received a shower in those months. R40's Activity of Daily Living documentation does not document R40 as having a daily bed bath for cleanliness.</p>	F 600			

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F 600	<p>Continued From page 13</p> <p>2. R95 was admitted to the facility on 8/7/2020 with daily wound care orders for a recent trans metatarsal (toe) amputation on her right foot, cellulitis in her left lower leg, and an open area on her left heel. R95 discharged home on 8/21/2020. The admission skin assessment documents R95 had a pressure ulcer on her left heel, however no measurements of the wound were documented. There was no mention of the surgical site on this assessment.</p> <p>The facility policy for Wound Care dated 5/17 documents, "Follow physician's orders for wound care. Documentation of wound care must be completed each time the treatment is done. This documentation will be done on the Treatment Administration Record (TAR). Current wound status must be documented no less than once a week. Facilities using (Electronic Health Records) EHR will complete a weekly treatment (Non-Pressure Ulcer) documentation observation. Wound changes and other pertinent observations must be documented in the Nurses Notes as they occur."</p> <p>R95's Physician's Orders document treatment orders: Right lower extremity. Betadine swabs. Apply topically for wound paint to incision sites. Cover with 4x4's and Kerlix. Complete the treatment daily. The order date was 8/8/2020. The treatment for the left lower extremity dated 8/8/2020 is cleanse (the Wound) gently, dry and pack with a Dakin's solution soaked 4x4. Wrap with Kerlix and wrap with Ace Wrap.</p> <p>On 9/4/2020 at 10:30 a.m. R95 stated, "I can tell you that I did not get a shower during my stay at Generations. I was not offered one the entire time I was at the facility. No one was 'mean' to me,</p>	F 600			

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F 600	<p>Continued From page 14</p> <p>they just would not do anything for me. I could not get out of bed for breakfast until sometimes 11:00 a.m. I have Acid Reflux and cannot eat while I am lying in bed, so I missed breakfast on those days because I would not eat it. When I first got to the facility, I laid in bed for two days because they said the lift wasn't charged. Now, you and I both know it does not take two days to charge a lift. They just didn't want to get me out of bed. I even asked someone why they agreed to take me if they could not take care of me! The first three days, no one changed my dressing. They only changed it one time while I was there."</p> <p>On 9/4/2020 at 12:00p.m. V28 (Podiatrist) stated he had been treating (R95) and was continuing to treat her. V28 verified her treatments were to be completed on a daily basis for both right and left feet. He stated on 8/18/2020 she came to the wound clinic with a dressing in place dated 8/10/2020.</p> <p>The facility was not able to provide the Treatment Administration Record for R95's stay at this facility. There was not a wound management note completed for R95.</p> <p>3. R1's admission transfer orders, dated 4/2/20, document R1's wounds to be followed by podiatry with the following treatment orders to bilateral heels: Cleanse bilateral heels with Dakins solution, apply SSD (Silver Sulfadiazine), cover with non adherent pad and wrap with gauze three times a week.</p> <p>R1's admission skin assessment documents R1 had diabetic ulcers to bilateral heels and right ankle. No wound measurements were obtained until 4/13/20. R1's EHR documents R1 was not</p>	F 600			

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F 600	<p>Continued From page 15</p> <p>seen by facility wound nurse until 4/13/20, was not seen until 6/30/20 by wound consultant services, and not seen by podiatrist until 8/18/20.</p> <p>R1's EHR documents the facility Registered Dietician (RD) saw R1 and made recommendations for R1 to receive 30ml (milliliters) of a liquid protein supplement on 4/8/20, 5/6/20, and 6/3/20. These dietary recommendations were signed off as orders by V8 (Nurse Practitioner/NP) and not processed until 7/6/20, was discontinued on 7/26/20 and reordered on 8/7/20.</p> <p>On 4/21/20 V34 (former Registered Nurse/RN/Wound Nurse) documented she applied "Silvadene mixed with collagen to the wound bed, covered with non adherent dressing and ace wrap the right heel and right ankle. Autolytic debridement of the above treatment applied to wound bed." There is no physician order for this treatment in R1's Physician Orders or on R1's Treatment Administration Record.</p> <p>On 8/28/20 at 4:29 pm, R1 stated she went to the facility for wound care and dialysis and her right heel wound only got worse. R1 stated she was supposed to have a follow up with a podiatrist when she admitted to the facility in April and that did not happen until August. R1 stated her wound treatments were not done, she did not get a supplement the dietician tried to order for her for four months and did not receive the antibiotics like she was supposed to. R1 stated even when she asked for the treatments to be done, they would tell her they would tell the Wound Nurse, they didn't have the supplies to do the treatment, or would tell the next shift nurse. R1 stated V3 (Licensed Practical Nurse/Wound Nurse) only</p>	F 600			



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F 600	<p>Continued From page 16</p> <p>looked at her feet "three or four times" during her stay and when she asked V3 how it looked, V3 would say "looking good" or "just fine." R1 stated if they would have changed her dressing or "even looked at it, they would have seen the changes." R1 stated she tried to tell the staff and the doctor that her wound was getting worse and did talk with the podiatrist at the hospital who told her if her wound got any worse she would most likely have her leg amputated. R1 stated she is currently in the hospital and having her right lower leg amputated tomorrow morning on 8/30/20.</p> <p>Hospital Admission Records for R1, dated 4/2/20, document "Bilateral feet ulcers: Not infected as per podiatry. Outpatient follow up with podiatry recommended." The Physician Order was to cleanse bilateral heels with Dakins solution, apply SSD (Silver Sulfadiazine), cover with non adherent pad and wrap with gauze three times a week.</p> <p>Hospital Record for R1, dated 6/19/20, documents treatment "Plan - use silver AG and a Mepelex (dressing) to right calcaneus (heel) for protection" and to "refer to wound clinic for consult for right heel diabetic foot ulcer." R1's June and July TAR's were not changed to reflect this Physician Order.</p> <p>Hospital Record dated 7/28/20, documents right heel MRI (Magnetic Resonance Imaging) and biopsy were completed with a suspicion of Osteomyelitis and V27 (Doctor of Podiatric Medicine) following with plan to debride (surgical removal of devitalized tissue). "Plan: Patient is at a high risk for limb loss. Due to patients PVD (peripheral vascular disease) patient will require intervention for improvement of her vascular flow</p>	F 600			

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F 600	<p>Continued From page 17 to her right lower extremities. If this wound further breaks down, she will most likely require a below the knee amputation."</p> <p>On 8/18/20 V27 documented (R1) stated the facility has not been doing her dressing changes "and she is afraid that her leg has gotten worse due to this...(R1) is concerned about losing her leg. (R1) became very emotional during the visit. (R1) is to continue betadine dressing changes daily with assistance from nursing staff at (the facility). She states they have not been doing this...A referral will be placed for a consultation with a vascular surgeon." R1 has no TAR to reflect this Physician Ordered treatment.</p> <p>On 9/4/20 at 12:03 pm, V27 stated on 8/18/20 he did order daily Betadine dressing changes to R1's right heel to keep the wound bed dry and the "treatment certainly needs to be done." There is no August TAR for R1.</p> <p>On 8/3/20, V8 (Nurse Practitioner) documented after R1's 7/28/20 hospitalization, a referral for R1 to see a Vascular Surgeon.</p> <p>R1's TAR's, dated April through July 2020, include documentation of facility treatment for R1's right heel wound as not being completed. There is no August TAR for R1.</p> <p>On 8/27/20 at 10:45 am, V7 (RN) stated, "(R1) had osteomyelitis in her right foot wound and her treatment wasn't getting done."</p> <p>V8 (NP) documented on R1 in the Resident Progress Notes on 4/3/20, 4/9/20, 5/14/20, 6/3/20, 6/11/20, 6/14/20, 6/17/20, 6/22/20, 7/1/20, 7/6/20, 7/21/20, and 8/17/20. The only note that</p>	F 600			

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F 600	<p>Continued From page 18</p> <p>mentions R1's wound is from admission note on 4/3/20 that documents, "(R1) with open wounds on bilateral feet with bandages in place." The note, dated 8/17/20, documents what procedures were completed for R1's lower extremities while R1 was in the hospital and documents V27's referral for a vascular surgeon consult.</p> <p>On 8/27/20 at 10:50 am, V8 stated she did not see R1's right foot wound while R1 was residing in the facility. V8 stated, "V3 (LPN/Wound Nurse) was responsible to do (R1's) treatments and the nurses were to do them when (V3) was not in the facility."</p> <p>On 8/31/20 at 11:34 am, V2 (Director of Nursing/DON) stated (R1) only saw V27 one time after her hospitalization in August. V2 stated, "We didn't end up getting the vascular consult for (R1) because she left against medical advice." V2 stated she could not find an August TAR for R1.</p> <p>On 9/9/20 at 2:06 pm, V3 (LPN/Wound Nurse) stated she was hired in March 2020 to work as the facility wound nurse. R3 stated she worked as a floor nurse until 3/23/20 and was off until 4/13/20 for medical reason. V3 stated when she returned, she worked the first five weeks as a floor nurse and in May the DON walked out and she was pulled from the floor to assist with DON duties and is still doing this. V3 stated she has also been doing weekly testing on Mondays and Tuesdays which only leaves her Wednesday through Friday to work with wounds. V3 confirmed this is why she is unable to do all the wound treatments, why there is not weekly wound documentation done every week, and why the facility just hired a new wound nurse. V3 also stated she does not know why the RD's</p>	F 600			

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F 600	<p>Continued From page 19</p> <p>recommendations for R1 to receive the oral protein supplement for wound healing was not addressed or ordered in April, May, or June but was ordered in July. V3 stated R1 was ordered antibiotics in August for Osteomyelitis for her right heel wound and does not know if the medications were administered or not due to the Medication Administration Record (MAR) not being signed off as given and the Vancomycin was not listed on R1's MAR. V3 also stated she cannot confirm that R1's wound treatments were completed either due to the treatments not being signed out as done. V3 confirmed that R1 admitted to the facility with an order for a podiatrist referral; however, R1 was not seen by a Podiatrist until her hospitalization in July. V3 also stated R1 does not have an August TAR and that R1's wound treatment ended up on R1's August MAR (Medication Administration Record). The only treatment documented on R1's MAR is dated 8/1/20 and is Dakins' Solution topically once a day every other day, however, does not list where this solution is to be applied and documents this treatment was not completed per order. R1's TAR, dated June through August 2020, documents treatment not completed as Physician Ordered.</p> <p>There is sporadic Weekly Wound Tracking and Wound Management Notes between 6/3/20 through 8/19/20, not weekly.</p> <p>On 8/28/20 at 4:29 pm, R1 stated, "They weren't taking care of me like they were supposed to, so I signed out AMA (Against Medical Advice) and left. I hope I can find a place closer to home that will take care of me better."</p> <p>R1's Progress Notes, dated 8/21/20, document</p>	F 600			

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F 600	<p>Continued From page 20</p> <p>R1 discharged home against medical advice.</p> <p>4. R62's Physician Orders, dated 6/30/20, documents "Right Malleolus: Cleanse with wound cleanser, pat dry. Apply thin layer of Santyl to center slough area. Cover with Silicon 4 x 4 foam dressing. Change Monday, Wednesday, Friday and PRN (as needed)."</p> <p>On 9/1/20 at 12:20 pm R62's right Malleolus was covered with a foam dressing dated 8/26/20 with visible dark drainage underneath the dressing.</p> <p>On 9/1/20 at 12:20 pm, R62 stated he usually has to tell the staff when the dressing comes off, otherwise they change it every couple of weeks.</p> <p>R62's August TAR (Treatment Administration Record) documents V3 (LPN/Wound Nurse) performed the treatment to R62's right lateral malleolus on 8/26/20. This same TAR does not document R62's treatment was completed on 8/28/20 or 8/31/20.</p> <p>There is sporadic Weekly Wound Tracking and Wound Management Notes between 6/3/20 through 8/26/20, not weekly.</p> <p>A Wound Management note, dated 8/26/20 by V3, documents R62's right malleolus measurement at "0.8 cm (centimeters) x 1.2 cm x 0.2 cm," "moderate" amount of "seropurulent exudate," "unstageable" with "100% granulation," wound edge "attached to base," "dark purple or rusty discoloration." "Improving." There is no weekly wound documentation for R62's wounds between 6/30/20 and 8/26/30.</p> <p>On 8/27/20 at 10:38 am, V6 (RN) stated, "The</p>	F 600			

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F 600	<p>Continued From page 21</p> <p>wound nurse does the treatments, or we would. They don't tell us if the treatments were done or not."</p> <p>On 8/27/20 at 10:45 am, V7 (RN) stated, "We have a fulltime wound nurse, Monday through Friday who does the treatments, but they aren't getting done. No one tells us if the Wound Nurse did the treatments or not. We do them on the weekends if we can."</p> <p>On 8/31/20 at 2:20 pm, V19 (LPN) stated, "I do not do wound treatments when the treatment nurse is here. I am not sure if there are any days she doesn't do them, but I don't do them."</p> <p>On 8/31/20 at 2:25 pm, V17 (RN) stated, "I do the treatments if the Wound Nurse is out. I understand the treatment nurse does all the treatments."</p> <p>On 8/31/20 at 2:30 pm, V37 (LPN) stated, "I orientated a new nurse for the facility today. No treatments were done today. There is a treatment nurse today. I work here frequently, and I have not done treatments for the last two months."</p> <p>On 9/1/20 at 1:05 pm, V43 (RN) stated, "Only one time has anyone ever told me that treatments weren't done and that I needed to do them, and the agency nurses tell us they don't do treatments."</p> <p>On 9/10/20 at 12:30 pm, V19 (LPN) stated, "I never get the chance to do treatments. The workload doesn't allow for time. I've told V2 (DON) that residents complain about their treatments not getting done and that therapy has complained of not being able to do therapy</p>	F 600			

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F 600	<p>Continued From page 22</p> <p>treatments due to resident wound dressing falling off. I can be off for three to four weekdays or weekends and come back and the treatments will still not be done."</p> <p>5. R87's Face Sheet documents R87 with the following diagnoses: Morbid (severe) obesity with alveolar hypoventilation, COPD (Chronic Obstructive Pulmonary Disease), Shortness of breath, CHF (Congestive Heart Failure), Dependence on supplemental oxygen, GOUT (Inflammatory arthritis), History of MI (heart attack), and Chronic kidney disease. R87's EHR documents R87's current weight on 8/4/20 at 433 pounds.</p> <p>On 9/1/20 at 11:45 am, R87 stated on 8/22/20 he rolled out of bed onto the floor at 4:50 am and laid there until day shift came in. R87 stated he yelled for help and R70, his roommate, turned on the call light to call for help. R87 stated "about an hour later" V19 (LPN) came to his door, made a rude comment, and walked away. R87 stated R70 called 911 and when 911 called back V19 told them not to come to the facility. R87 stated the fire department came at 6:45 am and helped the day shift get him up off the floor at 7:00 am. R87 stated no one, including V19, ever checked him for injuries and he was on the floor for over two hours.</p> <p>On 9/4/20 at 11:00 am, R70 stated on Saturday, 8/22/20, about 5:00 am, R87 fell out of bed and stated he (R70) put his call light on to call for help for (R87) and a hour or so later V19 came to the door and said "I don't know what you expect me to do." R87 stated "If you see someone lying on the floor you help them or call for help." R70 stated V19 left and never came back. R70 stated</p>	F 600			

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F 600	<p>Continued From page 23</p> <p>he called 911 to get some help but no one came until about 7:00 am. "I felt really bad for him because I couldn't help him."</p> <p>R87's Progress Notes, documented as a late entry on 8/23/20 at 12:10 pm regarding R1's fall on 8/22/20, documents R1's fall at 5:10 am. The facility Fall Report documents R1's fall occurred at 5:10 am. There is no timeline of events documented by V19 for R87's fall.</p> <p>On 9/10/20 at 12:30 pm, V19 stated, "We generally only have one nurse and one CNA (Certified Nursing Assistant) on each floor during the night. The night (R87) fell I only had one CNA on the fourth floor with me. There was a TNA (Temporary Nurse Aid) working with V31 (LPN) on the third floor. I have talked to V2 numerous times and told her I do not feel comfortable working with so little staff. That night we didn't have a sling to fit R87, and we could not leave the floor to go to the basement laundry area to retrieve the proper fitting mechanical lift sling for R87 due to not enough staff to cover the floor. We had to wait until day shift came and called the Fire Department to get R87 off the floor."</p> <p>On 9/1/20 at 12:05 pm, V9 stated, "(R87) fell on third shift around five in the morning and they waited until we got here on day shift so someone could go to laundry and find a bariatric sling to use with the mechanical lift. It was after seven a.m. before we finally got him up off the floor."</p> <p>The Immediate Jeopardy was identified on 9/2/2020 at 12:30PM. The Immediate Jeopardy began on 8/22/2020 when the facility failed to obtain a treatment order for R40 (resident with known wounds) after a brief hospitalization</p>	F 600			



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F 600	<p>Continued From page 24</p> <p>returning on 8/22/2020 not obtaining an order until 8/31/2020. The facility failure to provide wound assessments for a condition change causing one resident (R40) to refuse dialysis on 9/1/2020 due to pain from multiple deteriorating wounds, failing to provide transfer assistance to dialysis due to lack of staffing and equipment (8/14/2020 R40 sent to the hospital for dialysis by the Nephrologist due to this failure), failure to provide treatments as ordered, failed to provide bathing and grooming for R40 resident (3 showers since December with no hair washing in the past two months according to resident). V1 (Administrator) was notified of the Immediate Jeopardy on 9/11/20 at 2:00PM.</p> <p>The surveyor confirmed through observation, interview and record review the facility took the following actions to remove the immediate jeopardy:</p> <ol style="list-style-type: none"> <li>1. Facility Ad hoc Quality Assurance meeting. Completed 9/2/2020 at 3:30pm</li> <li>2. Education was completed with nursing staff on the following. All staff not trained at this time will be in-serviced prior to working their next shift. This education is being completed by facility staff and Corporate staff on: Emergency Response, Skin Assessments, Treatments and Documentation, Pain Management, Medication Administration. Started September 11, 2020 and ongoing.</li> <li>3. Shower schedule audit. Completed September 11, 2020 at 7:00PM.</li> <li>4. Audit of (full mechanical lifts) and sling inventory. Completed September 11, 2020 at</li> </ol>	F 600			

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F 600	Continued From page 25 7:00pm.  5. Full house skin sweep has been conducted. Weekly Body Audit form has been completed on all in house residents. Completed on September 11, 2020 at 5:00pm.  6. An audit of wound management in the Electronic Health Record (EHR) to verify all skin issues are documented within the wound management in the (EHR), appropriate order and care plans are in place. The wound management documentation includes description and measurements. Completed September 12, 2020.  7. Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Director of Nursing or designee will conduct weekly audits for 6 months that include 100% review of resident skin assessment, (Treatment Administration Records [TAR]), and care plans related to skin. Identified concerns for further corrective action will be discussed and implemented as needed. Ongoing.	F 600			
F 602 SS=E	Free from Misappropriation/Exploitation CFR(s): 483.12  §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by:	F 602		10/13/20	

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F 602	<p>Continued From page 26</p> <p>Based on observation, interview and record reviewed the facility failed to prevent the misappropriation of property for six residents (R46, R4, R5, R13, R70, R90) of 11 reviewed for abuse in a sample of 95.</p> <p>Findings include:</p> <p>The Abuse Prevention Program Facility Policy, undated, documents "Misappropriation of resident property is the deliberate, misplacement, exploitation, temporary or wrongful, or permanent us of a resident's belongings or money without the resident's consent."</p> <p>The facility's Administration of Medications policy, revised 05/17, documents "Medications ordered for one resident may not be administered to another resident."</p> <p>1. The facility's final report to the state agency, dated 4/29/20, documents that V21 (Licensed Practical Nurse) pulled out medications for R46 and R90 that were recently discontinued. V21 told V1 (Administrator) that the medications were given to R13, because she was unable to locate R13's medications and did not want her to be in pain. This allegation of diversion is substantiated based on V21's statement. V21's agency was notified and is not allowed to return to the facility. All the required parties were notified of the diversion.</p> <p>R13's current Physician Order sheet documents to take Hydrocodone-Acetaminophen 10-325mg by mouth four times daily at 5:00am, 12:00pm, 5:00pm and 11:00pm for pain. R46 and R90's Physician Order Sheet documents to take Hydrocodone-Acetaminophen 5-325mg every six</p>	F 602	<p>F602 Misappropriation/Exploitation SS=E</p> <p>The facility does prevent the misappropriation of property.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R4 &amp; R90 no longer reside at the facility. R46, R5, R13 &amp; R70 have all of their personal property accounted for.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Nurses were reeducated on the facilities policy regarding the medications for one resident are not to be used for another. Facility reviewed their policy for controlled substances, discontinuation of medications and destruction of narcotics policy. Nurses were educated on timely completion and documentation of controlled substance shift to shift count. Staff were re-educated on response to missing items and storage of personal property.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent:</p>		

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F 602	<p>Continued From page 27 hours as needed.</p> <p>On 9/2/20 at 9:00am, V1 stated that on two different occasions V21 signed out narcotics that were recently discontinued. V1 stated that V21 stated that she could not find R13's medication, so she borrowed them from R46 and R90. V1 stated that V21 is not allowed back in the facility, and police are still investigating.</p> <p>2. On 8/27/20 at 10:25 am, R4 was sitting on the side of his bed in a soiled t-shirt and sweatpants with nonskid slipper socks. R4 was not wearing glasses and did not have any teeth in his mouth, evidenced by open smile. R4's closet did not have any clothes in it and had one pair of mismatched shoes.</p> <p>On 8/28/20 at 3:38 pm, V44 (R4's Family Member) stated when she visited with R4 on 7/20/20 he was wearing dirty stained clothing that didn't even belong to him. V44 stated, "I have bought him clothes, five belts, two pairs of shoes and put his name on all of them, and they disappear. He now has one pair of mismatched shoes, no belts at all, no clothes, they lost his glasses before COVID-19 hit, and lost his dentures about three weeks ago. I've talked with management but can't get any answers and those things cost money to replace. There is no rhyme or reason for any of it."</p> <p>On 8/28/20 at 3:26 pm, V49 (R4's) Insurance Care Coordinator stated V44 reported to her the concerns regarding R4's clothing and missing items and V49 called the facility to follow up with the concerns in late July/early August.</p> <p>On 9/16/20 at 11:38 am, V2 (Director of Nursing)</p>	F 602	<p>Nursing management or designee will conduct 2 random audits per week for 4 weeks to ensure all residents have possession of personal property. Nursing management will conduct 2 random audits per week for 4 weeks to monitor medications are accounted for in medication cart/storage area.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 602	Continued From page 28 stated she was not told anything about R4 having missing items.  On 9/16/20 at 12:08 pm, V1 (Administrator) stated, "No one to my knowledge" has reported anything to her about R4's missing items.  3. The facility's Administration of Medication policy and procedure, revised 05/17, documents "7. Medications ordered for one resident may not be administered to another resident."  On 9/15/20 at 11:20 am, V43 (Registered Nurse/RN) performed blood glucose monitoring for R70 with result of 320. V43 looked in the medication cart and in the medication room for R70's insulin and upon returning to the medication cart, V43 pulled R5's insulin from the top drawer of the medication cart, drew up 20 units of Aspart (Novolog) Insulin and administered R5's insulin to R70.  On 9/15/20 at 11:25 am, V43 stated R70 does not have any insulin in the medication cart or med room and R70 needs insulin. V43 stated, "I know I am going to get dinged for this."  On 9/16/20 at 11:38 am, V2 stated, "The nurse should check back up medication machine if they need a medication. If the medication is not there, then they are to call the pharmacy for back up delivery. It is not appropriate to give a resident another resident's medicine. They should call pharmacy and get it."	F 602			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse,	F 610		10/13/20	

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F 610	<p>Continued From page 29</p> <p>neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to thoroughly investigate an allegation of abuse for two (R54, R87) of 11 residents reviewed for abuse in the sample of 95.</p> <p>Findings include:</p> <p>The facility's undated Abuse Prevention Program policy and procedure, documents "Purpose: This facility prohibits mistreatment, neglect or abuse of its residents by: ...Implementing systems to investigate all reports and allegations of abuse promptly and filing investigative reports." "VII. 4. Following the Resident Protection Abuse Investigation Procedures. The appointed investigator will investigate as required; interview relevant staff, resident(s), or any other person that can provide information; and be sensitive to resident confidentiality concerns." This policy also defines abuse as: "Abuse means any physical or</p>	F 610	<p>F610 Investigate/Prevent/Correct Alleged Violation SS=D</p> <p>The facility does thoroughly investigate an allegation of abuse.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R54 no longer residents at the facility R87 is free from abuse.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the</p>		

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F 610	<p>Continued From page 30</p> <p>mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with the resulting physical harm, pain, or mental anguish."</p> <p>The facility's Abuse policy also states, "Final Abuse Investigation Report" shall include "The noted day, time, location, the specific allegation by whom, witnesses to the occurrence, circumstances surrounding the occurrence and any noted injuries. "</p> <p>1. On 9/1/20 at 11:45 am, R87 stated, "I slipped out of my bed onto the floor on Saturday August 22 at 4:50 in the morning. I couldn't reach my call light to call for help so R70 (R87's roommate) pushed his call light. About an hour later V19 (Licensed Practical Nurse/LPN) came to my door and asked me what happened. I said 'What does it look like, I fell out of bed.' V19 stated 'I hear ya but I don't know what the hell you want me to do about it. There is only one God damn CNA (Certified Nursing Assistant) in the building'." R87 stated he reported the incident to V1 (Administrator) and to V16 (Ombudsman) and stated he told them what happened. R87 stated R70 (R87's roommate) also told them what happened.</p> <p>R87's Annual Minimum Data Set (MDS) Assessment, dated 8/14/20, documents R87 is cognitively intact and requires limited assist for bed mobility, transfers, ambulation, and locomotion. Requires moderate assistance with dressing and toileting, and extensive assist with bathing. R1's current weight, dated 8/4/20, is documented at 433 pounds</p>	F 610	<p>problem will be corrected and will not recur:</p> <p>Corporate Compliance attorney provided training to Administrator and DON regarding conducting a thorough investigation and proper reporting of abuse allegations.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility management or designee will conduct 2 random audits per week for 4 weeks to ensure all abuse allegations are thoroughly investigated.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 610	<p>Continued From page 31</p> <p>On 9/4/20 at 11:05 am, R70 stated Administration came to talk to him about the night (R87) fell on the floor. R70 stated he reported (R87) fell out of bed, (R70) put on his call light to get help for (R87) and no one came for an hour or so. R70 stated he told Administration that V19 said "I don't know what you want me to do about it" and left the room and that (R87) was on the floor for two hours. R70's Admission MDS Assessment, dated 7/15/20, documents R70 is cognitively intact.</p> <p>On 8/28/20 at 3:31 pm, V16 (Ombudsman) stated, "(R87) called me a couple days after he fell because he was so upset. I don't know what to do because I feel management is lying to me. When I try to investigate something (V1/Administrator) makes everything sound good when in person and on paper I can't figure anything out. (R87) stated that he fell on the floor on 8/22/20 at 4:50 am and laid there for two hours. He said at 5:00 am the nurse came in and left and at 5:45 am, his roommate called 911 and they were sent away by the nurse. He said at 6:45 am, the staff found a (mechanical) sling, the fire department showed up and they helped day shift get him up off the floor and as of 8/24/20 he still had not been assessed. He also stated there was only one CNA and two Nurses in the building for 90 residents."</p> <p>The facility Follow up Report documented in the Fall Report for R87, dated 8/22/20, documents R87 "rolled out of bed." This report documents there were four staff "in assistance." This report documents interviews were completed with the accused, V19 (Licensed Practical Nurse) and with V31 (LPN). There is no assessment documented in R87's EHR (Electronic Health Record.)</p>	F 610			



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F 610	<p>Continued From page 32</p> <p>The staffing schedules, dated 8/22/20, document there were four staff members in the facility at the time of the incident: V19 (LPN), V31 (LPN), V52 (CNA), and V53 (Temporary Nurse Aid).</p> <p>The facility Abuse Investigation for R87 documents an allegation of abuse occurred on 8/22/20 and was reported to the facility on 8/24/20. The "Description of Occurrence" documents, "Resident reported that a facility staff member was unprofessional and 'rude'." This investigation does not include R70, V52 (CNA), V53 (TNA), or any day shift staff interviews.</p> <p>On 9/16/20 at 11:38 am, V2 (Director of Nursing) stated she does not take signed staff statements. V2 stated, "I only take notes and then summarize this on the fall report and if I have questions, I go and ask the questions."</p> <p>On 9/8/20 at 1:42 pm, V1 stated her report documents V2 did not interview R70 due to questionable cognition, did not interview V52 or V53, and did not interview day shift staff. V2 only interviewed V19 and V31.</p> <p>2. R54's abuse investigation dated 8/9/2020 shows that V2 (Director of Nursing) investigated a complaint regarding V42 (CNA) intentionally moving a call light out of a resident's (R54) reach. V2 concluded that the call light was "found on the floor next to the bed" and that the act "was not intentional" on the CNA's part.</p> <p>On 9/8/2020 at 10:00 A.M. V9 (Licensed Practical Nurse) stated that V9 saw R54's call light tied to a chair on the other side of the curtain that divides the room. V9 stated she immediately untied and returned the call light. V9 stated she then called</p>	F 610			

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F 610	<p>Continued From page 33</p> <p>her immediate supervisor (V7/Registered Nurse). V9 stated both she and V7 wrote "detailed" statements including where the call light was found.</p> <p>On 9/8/2020 at 10:15 A.M. V7 (Registered Nurse) stated that on 8/9/2020 she was called to R54's room by V9 (Licensed Practical Nurse). V7 stated that she spoke with R54 about the call light and that V9 showed her a photo of the call light tied behind the curtain. She and V9 both wrote "detailed" statements. V7 stated she then gave those written statements to V2 (Director of Nursing). V9 stated that when she spoke to V2 later that day she was told that the allegation was unfounded and V9 told V2 "that is ridiculous, that was obviously abuse."</p> <p>On 9/9/2020 at 9:30 A.M. R54 stated that "sometime through the night" on 8/8/2020 R54 turned on her call light and requested V42 pull her up in bed. R54 stated V42 indicated she would need assistance and would be back. R54 stated that when V42 did not return "for about an hour" R54 turned her call light back on. R54 stated that V42 entered the room and yelled at her, stating, "You can do this yourself; I'm not going to keep coming back in here." R54 stated that V42 then took her call light and put it "somewhere by the curtain." R54 stated she spoke with V9 (Licensed Practical Nurse) and V7 (Registered Nurse) in the morning when they came on for dayshift. R54 stated that both nurses wrote statements and read them to her and asked them if they were correct and she indicated that they were.</p> <p>R54 also stated that V2 (Director of Nursing) questioned her later in the day on 8/9/2020 and "suggested this was all a misunderstanding."</p>	F 610			

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F 610	Continued From page 34  On 9/9/2020 at 9:30 A.M R54 stated, "This was no misunderstanding, and I hope no one else gets their call light taken away from them."  R54's Abuse Investigation dated 8/9/2020 does not indicate any statements, written or verbal, from V7 (Licensed Practical Nurse) or V9 (Registered Nurse).  On 9/8/2020 at 7:32 P.M. V1 (Administrator) stated that she had no written statements or knowledge of any photographs regarding the abuse allegation for R54.	F 610			
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)  §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not	F 622		10/13/20	

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F 622	<p>Continued From page 35</p> <p>submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p>	F 622			

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F 622	<p>Continued From page 36</p> <p>(ii) The documentation required by paragraph (c) (2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to determine if the facility could meet the needs prior to discharge of one (R93) of three residents reviewed for discharge in a sample of 95.</p> <p>Findings include:</p> <p>On 9/4/2020 at 2:00 P.M, V1 (Administrator) stated that the facility has no policy regarding Involuntary Discharge.</p> <p>R93's "Notice of Involuntary Transfer or Discharge and Opportunity for Hearing for</p>	F 622	<p>F622 Transfer and Discharge Requirements SS=D</p> <p>The facility does determine if the facility could meet needs prior to discharge.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R93 no longer resides at facility.</p> <p>How the center will identify other residents having the potential to be affected by the</p>		

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F 622	<p>Continued From page 37</p> <p>Nursing Home Residents" form dated 6/17/2020 documents R93 was being discharged due to "the safety of individuals in this facility is endangered."</p> <p>R93's Medical Record documents R93 was admitted on 5/9/2020 for "Recovery of COVID-19" with plans to discharge back to the Assisted Living facility he previously lived at. R93's Medical Diagnosis upon admission form dated 5/9/202 documents a history of nicotine dependence, long term anticoagulant use, dizziness and giddiness, cough, Benign Prostatic Hyperplasia, chronic gout, dysuria, diverticulosis, hernia repair, acute, non psychotic brain syndrome, unspecified dementia without behavioral disturbances, depression, anxiety, and hypokalemia.</p> <p>R93's Minimum Data Set (MDS) dated 05/15/2020 documents R93 had a BIMS (Brief Interview for Mental Status) Score of 2/15 which indicates R93 is severely cognitively impaired. R93's MDS does indicate that R93 was able to make R93's own needs known. R93's MDS shows no depression, no behaviors and the ability to perform his own daily cares with supervision with one person assistance.</p> <p>R93's Behavior Monitoring logs dated June 1-30, 2020 document R93 was monitored for wandering/elopement, pacing and striking out at staff members. This log showed zero instances of any behaviors for June. No Behavior Monitoring prior to June 1, 2020 was documented.</p> <p>R93's Nurse's Notes document a "conflict" with his roommate on 6/12/2020. The investigation provided by V1 (Administrator) shows that R93 was immediately moved to a different room.</p>	F 622	<p>same deficient practice: All residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Discharge policies and Bedhold policies were reviewed to ensure compliance with regulations. The facility has policies in place for bed-hold and permitting residents to return to the facility after hospitalization or therapeutic leave.</p> <p>As directed, Inservice training is scheduled on 10/13/2020. In-service will be provided by Local Ombudsman office regarding the residents right to remain in the facility and the requirement for bedhold policies and procedures. The training will be provided to Administration, Social Services and nursing staff.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility management or designee will conduct 2 random audits per week for 4 weeks of transfers and discharges to ensure requirements are met.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 622	<p>Continued From page 38</p> <p>R93's Nurse's Notes, dated 6/17/20, document R93 "shoving" V40 (Certified Nurse Aide) which caused V40 to hit a fire extinguisher holder causing injury to her arm. R93's Nurse's Notes dated 6/17/2020 document that R93 was sent to the Emergency Room after this incident and then not permitted to return to the facility.</p> <p>R93's Medical Record does not show documentation that an interdisciplinary meeting was held to discuss options or new interventions to assess the facility's capability to accommodate R93.</p> <p>On 9/4/2020 at 10:00am, V41 (Social Services Director) stated that she was not involved in any of the Involuntary Discharge conversations about R93.</p> <p>On 9/10/2020 at 3:23 PM V16 (Ombudsman) stated, "I wasn't part of any Involuntary Discharge Process for (R93). I found out about it afterwards and the whole thing did not sit right with me. I feel like (V1/Administrator) went around the system to send (R93) to an Iowa Hospital because she has already caused a contentious working relationship with the hospital that is right across from the facility and that does not put the residents of the facility at any advantage if the Administration of a facility cannot get along with other providers. If (R93) was having issues, I would have been happy to assist with looking for other placement or seeing if there was anything I could do to help mediate the situation. But I was only notified after the Involuntary Discharge happened. When I spoke with (R93) the only reason he did not appeal his decision was because he did not want to return to the facility."</p>	F 622			

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F 626 F 626 SS=D	Continued From page 39 Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2)  §483.15(e)(1) Permitting residents to return to facility. A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following. (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident- (A) Requires the services provided by the facility; and (B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. (ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.  §483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.	F 626 F 626		10/13/20	



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F 626	<p>Continued From page 40</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to assess the discharge needs of one resident and permit a resident to return to the facility after an Emergency Room visit for one resident (R93) out of three residents reviewed for discharge processes in a sample of 95.</p> <p>Findings include:</p> <p>R93's "Notice of Involuntary Transfer or Discharge and Opportunity for Hearing for Nursing Home Residents" form dated 6/17/2020 documents that R93 was being discharged due to "The safety of individuals in this facility is endangered."</p> <p>R93's Medical Record shows that R93 was admitted on 5/9/2020 for "Recovery of COVID-19" with plans to discharge back to the Assisted Living facility he previously lived at. R93's Medical Diagnoses upon admission form dated 5/9/202 documents a history of nicotine dependence, long term anticoagulant use, dizziness and giddiness, cough, Benign Prostatic Hyperplasia, chronic gout, dysuria, diverticulosis, hernia repair, acute, non psychotic brain syndrome, unspecified dementia without behavioral disturbances, depression, anxiety, and hypokalemia.</p> <p>R93's Minimum Data Set (MDS) dated 05/15/2020 documents R93 had a BIMS (Brief Interview for Mental Status) Score of 2/15 which indicates he was severely cognitively impaired. R93's MDS does indicate that he was able to make his own needs known. R93's MDS shows no depression, no behaviors and the ability to perform his own daily cares with supervision with</p>	F 626	<p>F626 Permitting Residents to Return to Facility SS=D</p> <p>The facility does assess the discharge needs of residents and permits residents to return to facility after an Emergency Room visit.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R93 no longer resides at facility.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: Residents in the facility who have been issued an Involuntary discharge notice.</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Discharge policies and Bedhold policies were reviewed to ensure compliance with regulations. The facility has policies in place for bed-hold and permitting residents to return to the facility after hospitalization or therapeutic leave.</p> <p>As directed, Inservice training is scheduled on 10/13/2020. In-service will be provided by Local Ombudsman office regarding the residents right to remain in the facility and the requirement for bedhold policies and procedures. The</p>		

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F 626	<p>Continued From page 41 one person assistance.</p> <p>R93's Behavior Monitoring logs dated June 1-30, 2020 document R93 was monitored for wandering/elopement, pacing and striking out at staff members. This log showed zero instances of any behaviors for June. No Behavior Monitoring prior to June 1, 2020 noted.</p> <p>R93's Nurse's Notes show that on 6/12/2020 R93 had "a conflict" with his roommate. The Nurse's Notes do not indicate if this was a physical or verbal conflict. The investigation provided by V1 (Administrator) documents the two were separated and R93's room was changed.</p> <p>R93's Nurse's Notes dated 6/12/2020, document R93 was sent to the closest hospital (across the street from the facility) for evaluation and then returned to the facility.</p> <p>R93's Emergency Room Record for 6/12/2020 documents that V45 (Emergency Room Nurse Practitioner) documented that R93 was screened for placement at a nearby inpatient psychiatric unit. V45 documented that R93 was found to not need inpatient cares, showed no clinical reason to admit to the hospital or psychiatric care and showed no aggressive behaviors while at hospital.</p> <p>R93's Nurse's Notes dated 6/17/2020 document R93 had wandered into other residents' rooms and taken their remote controls. When V40 (Certified Nurse Aide) attempted to get R93 to leave the remotes for her to return, R93 shoved V40 causing her to hit the fire extinguisher holder cutting her arm.</p>	F 626	<p>training will be provided to Administration, Social Services and nursing staff.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility management or designee will conduct 2 random audits per week for 4 weeks of transfers and return back to facility.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 626	<p>Continued From page 42</p> <p>R93 Nurse's Notes dated 6/17/20 document R93 was sent to an Emergency Room in Iowa.</p> <p>On 9/4/2020 at 1:30 P.M. V1 (Administrator) stated that she did not know why R93 was sent to a different Emergency Room than previously sent to.</p> <p>On 9/4/2020 at 12:30 P.M. V8 (Nurse Practitioner) stated that she "must have" thought R93's Physician would be at the hospital in Iowa. V8 "could not recall" which physician R93 would have been transferred specifically to see.</p> <p>V38's (Executive Director of Home, Outpatient and Senior Services for the hospital) written document dated 6/17/20, documents that after the Emergency Room evaluated R93 medically, they wanted to send him back to the facility. V1 (Administrator) refused. V38 stated, "There was no medical reason to admit (R93) to (the hospital) and I suggested to (V1) that the facility take him back and then contact (An inpatient Behavioral Health Unit)." V38 further stated that V1 refused all information on the mentioned Behavioral Health Unit.</p> <p>On 9/4/2020 at 12:30pm, V8stated that she conferred with V1 (Administrator) and V2 (Director of Nursing) via phone on 6/17/2020 and was told the facility could not do 1:1 cares for R93.</p> <p>On 9/4/2020 at 1:30 P.M. V1 (Administrator) stated, "I do not have the staff to do 1:1 cares."</p> <p>On 9/4/2020 at 10:00am, V41 (Social Services Director) stated that she was not involved in any of the Involuntary Discharge conversations about</p>	F 626			

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F 626	Continued From page 43 R93. V41 stated that she knew that "in the past" that "agency staff" were usually called to do 1:1's with residents that needed them.	F 626			
F 657 SS=E	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to revise resident Care Plans for individual needs and conditions for six	F 657	F657 Care Plan Timing and Revision SS=E	10/13/20	

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F 657	<p>Continued From page 44 (R2, R5, R12, R19, R28, R40) residents reviewed for Care Plan revision in the sample of 95.</p> <p>Findings include:</p> <p>The facility policy for "Comprehensive Care Plans" last revised 4/2017 documents, "To develop a comprehensive, person-centered plan of care, consistent with resident's rights, that includes measurable objectives and timeframes to meet the resident's medical, nursing and mental and psychosocial needs." "Care plans are revised as changes in the resident's condition dictates but no less than on a quarterly basis."</p> <p>On 9/10/20 at 10:30am, V47 (Registered Nurse Care Plan Coordinator) stated, "I try to catch all the resident changes by reading the Nurses' Notes and order changes. I use the wound log if it is provided. We also use another electronic program called 'Ability' to document incidents, new wounds and things. It is a separate program. I have access and so do the nurses. They chart the falls, incidents, and skin tears along with other things. The former Assistant Director of Nursing used to help me. She has been gone for about three weeks."</p> <p>On 9/10/2020 at 11:04 am V1 (Administrator) stated the "Ability" system was not available to the survey team for review.</p> <p>1. R2's Nursing Progress notes dated 3/23/2020 document, "Resident is being treated for chemical burns to her right buttocks and thigh with a wound vac."</p> <p>R2's Care Plan last revised 4/4/2020 documents, "I have a stage 3 pressure ulcer to my right calf. I</p>	F 657	<p>The facility does revise resident Care Plans for individual needs and conditions.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R2 &amp; R40 no longer resident at the facility R5, R12, R19, &amp; R28 have revised Care Plans for their individual needs and conditions.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Staff were re-educated on interim and comprehensive Care Plans.</p> <p>Resident changes will be discussed in morning meetings and care plans will be adjusted accordingly. Residents care plans will be discussed upon admission and quarterly to ensure accuracy.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility management or designee will conduct 2 random audits per week for 4 weeks to ensure all Care Plans accurate, individualized and history of noncompliance/refusals Care Planned.</p>		

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F 657	<p>Continued From page 45</p> <p>have an unstageable pressure ulcer to my coccyx."</p> <p>The Wound Care Education Institute Clinical Reference Guide 2008 documents, "Burns as 'Superficial' or First Degree, 'Superficial Partial Thickness' or Second Degree, 'Deep Partial Thickness as most of the skin is destroyed' and 'Full thickness' or Third Degree wounds." There is not reference to "staging" of a burn being similar to a pressure ulcer stage.</p> <p>2. R19's Current Care Plan last revised 7/7/2020 documents, "I am in Contact/Droplet isolation related to ESBL (Extended Spectrum Beta-Lactamase) and potential exposure to COVID 19."</p> <p>On 8/27/2020 at 11:15 a.m. V9 (Licensed Practical Nurse) entered R19's room without full Personal Protective Equipment (PPE) to include a protective gown over her uniform. While V9 was administering medications to R19, V10 (Certified Nurse Aide) entered R19's room. V10's PPE was gloves and a face mask. There was no sign outside R19's door to denote R19 was in isolation.</p> <p>3. R28's current Care Plan last revised 6/19/2020 documents, "I am at risk for an undesired significant weight change (related to End Stage Renal Disease) and anorexia." Interventions listed for this concern include: "I leave for Dialysis during lunch. Pack me a snack Monday Wednesday and Fridays."</p> <p>On 9/1/2020 at 11:30 a.m. V32 (Dialysis Nurse) stated "R28 receives dialysis on Mondays, Tuesdays, Thursdays and Fridays. They usually</p>	F 657	<p>Identified concerns shall be reviewed by the facilities QAPI team.</p> <p>Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 657	<p>Continued From page 46</p> <p>get him up around 5:30-5:45AM to attend. The staff bring him downstairs and transfer him into one of our dialysis chairs." The facility has a contracted company who provides dialysis for R28 in-house on the second floor of the facility.</p> <p>4. R40's current Care Plan last revised 7/16/2020 documents, "I am in Contact/Droplet Isolation (related to) potential exposure to Covid 19" last revised 7/17/2020. The Disciplines listed are to follow the facility policy on contact/droplet isolation.</p> <p>On 9/1/2020 at 1:45pm V10 (Certified Nurse Aide), V3 (Licensed Practical Nurse/LPN) and V18 (LPN) entered R40's room without PPE (gowns) on for contact isolation. No isolation set-up was in the room.</p> <p>On 8/27/2020 at 3:00pm, V2 (Director of Nursing) explained they have been directed by their local health department the facility no longer has to provide contact/droplet isolation after someone has been transferred out to the hospital. They are now "Quarantining" resident.</p> <p>5. On 8/31/20 at 2:25 pm R5 was sitting in her wheelchair dressed in a facility night gown wearing a brief.</p> <p>On 8/31/20 at 2:25 pm, R5 stated, "Sometimes they put one (brief) on me and sometimes they don't. I only pee on the toilet. My stool goes in here (pointing at colostomy bag)."</p> <p>R5's Current Care Plan documents an approach in problem area: "Resident experiences bladder incontinence, has colostomy," edited on 8/26/20, as "Do not use pad/brief on resident."</p>	F 657			

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F 657	<p>Continued From page 47</p> <p>R5's Current Care Plan documents an approach in problem area: "I am at risk for pressure ulcers R/T (related to) incontinence, Type 2 diabetes mellitus with hyperglycemia," edited on 8/26/20, as "Use absorbent, skin-friendly pads/brief to maintain personal hygiene and dignity."</p> <p>R5's Current Care Plan documents an approach in problem area: "I have the potential for constipation," edited 8/26/20, as "Provide perianal care after defecation. Use skin barrier, if indicated." R5 has a colostomy.</p> <p>6. R12's Facility Concern form, dated 7/27/20, documents R12 had concerns on missing items, incontinence concerns, and communication. Response documents DON (Director of Nursing) will be calling POA (Power of Attorney) every two weeks to update family, and shoes were in the laundry.</p> <p>On 8/27/20 at 11:15am, V1 (Administrator) stated "R12's shoes were in the laundry, she had a concern about call lights and incontinence so we had a zoom meeting to talk with family about how we can work on that. She has a history of false allegations and that should be documented somewhere."</p> <p>R12's current Care Plan has no documentation R12 makes false allegations.</p> <p>On 8/27/20 at 2:12pm, R12 stated, "I reported to management my shoes were missing, not slippers but tennis shoes. Nothing ever changes, my shoes were not found, and they gave me a pair of slippers."</p> <p>R12's nurses notes, dated 7/27/20, document</p>	F 657			



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F 657	Continued From page 48 R12 is "alert and oriented and able to make needs known."	F 657			
F 659 SS=D	On 9/1/20 at 1:20pm, V1 verified R12's Care Plan did not have any documentation about R12 making false allegations.  Qualified Persons CFR(s): 483.21(b)(3)(ii)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow physician orders for a nutritional supplement and therapy services for one (R1) of three residents reviewed for dietary supplements in the sample of 95.  Findings include:  The Physician's Orders policy and procedure, revised 05/17, documents "5. The nursing staff member who took the order, or the one assigned to the resident is responsible to transcribe the order. 6. Transcribing the order includes: writing new orders on the Medication Administration Record (MAR), or Treatment Administration Record (TAR), or completing laboratory test requests, dietary notification form, or ancillary notification to inform others of the change in order as necessary. For facilities on EHR (Electronic Health Record), orders must be promptly entered	F 659	F659 Qualified Persons SS=D  The facility does follow physician orders for nutritional supplement and therapy services.  Corrective Action to be taken for residents found to have been affected by the deficient practice: R1 is no longer residing in the facility.  How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in the facility  Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not	10/13/20	

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F 659	Continued From page 49 into the computer and attached to appropriate Flowsheet(s), i.e. Medication, Treatment or Lab Flowsheet."  Facility Facesheet for R1 documents R1 was admitted to the facility on 4/2/20 with the following diagnoses: Type 2 Diabetes Mellitus, End Stage Renal Disease, Diabetic Neuropathy, Non-pressure bilateral heels and midfoot, and Morbid Obesity.  R1's RD (Registered Dietician) recommendations, signed as a Physician Order by V8 (Nurse Practitioner/NP) dated 4/8/20, 5/6/20, 6/3/20, and 7/1/20, document to start "30 ml (milliliter) liquid protein (supplement) BID (twice daily) to aid in wound healing." R1's Physician signed recommendations, dated 4/8/20, 5/6/20, and 6/3/20 document to "refer to SLP (Speech Language Pathology) for diet texture review."  R1's EHR (Electronic Health Record) and MAR (Medication Administration Record), dated 4/2/20 through 7/5/20, does not include the signed Physician ordered liquid protein supplement for R1 and does not include SLP evaluation was completed for R1's diet texture review.  On 9/9/20 at 2:06 pm, V3 (Licensed Practical Nurse/Wound Nurse) confirmed the RD made dietary recommendations for a protein supplement and speech therapy that were signed as orders by V8 in April through July 2020, and does not know why the orders were not processed by the nurses.	F 659	recur: The facility has revised their procedure for processing RD recommendations. Recommendations will be provided to the DON instead of directly to the nurses to ensure timely follow up and transcription of orders. The DON will review recommendations with Physician/NP.  Nurses were re-educated on physician orders, documentation on MAR and RD recommendations.  Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Nursing management or designee will conduct 2 random audits per week for 4 weeks to ensure all dietician recommendations are followed and physician orders processed.  Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.  Date corrective completed: 10/13/2020		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)	F 677		10/13/20	

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F 677	<p>Continued From page 50</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide dressing, toenail care, showers, and personal hygiene assistance for five (R4, R5, R6, R40, R95) of 28 residents reviewed for activities of daily living in the sample of 95.</p> <p>Findings include:</p> <p>The facility Certified Nursing Assistant (CNA) job description, updated 10/2013, documents, "Main duties: C. Carry out assignments for resident care including (but not limited to): a) bathing, b) dressing, c) grooming, d) shaving, e) feeding, f) restorative nursing procedures, g) retraining."</p> <p>1. R4's Quarterly Minimum Data Set (MDS), dated 8/14/20, documents R4 has "severely impaired" cognition and requires extensive assistance with bathing, personal hygiene, dressing and toileting.</p> <p>R4's current Care Plan documents "CNA's to provide cues and hand-over-hand assist if needed to start dressing. Cue and assist with upper body dressing as needed." This plan of care dated 7/26/17, documents "Resident chooses not to shave as he wishes to grow a beard. Staff will encourage resident to maintain his beard and keep it clean and trimmed. Provide resident assistance with oral cares...personal cares...am and pm cares." This same plan of</p>	F 677	<p>F677 ADL Care Provided for Dependent Residents SS=E</p> <p>The facility does provide dressing, toenail care, showers, and personal hygiene assistance.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R4, R40 &amp; R95 no longer reside at the facility R5 and R6 are provided dressing, toenail care, showers and personal hygiene assistance.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Staff were re-educated on nail care, oral hygiene, clothing, shaving male or female residents, and bath/shower. CNA staff is to check in with their nurse at the end of every shift prior to departure to confirm all care was delivered as care</p>		

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F 677	<p>Continued From page 51</p> <p>care also documents due to frontotemporal dementia R4 "exhibits socially inappropriate behaviors, has difficulty making self understood...exhibits limited, repetitive speech patterns and a very short attention span...has a memory/recall problem...requires 24 hour supervision....poor attention span and concentration...behaviors of wandering."</p> <p>R4's Point of Care charting, dated 7/1/20 through 8/28/20, documents R4 required total assist on most days with bathing, extensive to total assist on most days with personal hygiene, and extensive to total assist on most days with dressing.</p> <p>On 8/27/20 at 10:25 am, R4 was sitting on the side of his bed with a soiled t-shirt on, without glasses on, smiled with no dentures in his mouth. R4 had visible whiskers noted to his face, chin, and neck and was wearing a pair of non-skid slipper socks. No clothes were observed in R4's closet.</p> <p>On 8/31/20 at 2:10 pm, R4 was lying in bed in a gown and brief only. R4's face, chin, and neck were covered with thick whiskers.</p> <p>On 9/1/20 at 1:50 pm, R4 was lying in bed dressed in sweatpants, soiled t-shirt and non-skid slipper socks with overgrown whiskers to face, chin, and neck. There were visible white/gray particles visible in whiskers.</p> <p>On 9/4/20 at 11:50 am, R4 was lying in bed dressed in sweatpants, soiled t-shirt, and non-skid slippers. Remained with overgrown facial hair to face, chin, and neck with visible white/gray particles in facial hairs.</p>	F 677	<p>planned</p> <p>Facility department head rounding will be done regularly to validate cares are being completed as required.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility management or designee will conduct 2 random audits per week for 4 weeks to ensure showers and personal cares provided.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 677	<p>Continued From page 52</p> <p>On 8/28/20 at 3:38 pm, V44 (R4's Family Member) stated she came to visit R4 on 7/20/20 and stated R4 "looked horrible." V44 stated, "(R4) had on dirty stained clothing that didn't even belong to him. He had a full beard, which was overgrown and dirty down his neck and around his ears." V44 stated she has talked with facility staff about his beard and "they keep telling me he says he wants to grow a beard." V44 stated, "(R4) has dementia and cannot communicate and does not make much sense when he does, so how would they know. He has had a mustache before, but never a beard. They did finally shave him but then let it grow back. They need to shave him and keep him clean."</p> <p>2. R5's quarterly MDS, dated 8/17/20, documents R5 requires extensive assistance for bathing, personal hygiene, dressing, and toileting.</p> <p>R5's current Care Plan, documents "Do not use pad/brief on resident" and then also documents "Use absorbent, skin-friendly pads/briefs to maintain personal hygiene and dignity." This plan of care also documents staff to "Provide assistance with oral cares...AM and PM cares...personal cares...with shower/bath twice weekly and as needed."</p> <p>R5's Point of Care, dated 6/1/20 through 9/10/20, documents R5 received a partial bath on 7/4, 7/29, 8/14, and 8/25 with all other days documented as "activity did not occur." R5's Point of Care documents R5 received physical assist with showering on 6/25, 7/2, 8/5, and 8/6 with all other days documented as "activity did not occur."</p> <p>On 8/31/20 at 2:25 pm, R5 was sitting up in her</p>	F 677			

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F 677	<p>Continued From page 53</p> <p>wheelchair with a night gown on and a visible brief.</p> <p>On 8/31/20 at 2:25 pm, R5 stated, "The staff don't change or empty my bag (colostomy bag) and it sometimes leaks all over me and I have to wait for someone to change it. They don't help me wash up and I have only taken a shower a few times. They didn't help me get dressed this morning. That is why I still have a gown on. I need help and they don't sometimes."</p> <p>3. On 8/27/2020 at 10:30AM R6 was lying on top of her covers in bed. Her toenails were long extending beyond the ends of her toes. R6 stated she is supposed to get her toenails cut by the podiatrist. R6 stated she is usually in dialysis when he comes so she has not had her toenails cut in a "very long time." R6 stated she does not get a shower very often and even then no one will cut her nails.</p> <p>R6's Activity of Daily Living (ADL), Point of Care Charting (POC) system, R6 is documented as receiving a shower 4 times from 6/27-8/18/2020 and as not having a shower from 8/18/20-9/10/20.</p> <p>4. On 9/4/2020 at 10:40AM, R95 stated, "I was admitted to (Facility) on 8/7/2020 and was not assisted to get out of bed for the first 48 hours." R95 discharged from the facility on 8/21/20. R95 stated, "I was not offered or given a shower while I was at (Facility)." R95's POC ADL documentation does not document R95 received a shower during her stay at this facility. R95 is documented as "Activity did not occur."</p> <p>5. On 9/1/20 at 12:00PM, V40 stated, "I have only had three showers since I was admitted here in</p>	F 677			

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F 677	Continued From page 54 December 2019. They say they will come and get me and then they do not ever return. Or I request a shower and the staff does not get me up for one. Now, I just don't bother with them. I have not had my hair washed in a couple of months. They do not have those hair washing caps here like they do in the hospital for me to wash my hair either." Documentation shows V40 "refused" showers on her shower sheets provided for all showers 6/9 - 9/2/2020. Her POC ADL documentation stated she received 8 showers from 6/29- 9/2/2020.	F 677			
F 684 SS=K	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility knowingly failed to provide skin assessments and daily treatment resulting in lack of healing or worsening skin condition for six of eight residents with known wounds (R1, R2, R6, R40, R62, R95) reviewed for wounds in the sample of 95.  These failures resulted in an Immediate Jeopardy.  While the Immediacy was removed on 9/11/20	F 684	F684 Quality of Care SS=K  The facility does provide skin assessments and daily treatments.  Corrective Action to be taken for residents found to have been affected by the deficient practice: R2, R40 & R95 no longer reside at the facility. R6 & R62 have assessments and	10/13/20	

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F 684	<p>Continued From page 55</p> <p>the facility remains out of compliance at Severity level two while the facility is in the process of implementing education, facility wide skin assessment, and audits of wounds and treatments related to skin conditions.</p> <p>Findings include:</p> <p>Medical-Surgical Nursing Clinical reasoning in Patient Care, LeMone, Burke, Bauldoff and Gubrud, 6th Edition 2015; documents, "The skin and its accessory structures (the integumentary system) enclose and cover the body, providing protection by serving as a barrier between the internal and external environments."</p> <p>The facility policy for Wound Care, dated 5/17, documents "Follow physician's orders for wound care. Documentation of wound care must be completed each time the treatment is done. This documentation will be done on the Treatment Administration Record (TAR). Current wound status must be documented no less than once a week. Facilities using (Electronic Health Records) EHR will complete a weekly treatment (Non-Pressure Ulcer) documentation observation. Wound changes and other pertinent observations must be documented in the Nurses Notes as they occur."</p> <p>1. On 8/28/20 at 4:29 pm, R1 stated her wound treatments were not completed as ordered, no one measured her wounds every week, she did not receive a protein supplement or intravenous antibiotics as she should have.</p> <p>R1's Face Sheet documents R1 was admitted to the facility on 4/2/20 with diabetic foot ulcers to her right and left heels and right ankle. The</p>	F 684	<p>treatments are in place.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: The facility has dedicated a nurse to oversee the wound care program. Wound care nurse was educated on assessment of wounds, treatments and proper documentation. Vohra wound care physician is conducting visits weekly Re-educated nursing staff on management of wounds, skin assessment policy and procedure, wound assessment policy and procedure, wound care, wound dressing, wound cleansing, pressure ulcer risk assessment policy and procedure, pressure ulcer prevention protocol, pressure ulcer treatment and management Nursing staff have been reeducated on response to incidents, use of the mechanical lift, nursing equipment and safe lifting practices. Additional slings were purchased.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Nursing management or designee will conduct 3 random audits per week for 4 weeks to ensure all skin assessments and</p>		



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F 684	<p>Continued From page 56</p> <p>Admission Assessment also documents R1 with rash and skin disruption to R1's abdominal fold and admitted with a PICC (Peripherally Inserted Central Catheter) line.</p> <p>The POS (Physician Orders Sheet) for R1, dated 4/2/20, documents "Cleanse bilateral heels with Dakin's solution, apply SSD (Silver Sulfadiazine), cover with non-adherent pad and wrap with gauze daily three times a week" on Monday, Wednesday, and Friday. This POS also documents Nystatin to be applied topically once a day.</p> <p>The TAR (Treatment Administration Record) for R1 documents R1's wound treatment was not completed on 4/3/20, 4/6/20, or 4/10/20, was done twice on 5/5/20 and 5/17/20, and was done four times on 6/1/20, 6/5/20, and 6/12/20. This treatment order was discontinued on 6/19/20, however was done again on 6/23/20. This TAR also documents that Nystatin was not applied during the months of April, May or June.</p> <p>The POS for R1, dated 4/13/20, documents "PICC line dressing change ...measure arm circumference and catheter length, change caps with dressing change once a day every seven days." R1's PICC line order was discontinued on 6/19/20.</p> <p>The TAR for R1, dated 4/1/20 through 4/30/20 does not include the treatment for R1's PICC line or that it was completed. The TAR, dated 5/1/20 through 5/30/20, 6/1/20 through 6/30/20, and 7/1/20 through 7/31/20 does not document treatment was ever completed. R1's PICC line was discontinued on TAR on 7/6/20.</p>	F 684	<p>orders carried out in compliance with doctor's orders.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 684	<p>Continued From page 57</p> <p>The POS for R1, dated 6/19/20, documents Nystatin to be applied topically twice a day.</p> <p>The TAR for R1, dated 6/19/20 through 6/30 documents Nystatin treatment was not completed. The TAR for 7/1/20 through 7/31/20 documents Nystatin was not applied on 7/1/20, 7/3/20 in am, 7/4/20 through 7/6/20, 7/7/20 in pm and facility was unable to provide a treatment record for the month of August 2020.</p> <p>The POS for R1, dated 6/30/20, documents treatment for right heel to "Cleanse with wound cleanser/pat dry. Apply thin layer of Santyl to necrotic center. Apply collagen sprinkles mixed with scant amount of water to make paste and apply to granulated tissue. Cover with soft 6x6 silicon foam dressing. Change Monday, Wednesday, Friday and PRN (as needed)" and to "Apply skin prep to left heel daily."</p> <p>The TAR for R1, dated 6/1/20 through 6/30/20 does not include the 6/30/20 treatment orders or document that they were completed. The TAR dated 7/1/20 through 7/31/20 documents the treatment was not completed on 7/8/20, 7/17/20, 7/20/20, or 7/24/20. This same TAR documents R1's left heel treatment was not completed on 7/4/20, 7/5/20, 7/16/20 through 7/21/20, and 7/23/20 through 7/31/20. The facility was unable to locate or provide an August TAR for R1.</p> <p>The RD (Registered Dietician) made recommendations for R1 to "Start 30 ml (milliliters) of liquid protein BID (twice daily) to aid in healing" on 4/8/20, 5/6/20, 6/3/20, and on 7/1/20. This recommendation was not followed or ordered until 7/6/20.</p>	F 684			

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F 684	<p>Continued From page 58</p> <p>There is not weekly wound documentation for R1's right heel wound and only sporadic Weekly Wound Tracking and Wound Management Notes between 6/3/20 through 8/26/20.</p> <p>2. The facility policy for Wound Care, dated 5/17, documents "Follow physician's orders for wound care. Documentation of wound care must be completed each time the treatment is done. This documentation will be done on the Treatment Administration Record (TAR). Current wound status must be documented no less than once a week. Facilities using (Electronic Health Records) EHR will complete a weekly treatment (Non-Pressure Ulcer) documentation observation. Wound changes and other pertinent observations must be documented in the Nurses Notes as they occur."</p> <p>R62's Physician Orders, dated 6/30/20, documents "Right Malleous: Cleanse with wound cleanser, pat dry. Apply thin layer of Santyl to center slough area. Cover with Silicon 4x4 foam dressing. Change Monday, Wednesday, Friday and PRN (as needed)."</p> <p>On 9/1/20 at 12:20 pm R62's right malleous was covered with a foam dressing dated 8/26/20 with visible dark drainage underneath the dressing. The edges of the foam dressing were rolled up and not adhered to R62's foot. R62 stated he usually has to tell the staff when the dressing comes off, otherwise they change it every couple of weeks.</p> <p>R62's July 2020 TAR (Treatment Administration Record) documents Physician ordered wound treatments were not completed as ordered. The facility was initially unable to locate an August</p>	F 684			

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F 684	<p>Continued From page 59</p> <p>TAR for R62; however, on 9/11/20 the facility provided an August TAR which also documents Physician ordered wound treatments were not completed as ordered. R62's dressing was not changed on 8/28/20 or 8/31/20 per Physician order.</p> <p>There is not weekly wound documentation for R62's right malleolus wound and only sporadic Weekly Wound Tracking and Wound Management Notes between 6/3/20 through 8/26/20.</p> <p>On 9/9/20 at 2:06 pm, V3 (Licensed Practical Nurse/LPN/Wound Nurse) stated she was hired in March 2020 to work as the facility wound nurse, however worked the floor until 3/23/20 and was then off work until 4/13/20. V3 stated she worked as a floor nurse for the first 5 weeks and the week after Mother's Day, the DON (Director of Nursing) "walked." V3 stated she was pulled from the floor to assist with DON duties and is still currently doing this as well as testing on Mondays and Tuesdays, which only leaves Wednesday through Friday to work with wounds. V3 stated, "This is why I am unable to do all the wound treatments and why there is not weekly wound documentation done every week." V3 stated she cannot confirm and "there is no way to know that R1's wound treatments were done because they were not signed off that they were done. The nurses have been in-serviced and should be signing off that they completed the treatments. Back to Nursing 101; not signed out, wasn't done."</p> <p>3. On 9/1/2020 at 12:00p.m. R40 was reclined in bed with her noon meal on an over bed table in front of her. R40 stated, "I have two treatments.</p>	F 684			

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F 684	<p>Continued From page 60</p> <p>One on my right hip and the other towards the groin. I got a bandage put on them yesterday. I am lucky to have my treatment done once a month. No one ever shows up to do it on the weekends."</p> <p>On 9/1/2020 at 1:20p.m. V18 (Licensed Practical Nurse/LPN/Treatment Nurse) verified the two treatment orders to be completed was: Left lower apron abdomen: cleanse with wound cleanser, place a 6x10 Optilock (moisture absorbing dressing) x2 lengthwise to absorb weeping, change daily, start date 8/31/2020. The second order was to the right lower aspect of the lower abdomen: cleanse with soap and water, pat dry apply Optifoam (adhesive dressing with an absorbent center, 4x4 change daily, start date 8/31/2020.</p> <p>On 9/1/2020 at 1:40p.m. V3 stated, "(R40) went to the hospital and returned on 8/22/2020. The treatment order did not get 'pulled forward' (entered into R40's medical record) so there was not a treatment until yesterday (08/31/2020, nine days later). Now she has an open area on her right abdominal apron too."</p> <p>On 9/1/2020 at 1:45p.m. V3 and V10 (Certified Nurse Aide/CNA) assisted R40 to roll on to her left side. R40's right hip and back of her right thigh had multiple round and linear shaped open areas ranging from pinpoint to larger than a quarter in diameter with defined borders as the appearance of ulcers that were bright red in color with scant bleeding. This surveyor counted 12+ wounds on the back of R40's thigh and another 4+ wounds on her hip at beginning of the crease in her belly fold and under her "apron" belly flap. V18 verified the presence of the wounds then</p>	F 684			

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F 684	<p>Continued From page 61</p> <p>cleaned the areas with 4x4 gauze dressing and soap and water. This caused each wound to bleed. R40 started to complain and wanted to be placed on her back to rest. V18 and V10 lifted R40's belly apron further to perform a treatment to the center lower abdomen and revealed R40's skin was covered with a malodorous thick, white, mucous substance and more open wounds. V3 and V10 then assisted R40 to her left side. As they repositioned R40 on her right side, there was dried stool down the back of R40's left leg. R40 was involuntary of BM stool. V10 attempted to perform perineal care. R40 was not tolerating this process well so an observation of her skin was not completed. R40 was observed to have draining blood blister on the upper right quadrant of her abdomen and open areas in the creases of the outer aspect of her left thigh and abdominal fold verified by V3. R40 complained of pain at this time and wanted to be rolled onto her back. R40 stated to V3, "I have so much pain in that sore (motioning to her left lower belly) that I didn't go to dialysis this morning."</p> <p>On 9/1/2020 at 2:15p.m. V3 stated, "All those open areas were new. I did not know about them. And that white stuff under (R40's) belly is just 'funk' from not having a shower. She refuses them all the time."</p> <p>On 9/2/2020 at 12:50 p.m. V30 (Dialysis Office Manager) verified R40 did refuse dialysis on 9/1/2020.</p> <p>On 9/1/2020 at 2:40 p.m. V3 stated, "(R40's) 8/22/2020 Readmission skin assessment did not get done that day because it was a Saturday or Sunday. I don't work on Sundays. Mondays and Tuesdays, I do the COVID testing so I did not do</p>	F 684			

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F 684	<p>Continued From page 62</p> <p>treatments on those days." The last Skin Management report provided was 8/19/2020, not a readmission report after her 8/22/2020 hospitalization. On 8/22/2020 V31 (LPN) completed an admission assessment that stated R40's pressure wounds were the same as they were before her hospitalization. No measurement or location was noted on the assessment.</p> <p>The last Skin Management report provided by the facility dated 8/19/2020, did not have a readmission skin report for (R40) upon return from her 8/22/2020 hospitalization. On 8/22/2020 V31 completed an admission assessment that stated R40's pressure wounds were the same as they were before her hospitalization. No wound measurements, stages or locations were noted on the assessment.</p> <p>The National Pressure Ulcer Advisory Panel (NPUAP) Clinical Practice Guideline Manual 2009 documents, "Skin Moisture: General measures, as well as urinary and fecal incontinence, emerge in epidemiological studies as factors associated with pressure ulcer development." "Failing to provide appropriate strategies when an individual has been identified to be at risk of pressure ulcer development is a failure in the duty of care owed by the health professional and can be determined as negligence." "It is important to note that skin damage from moisture is not pressure, but that presence of skin damage from moisture may increase the risk of ulceration."</p> <p>4. The facility Wound Care policy dated 5/17 documents, "Observe all wounds and notify the physician of signs of infection, swelling, of affected part, redness of affected part and sensation of heat along with throbbing pain,</p>	F 684			

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F 684	<p>Continued From page 63</p> <p>tenderness, fever, evidence of pus, or red streaks leading from the wound. Current wound status should be documented no less than once per week and should be done on the Treatment Administration Record (TAR) in the space provided or Nurse's Notes as they occur. Facilities using (Electronic Health Records) will complete a Weekly Treatment (Non-pressure Ulcer) documentation observation."</p> <p>R95 was admitted to the facility on 8/7/2020 with daily wound care orders for a recent trans-metatarsal amputation on her right foot and cellulitis in her left lower leg and an open area on her left heel. R95 discharged home on 8/21/2020. The Admission skin assessment documents R95 had a pressure ulcer on her left heel, however no size, stage or measurements of the wound were documented on the assessment. There was no mention of the surgical site.</p> <p>R95's Physician's Orders document treatment orders: Right lower extremity. Betadine swabs. Apply topically for wound paint to incision sites. Cover with 4x4's and Kerlix. Complete the treatment daily. The order date was 8/8/2020. The treatment for the left lower extremity dated 8/8/2020 is cleanse (the Wound) gently, dry and pack with a Dakin's solution soaked 4x4. Wrap with Kerlix and wrap with Ace Wrap.</p> <p>On 9/4/2020 at 10:30 a.m. R95 stated, "The first three days, no one changed my dressing. They only changed it one time while I was there."</p> <p>On 9/4/2020 at 12:00p.m. V28 (Podiatrist) stated he had been treating (R95) and was continuing to treat her. V28 verified her treatments were to be completed on a daily basis for both right and left</p>	F 684			



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F 684	<p>Continued From page 64</p> <p>feet. V28 stated, "On 8/18/2020 she came to the wound clinic with a dressing in place dated 8/10/2020."</p> <p>The facility was not able to provide the Treatment Administration Record for R95's stay at this facility. There was not a wound management or a Weekly Treatment (Non-pressure Ulcer) documentation observation completed for R95.</p> <p>5. R2 was admitted to the facility on 3/22/2020. The admission documents from the previous facility document R2 was being treated with a wound vac after chemical burn after surgical intervention to her right buttock and thigh.</p> <p>R2's March Treatment Administration Record (TAR) documents two treatments dated 3/22/2020 which document to "Apply wound vac to right buttock hip area Monday, Wednesday, Friday" which was not documented as completed for the month of March. Another treatment is documented on the March MAR "Cleanse the right buttock and calf area with normal saline or wound cleanser, pat dry, apply collagen powder mixed with Gentamycin. Apply twice a week on Sunday and Thursday." This treatment was documented as completed one time on March 22.</p> <p>R2's 4/2/2020 Progress notes document the wound orders were changed due to her lack of compliance with the wound vac.</p> <p>R2's April treatment orders have a line drawn through both orders with a notation that states wet to dry dressing to right hip with no date on the order. There are no initials in the spaces allotted to note the treatment was completed during the month of April.</p>	F 684			

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F 684	<p>Continued From page 65</p> <p>R2's May TAR documents the ordered treatment dated 4/8/2020 to "Cleanse wound daily with wound cleanser. Apply wet to dry dressing with Dakins solution daily." This treatment order does not document which area of the body to perform the treatment but was documented as completed 15 days in April.</p> <p>R2's June MAR documents this same treatment was completed on June 1, 2, and 5, 2020</p> <p>R2's last wound assessment for the right calf was documented by V34 (Registered Nurse Treatment Nurse/RN/Tx). V34 assessed the wound as a Stage 3 pressure ulcer, not a burn as documented upon admission.</p> <p>R2's last wound assessment on her right buttock dated 6/10/2020 documented by V3 assessed the wound as a Stage 4 pressure ulcer and was not healed.</p> <p>R2 discharged (Against Medical Advice) on 6/15/2020.</p> <p>6. On 8/27/2020 at 10:30AM V3 provided care to R6's wounds in her right groin. V3 pretreated the open areas at R6's request with "Lidocaine gel" from a jar of clear gel removed from the green hospital bag on the floor next to R6's bed. V3 then irrigated R6's wounds, packed with an iodoform gauze rope and then placed a large gauze pad over the areas. When V3 completed the treatment, she explained there was not an order for her to pretreat the open areas with the Lidocaine gel but she would get an order.</p> <p>On 8/27/2020 at 10:45 a.m. R6 stated she does</p>	F 684			

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F 684	<p>Continued From page 66</p> <p>not receive her treatment as ordered. R6 pointed to a bag of dressings and wound care items on the floor. R6 stated, "Those are from the hospital. I keep them in my room so they (the nurses) do not have a chance to leave 'to get wound care supplies'. They say that and then do not come back. I have an abscess and it just got drained. They are supposed to keep an eye on it, but they don't check it much. I just tuck a pad in there if it starts leaking."</p> <p>R6's current treatment order documents: Cleanse with wound cleanser, pack wound to right groin with Iodoform daily and cover with an large gauze pad date 8/25/20. There is no order for Lidocaine gel to be administered to the open wounds.</p> <p>The facility Wound Care Policy last revised 5/17 documents, "Follow the physician's orders for wound care. Order should include specific instructions such as cleansing solution (if any), name of medication that is to be applied, specific site of application, frequency of treatment and duration of the treatment." "Documentation of wound care must be completed each time the treatment is done. This documentation will be done on the Treatment Administration Record (TAR). Current wound status must be documented not less than once a week and should be done in the TAR or the Nurses Notes as they occur. Facilities using ERH (Electronic Health Record) will complete a Weekly treatment (Non Pressure) Documentation Observation."</p> <p>The Immediate Jeopardy was identified on 9/2/20 at 12:30pm. The Immediate Jeopardy began on 5/5/20 when the facility failed to perform R1's wound treatments as ordered until R1 discharged against medical advice on 8/21/20. V1</p>	F 684			

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F 684	<p>Continued From page 67 (Administrator) was notified of the Immediate Jeopardy on 9/11/20 at 2:00PM.</p> <p>The surveyor confirmed through observation, interview and record review that the facility took the following actions to remove the immediate jeopardy:</p> <ol style="list-style-type: none"> <li>1. Facility will ensure appropriate staff is aware of who is responsible to perform daily treatments. The facility will identify on the daily staffing sheet who is responsible to complete the treatments.</li> <li>2. September 11, 2020 at 3:30pm facility held ad hoc QA meeting.</li> <li>3. September 11, 2020 at 6pm Education was completed with nursing staff on the following. All staff not trained at this time will be in-serviced prior to working their next shift. This education is being completed by Interim Director of Nursing, Administrator, Regional Reimbursement Nurse, VP of Clinical Operations, LPN Supervisor, and Wound-Restorative Nurse on Emergency Response, Skin Assessments, Treatments and Documentation, Pain Management, and Medication Administration.</li> <li>4. September 11, 2020 at 4pm Administrator educated nursing management on the requirements of routine audits of TARs. This education included that the Director of Nursing or designee will conduct weekly audits for 6 months of the TARs, resident skin assessments and care plans related to skin.</li> <li>5. September 12, 2020 at 5:00pm a full house skin sweep has been completed by Wound-Restorative Nurse and Wound Nurse.</li> </ol>	F 684			

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F 684	Continued From page 68 Weekly body audit form has been completed on all in house residents.  6. September 12, 2020 at 7:00pm an audit of wound management in the Electronic Health Record has been completed by VP of Clinical Operations, Regional Reimbursement Nurse, and Interim Director of Nursing to verify all skin issues are documented within wound management in EHR, appropriate orders and care plans in place. The wound management documentation includes description and measurements.  7. Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Director of Nursing or designee will conduct weekly audits for six months that include 100% review of resident skin assessments, TARs, and care plans related to skin. Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed. The Director of Nursing or designee will conduct weekly audits for 6 months to ensure the person responsible for daily treatments is denoted on the daily staffing sheet. Identified concerns shall be reviewed by the facility QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.	F 684			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and	F 689		10/13/20	

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F 689	<p>Continued From page 69</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide supervision and failed to identify a possible injury of unknown origin for two (R9, R94) of six residents reviewed for falls in the sample of 95. These failures resulted in R9 not receiving increased supervision from a known prior fall intervention that resulted in R9 having another fall with a hip fracture, and R94 obtaining an intraventricular hemorrhage of bilateral ventricles of the brain.</p> <p>Findings include:</p> <p>The facility's Accident and Incident Report, Revised 04/2019, documents "1. Resident: c. Follow-up to be continued at minimum for 72 hours - which include vital signs, ROM (range of motion), skin abnormalities, responsiveness, general condition, changes observed in injury site, etc."</p> <p>Facility "Resident Census and Conditions of Residents" form, dated 8/28/20 by V1 (Administrator) documents 86 residents reside in the facility. This form further documents 75 residents require the assist of one or two staff for transferring and 8 are dependent.</p> <p>"Facility Assessment," no date, documents "the facility has an average census of 85 with 43 residents on third floor and 42 residents on fourth floor. 45% have falls. We review care needed by residents on each unit/floor to determine staff assigned. This is a combination of ADL needs,</p>	F 689	<p>F689 Free of Accident Hazards/Supervision/Devices SS=G</p> <p>The facility does provide supervision and identifies possible injuries.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R94 no longer resides in the facility R9 fall risk assessment was reviewed and Fall Care Plan was reviewed How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Re-educate nursing staff on accident and incident procedures and medical emergency response. Care plans for resident identified at high risk for falls were reviewed for accuracy and revised as needed. The facility will review fall incidents at the facilities AAIMMS meeting . The facility will utilize an electronic risk management program to investigate fall incidents and to assist with determining root cause.</p>		

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F 689	<p>Continued From page 70</p> <p>psychological needs, and any other special considerations to provide person centered care."</p> <p>Facility "Fall Log," no date, documents 20 falls for the Month of August 2020.</p> <p>1. The Face Sheet for R94, dated 2/17/20, documents R94 was admitted to the facility with the following diagnoses: Dementia without behavioral disturbance, Repeated falls, Physical injury and trauma - meniscus repair, Osteoarthritis, history of TIA (small stroke) and Cerebral infarction, Cognitive communication deficit, and need for assistance with personal care.</p> <p>The Admission Restorative Assessment for R94, dated 2/18/20, documents R94 requires supervision with bed mobility, limited assist with transfers and ambulation with a walker, balance unsteady but able to stabilize self, limited assist with bathing and dressing, supervision for personal hygiene and eating.</p> <p>R94's EHR (Electronic Health Record) documents R94 had falls on 2/19/20 at 4:30, on 2/26/20 at 2:45 am, on 3/24/20 at 2:50 pm, and on 6/7/20 at 11:30 pm.</p> <p>R94's Admission Fall Risk Assessment, dated 2/17/20, scored R94 as (17) "High Risk" for falls with history of "one or two falls" in the last 3 months with referrals recommended for Occupational Therapy/Physical Therapy (OT/PT). Fall Risk Assessments, dated 2/22/20 and 2/26/20 post falls document R94 scored (22) "High Risk" for falls.</p> <p>R94's Admission Care Plan documented "Assure</p>	F 689	<p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Nursing management or designee will conduct 2 random audits per week for 4 weeks to ensure residents are assisted promptly post-fall, assessed prior to moving post-fall, promptly/timely assisted to chair or bed, and Care Plan revised post fall.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 689	<p>Continued From page 71</p> <p>the floor is free of glare, liquids, foreign objects. Keep bed in lowest position with brakes locked. Keep call light in reach at all times. Keep personal items and frequently used items within reach. Obtain PT consult as needed. Occupy resident with meaningful distractions. Orient resident when there has been new furniture placement or other changes in environment. Provide proper, well-maintained footwear. Provide resident and environment free of clutter. Provide toileting assistance before and after meals, at nighttime and as needed.</p> <p>The Fall Report for R94, dated 6/7/20, documents "This resident was noted to be in a left side lying position next to her bed with a large contusion on her left upper forehead. This resident stated, 'I fell out of bed.' The Root cause was determined to be related to resident's functional state. Fall Intervention - therapy to screen post fall."</p> <p>The local hospital CT Scan, dated 6/7/20, documents, "Diagnoses: Contusion of forehead, initial encounter and unwitnessed fall."</p> <p>R94's Fall Risk Assessment, dated 6/8/20, scored R94 as (19) "High Risk" for falls with history of "One or two falls" in last 3 months with referral for "Falls Prevention Program."</p> <p>R94's Care Plan was updated to include: "Therapy to screen post fall." R94's Care Plan does not include Falls Prevention Program.</p> <p>The Progress Notes for R94, dated 6/14/20, documents "Hematoma noted to left side of forehead, resident given Tylenol 500mg (milligrams) with relief noted." The Progress Note, dated 6/15/20 at 10:54 am, documents "Lump</p>	F 689			



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F 689	<p>Continued From page 72</p> <p>and discoloration to left forehead and discoloration to left jaw. Denies pain." The Progress Note dated 6/15/20 at 2:53 pm documents "Resident has slept most of the day. Will continue to monitor." The Progress Note, dated 6/17/20 at 12:15 pm, documents "Resident refused breakfast this morning, and refused to let nurse take VS (vital signs). Resident stated, Just leave me alone today, all I want is to sleep." The Progress Note, dated 6/19/20 at 1:55 pm, documents "This nurse communicated with NP due to concerns of large knot on left side of resident's head from fall on 6/7/20 and resident complaining of pain. NP (Nurse Practitioner) assessed and ordered for resident to be taken to ED." V8's (Nurse Practitioner/NP) Progress Note for R94, dated 6/19/20 at 8:17 pm, documents "Left forehead edema." The Progress Notes made by Nursing Staff are documented here. The Progress Note, dated 6/19/20 at 2:06 pm, documents "Received call from (Hospital) Nurse...CT (Computed Tomography) scan was done and patient does have bleed and she will contact family to inform them so they can decide on treatment."</p> <p>V8's Progress Note for R94, dated 6/19/20 at 8:20 pm, documents Nursing reports that patient has edema like knot of left side of forehead in area where she fell on 6/7/20. Pt's edema is the size of a golf ball. ED cleared patient on 6/7/20 after CT diagnosis of contusion of forehead.</p> <p>The local hospital discharge record documents "Final diagnoses: Intracranial hematoma with loss of consciousness, subsequent encounter Acute nonintractable headache, unspecified head type. Comfort measures only status.</p>	F 689			

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F 689	<p>Continued From page 73</p> <p>The local hospital CT Scan, dated 6/19/20, documents "Reason for Exam: Intermittent headache. Trauma." "Findings: A CT of head was performed without IV (intravenous) contrast. The cerebellum and supracellar cistern appear normal. Prominent scalp hematoma left frontal region. Acute intraventricular hemorrhage in both lateral ventricles. Focal hematoma in left lateral ventricle measuring 2 cm (centimeters). Diffuse atrophy with ventricular dilation. No obstructive hydrocephalus. Asymmetric low density adjacent to the right posterior temporal bone which may represent arachnoids cyst adjacent to the right cerebellar hemisphere. Chronic ischemic change in the basal ganglia regions and prominently seen in the pre-ventricular white matter. No subdural hemorrhage identified. No calvarial fracture. Postsurgical change in the right emporal bone." Final result documented as "Impression: 1. Prominent soft tissue hematoma left frontal region without underlying calvarial fracture. 2. Associated acute hemorrhage in both lateral ventricles left greater than right. No obstructive hydrocephalus. 3. No subdural hematoma or intraparenchymal hemorrhage identified. 4. Atrophy and chronic ischemic change.</p> <p>R94's Care Plan does not document any new interventions, Falls Prevention Program, or referrals for R94 other than for Hospice Services.</p> <p>V8's Progress Note for R94, dated 6/30/20 at 11:22 am, documents "Declining condition: Nursing concerned patient is declining. On 6/7/20 Pt was sent to ED due to fall and collision with roommate. Pt was sent back with dx (diagnosis) of contusion of forehead. A CT of cervical spine and head done June 10th. Pt was sent back to ED due to a prominent soft tissue hematoma to</p>	F 689			

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F 689	<p>Continued From page 74</p> <p>the left frontal region of forehead. Dx on return was acute hemorrhage or Intracranial hematoma with loss of consciousness in both lateral ventricles, left greater than right and acute intractable headache. Pt came back hospice. Pt has been declining ever since, pt now lays in bed, not alert, patient is not eating, no gross muscle activity. Breathing is still clear. No sign of impending death at this time."</p> <p>The Significant Change MDS (Minimum Data Set) Assessment for R94, dated 6/30/20, documents R94 cognitively impaired. This MDS documents R94 requires total assist with bed mobility, bathing, personal hygiene, and dressing and required extensive assistance with toileting. R94 was also frequently incontinent of bowel and bladder.</p> <p>On 9/1/20 at 12:40 pm, V8 stated R94 did have a fall on 6/7/20 and went to the local hospital for an evaluation, CT was done which was negative. On 6/19/20 V8 stated she sent R94 back to the local hospital because she had "swelling and looked like someone hit her in the head with a hockey puck" and the CT results came back that she had a subdural hemorrhage and returned to the facility on hospice services. V8 stated she is unaware of any other falls or incidents for R94.</p> <p>The Progress Note for R94, dated 7/1/20, documents R94 expired.</p> <p>2. R9's electronic medical record documents R9 was admitted to the facility on 6/1/20.</p> <p>R9's current care plan documents R9 was care planned on 6/14/20 for wandering at times and has impaired vision. R9 was also care planned on</p>	F 689			

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F 689	<p>Continued From page 75</p> <p>6/1/20 for being at risk for falls related to dementia and difficulty in walking.</p> <p>R9's fall report, dated 7/3/20, documents R9 fell in the doorway of her bedroom and got a laceration and bump to her forehead. The root cause was the resident's confusion and the resolution was to increase rounding.</p> <p>R9's fall assessment, dated 7/3/20, documents R9 is a high risk for falls and staff is to perform 15 minute checks.</p> <p>R9's fall report, dated 8/26/20, documents a loud band was heard and R9 was found on the floor on top of a broken tray table. R9 was sent to the hospital to rule out a broken hip.</p> <p>R9's nurses notes by V13 (Registered Nurse/RN), dated 8/29/20 at 4:06pm, documents R9 was admitted to the facility from the local hospital with a right hip fracture.</p> <p>R9's progress notes by V8 dated 9/1/20 at 3:34pm documents "(R9) fell on 8/26/2020, patient was transported to ED (Emergency Department) for assessment and treatment if needed, and (R9) was dx (diagnosed) with a intertrochanteric fracture to the right hip."</p> <p>Facility was unable to provide any documentation on increased rounding or 15 minute checks for R9.</p> <p>On 8/27/20 at 10:45 am, V7 (RN) stated, "There are 42 people on this floor (4th floor). They only had one nurse and one CNA (Certified Nursing Assistant) last night (8/26/20), we had a resident fall (R9), and we sent her to the hospital. Her call</p>	F 689			

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F 689	Continued From page 76 light was on, but no one answered it."  On 8/27/20 at 2:05pm, R43 stated, "I was in the room when (R9) fell. I put the call light on for (R9); she needed to go to the bathroom. She leaned against her table while waiting and she fell and broke her hip. They take a long time to answer call lights here. No one had been around here for quite a while, at least a half hour or so."  On 9/4/20 at 10:20am, V28 (Licensed Practical Nurse/LPN) stated, "I was the nurse taking care of (R9) on 8/26/20 and I work second and third shifts. On 8/26/20 I heard a loud bang and I found (R9) sitting on her night stand/tray table next to her bed about 5pm. I did an assessment, I followed our protocol to get her up, she complained of her leg hurting so I called (V8) to send her out to the hospital. I think the only staff working that night was one nurse and two CNAs (Certified Nurse Assistants). R9 is on the fourth floor, which has the Alzheimer's unit and other confused residents who do not need a secure unit. One of the nurse aides has to stay in the secured unit at all times, and one of the nurse aides is out on the regular unit. I am busy all the time I am there, and we have mostly agency nurses and CNAs."	F 689			
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)  §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-	F 693		10/13/20	

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F 693	<p>Continued From page 77</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to put a resident's name, rate, and start date on the tube feeding bottle, and clean up a tube feeding spill for one (R10) of two residents reviewed for tube feedings in a sample of 95.</p> <p>Findings include:</p> <p>Facility Policy "Gastric and N/G (nasogastric) tube feeding policy," revised 5/17, documents "Resident name, flow rate, and start date are to be documented on the outside of formula container. Non-disposable items (such as pump, IV stands) must be thoroughly cleansed on a weekly basis with the cleanser used in this facility. The equipment is to be wiped down with a damp cloth on a daily basis, and PRN (as needed) to maintain cleanliness."</p> <p>R10's Physician Order Sheets, with an order date of 8/21/20, documents "Jevity 1.2 @ 65 ML (milliliter)/HR (hour) X 22 HOURS (OR UNTIL</p>	F 693	<p>F693 Tube Feeding Mgmt/Restore Eating Skills SS=D</p> <p>The facility does put resident's name, rate and start date on tube feeding bottle and clean up tube feeding spills.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R10 does have name, rate and start date of tube feeding bottles. Tube feeding spills are cleaned.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: Residents in the facility on tube feedings</p> <p>Measures the facility will take or systems the facility will alter to ensure that the</p>		

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F 693	Continued From page 78 1430 ML FORMULA) infused."  On 8/27/20 at 2:00pm, R10 was in bed with tube feeding of Jevity 1.2 at 65ml/hour with no name, rate, or start date on R10's tube feeding bottle. R10's tube feeding was spilled all over the floor, tube feeding pump, and tube feeding pole. At that same time, V17 (Registered Nurse/RN) verified there was no name, rate, or start date on V10's tube feeding bottle or tubing and there should be. V17 also verified R10's tube feeding was spilled all over R10's floor, tube feeding pump, and tube feeding pole.  On 9/1/20 at 1:40pm, R10 was in bed on her right side with Jevity 1.2 infusing at 65ml/hr dated 9/1/20 at 9:25am. R10's tube feeding was spilled all over the floor, tube feeding pump, and tube feeding pole. At that same time, V9 (Licensed Practical Nurse/LPN) stated they only have one housekeeper, and 9 verified R10's tube feeding was spilled all over R10's floor, tube feeding pump, and tube feeding pole.	F 693	problem will be corrected and will not recur: Nurses were re-educated nurses on gastric and N/G tube feeding and gastrostomy feedings policies. Nurses were reeducated on proper procedure for hanging and properly labeling of enteral feeding. Nurses were educated that they are responsible for maintaining the cleanliness of feeding pumps and associated spills.  Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility management or designee will conduct 2 random audits per week for 4 weeks to ensure hung feeding is labeled with name, rate and start date. Facility Managers will conduct daily QA rounding to ensure tube feeding spills are cleaned.  Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.  Date corrective completed: 10/13/2020		
F 697 SS=D	Pain Management CFR(s): 483.25(k)  §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan,	F 697		10/13/20	

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F 697	<p>Continued From page 79 and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to treat pain for one (R40) of 19 residents reviewed for pain in the sample of 95. This failure resulted in R40 experiencing pain and missing dialysis.</p> <p>Findings include:</p> <p>The facility pain management policy for "Pain Management" last revised 5/17 documents, "It is the policy of this facility to screen all residents for pain; identify those who are experiencing pain; and assess and develop an effective pain management pain care plan."</p> <p>On 9/1/2020 at 1:50 p.m. after the treatment nurse completed the treatment to R40's thigh, R40 stated, "I was having pain in the right side wound (belly flap) and I did not get up for Dialysis this morning because I could not tolerate the pain."</p> <p>R40's September 2020 Medication Administration Record (MAR) documents there is an order to "assess pain every shift." R40 was assessed as not having pain on 9/1/2020 during the day shift. The MAR documents R40 has an order for Hydromorphone 2 milligrams (mg) every 6 hours as needed for pain. The same MAR documents an order for Tramadol 50mg every 4 hours as needed for pain. The MAR does not document R40 received either one of these medications for complaints of the pain in her right wound/belly.</p> <p>R40's current care plan documents R40 has chronic pain related to Osteoarthritis. The nursing</p>	F 697	<p>F697 Pain Management SS=D</p> <p>The facility does treat pain.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R 40 no longer resides in the facility</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in facility have the potential to be affected.</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Re-educated nurses on pain management and medication administration.</p> <p>Nurses conduct pain assessment every shift. FNP will be notified of refusals to pain medications or therapies.</p> <p>Facility wide pain audit conducted to ensure resident pain medications administered as ordered, pain medication received timely and was pain medication effective.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent:</p>		



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F 697	Continued From page 80 staff is directed to "monitor and record any complaints of pain: location, frequency, effect on function, intensity, alleviating factors and aggravating factors."  On 9/16/2020 at 11:40 a.m., V2 (Director of Nursing) stated, "The expectation is that the nurses are to sign out the medication when given and the treatments when it's done." V2 went on to say, "(R40) is on routine pain regimen and does have a PRN medication if needed. Without looking at her MAR, I can't tell you if she was given her pain medication. We do medicate for pain. If she refused, the nurse would have re-attempted. Dialysis also has a protocol and a schedule, and the Dialysis Nurse would also come to the floor and talk with the resident about the consequences of refusing dialysis could be."	F 697	Nursing management or designee will conduct 2 random audits per week for 4 weeks to ensure pain medication ordered, pain medication provided timely and effective.  Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.  Date corrective completed: 10/13/2020		
F 725 SS=G	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).	F 725		10/13/20	

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F 725	<p>Continued From page 81</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility knowingly failed to have enough staff to accommodate the needs of the residents in the facility as evidenced by multiple complaints by residents, resident family members, staff, resident council minutes, and grievances where residents are not getting call lights answered, toileting, and grooming needs met. This failure to provide sufficient staff led to R9 not getting increased supervision from a known prior fall intervention that resulted in R9 having another fall with a hip fracture. This failure to provide sufficient staff also led to R87 falling and lying on the floor for over 2 hours while waiting for the next shift to come on duty to assist with transferring R87 due to insufficient staff in the building on midnight shift.</p> <p>Findings include:</p> <p>Facility "Resident Census and Conditions of Residents" form, dated 8/28/20 by V1 (Administrator) documents 86 residents reside in</p>	F 725	<p>F725 Sufficient Nursing Staff SS=G</p> <p>The facility does have enough staff to accommodate needs of residents.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: All Residents needs are accommodated by sufficient staff.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in facility have the potential to be affected.</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: The facility has reviewed the needs of the</p>		

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F 725	Continued From page 82 the facility. This form further documents 60 residents are occasionally or frequently incontinent, 56 require the assist of one or two staff for bathing and 26 are dependent, 75 require the assist of one or two staff for transferring and 8 are dependent, 81 require the assist of one or two staff for toilet use and 3 are dependent, and 69 require the assist of one or two staff for eating and 2 are dependent.  "Facility Assessment," no date, documents "The facility has an average census of 85 with 43 residents on third floor and 42 residents on fourth floor. 48% have urinary incontinence, 39% have concerns with activities of daily living (ADLs), 37% have cognitive loss or dementia, 45% have falls, and 50% have concerns with nutrition. Facility has three bariatric residents that require additional staff to accomplish ADL care daily. Facility acuity is considered for staffing purposes in order to provide adequate ADL (Activities of Daily Living), skin, and medical care for each resident. Facility "Staffing Plan" checks daily staffing needs based on census, and skilled and non-skilled residents. Facility currently staffs slightly above these requirements to meet the acuity needs of facility residents. Licensed Nurses Providing Direct Care total number needed or average is one Nurse Practitioner and 17 Licensed Nurses. Nurse Aides total number needed or average is 37 CNAs (Certified Nurse Aides). Agency Staff - facility utilizes agency nurses and CNAs to meet daily staffing needs as needed. We review care needed by residents on each unit/floor to determine staff assigned. This is a combination of ADL needs, psychological needs, and any other special considerations to provide person centered care."	F 725	residents to determine appropriate staffing levels. Staffing levels have been reviewed with the facility scheduler and steps to be taken to address call-ins etc. Staff meetings were held to review importance of coming to work, call-in policy and procedure. The facility has a weekly meeting with the facility recruiter to discuss open positions, applicant flow, new hires in process, etc. The facility holds a daily staffing meeting  Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility management or designee will conduct 2 random audits per week for 4 weeks to ensure adequate staff scheduled to accommodate resident needs.  Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.  Date corrective completed: 10/13/2020		

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F 725	<p>Continued From page 83</p> <p>Facility "Fall Log," no date, documents 20 falls for the Month of August 2020.</p> <p>Facility resident council minutes, dated 4/29/20, documents residents would like to see more nurses and would like to understand why there is so much turnover; dated 5/27/20 documents residents would like more CNAs and feels there is not enough help; and dated 6/24/20 documents residents feel the CNAs and nurses are undermanned."</p> <p>V1's email, dated 9/2/10 at 10:46am, documents the following: Nurses work -1st: 6a-2:30p, 2nd: 2p-10:30p, 3rd: 10p-6:30a; and CNAs work -1st: 6:30a-3p, 2nd:230p-11p, and 3rd: 10:30p-7a.</p> <p>On 8/27/20 at 11:50am, V5 (Nursing Scheduler) stated, "I was told by V2 Director of Nursing/DON) to use the ratios of three CNAs on the 3rd floor and four CNAs on the 4th floor for day shift and pm shift. I staff two CNAs on the 3rd floor and four CNAs on the 4th floor for midnights. I staff two nurses on day shift and pm shift for 3rd and 4th floor. I put one nurse on 4th floor for midnights, and two nurses on 3rd floor for midnights. I do not use the state staffing form; I don't know what that is. And I was unaware of any minimum staffing requirements. I was told how to staff by V2 and that is how I staff."</p> <p>1. R9's Electronic Medical Record documents R9 was admitted to the facility on 6/1/20.</p> <p>R9's current care plan documents R9 was care planned on 6/1/20 for being at risk for falls related to dementia and difficulty in walking. R9's current care plan documents R9 was care planned on 6/14/20 for wandering at times and has impaired</p>	F 725			

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F 725	<p>Continued From page 84 vision.</p> <p>R9's fall report, dated 7/3/20, documents R9 fell in the doorway of her bedroom and got a laceration and bump to her forehead. The root cause was the resident's confusion and the resolution was to increase rounding.</p> <p>R9's fall assessment, dated 7/3/20, documents R9 is a high risk for falls and staff is to perform 15 minute checks.</p> <p>R9's fall report, dated 8/26/20, documents a loud bang was heard and R9 was found on the floor on top of a broken tray table. R9 was sent to the hospital to rule out a broken hip.</p> <p>R9's progress notes by V8 (Nurse Practitioner/NP), dated 9/1/20 at 3:34pm documents, "(R9) fell on 8/26/2020, patient was transported to ED (Emergency Department) for assessment and treatment if needed, and (R9) was dx (diagnosed) with a intertrochanteric fracture to the right hip."</p> <p>Facility was unable to provide any documentation on increased rounding or 15 minute checks for R9.</p> <p>On 8/27/20 at 10:45 am, V7 (Registered Nurse/RN) stated, "There are 42 people on this floor (4th floor). They only had one nurse and one CNA last night (8/26/20), we had a resident fall (R9), and we sent her to the hospital. Her call light was on, but no one answered it. We have multiple residents that require at least two assist and we do not have the staff for them. We've had more falls because we don't have enough staff to answer call lights and take care of residents like</p>	F 725			

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F 725	<p>Continued From page 85</p> <p>we need to. The Alzheimer's unit is up here too (4th floor). We can't do everything with one nurse and one CNA. Call lights will go off for hours. Just not enough staff to give the care."</p> <p>On 8/27/20 at 2:05pm, R43 stated, "I was in the room when (R9) fell. I put the call light on for (R9); she needed to go to the bathroom, she leaned against her table while waiting and she fell and broke her hip. They take a long time to answer call lights here because there is not enough of them. No one had been around here for quite a while, at least a half hour or so. There is never enough staff here, and you never see anybody to help you." R43's Minimum Data Set (MDS), dated 6/8/20, documents R43 is cognitively intact and requires supervision with one assist for transfers and personal hygiene. It further documents R43 is occasionally incontinent of bowel and bladder.</p> <p>On 9/4/20 at 10:20am, V28 (LPN) stated, "I was the nurse taking care of (R9) on 8/26/20 and I work second and third shifts. On 8/26/20 I heard a loud bang and I found (R9) sitting on her night stand/tray table next to her bed about 5pm. I did an assessment; I followed our protocol to get her up. She complained of her leg hurting so I called V8 to send her out to the hospital. The only staff working that night (on our floor) was one nurse and two CNA's (Certified Nurse Aides). (R9) is on the fourth floor, which has the Alzheimer's unit and other confused residents who do not need a secure unit. One of the nurse aides has to stay in the secured unit at all times, and one of the nurse aides is out on the regular unit. So that only left one nurse aid to care for R9 when she fell and to answer call lights. The 3rd floor is busier and we try to have four staff (two nurses and two CNAs).</p>	F 725			

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F 725	<p>Continued From page 86</p> <p>The residents on 3rd floor require more care, go out to appointments more, have insulins, and get more medications given. I am busy all the time I am there, and we have mostly agency nurses and CNAs. I don't get my breaks like I am supposed to and the aides are not able to work together because one has to stay in the secured unit. I do not know how they get the residents' cares all met because I am busy passing medications and performing nursing duties so I do not have time to help them. I am working 50 hours this weekend where I am going in today (9/4/20) at 2pm. There was a time I worked 21 hours in a day because they needed me to work. We work with our own staff, agency nurses, and agency CNAs. These people deserve to get good care and have good nurses take care of them."</p> <p>Facility "Resident Current Status Report," dated 8/26/20, documents 83 residents were in the building. Seventeen residents need skilled care and 66 need non-skilled care.</p> <p>Staff time sheets provided by the facility, dated 8/26/20, documents a total of four nurses were assigned to work the afternoon shift from 2pm-10:30pm, and a total of six CNAs were scheduled for second shift from 2:30pm-11pm for the entire facility. There was also one CNA scheduled to work from 2:30pm-6pm.</p> <p>2. On 9/1/20 at 11:45am, R87 stated, "On 8/22/20 I rolled out of bed onto the floor at 4:50am and laid there until day shift came in. I yelled for help and my roommate (R70) turned on the call light for help. Twenty minutes later V19 (LPN) came to my door. The fire department came at 6:45am and helped the day shift get me up off the floor at 7:00am. I was on the floor for over two hours</p>	F 725			

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F 725	<p>Continued From page 87</p> <p>because there was not enough staff to get me off the floor. The weekends and night shift are the worst. They have one CNA and one nurse working. It takes forever for them to answer our light. I rarely see any staff." R87's MDS, dated 8/14/20, documents R87 is cognitively intact.</p> <p>On 8/27/20 at 10:45 am, V7 (RN) stated, "On 8/22/20, there was only one nurse and one CNA and (R87) fell out of bed and was left there for over two hours until day shift came in."</p> <p>On 9/4/20 at 11:00 am, R70 stated, "I pulled the call light on 8/22/20 when (R87) fell. No one came to help so I called 911. He laid on the floor for two hours before they got him up off the floor. The weekends and nights are the worst when they only have one nurse and one CNA for the whole building for both floors. I have had to wait an hour to an hour and a half for someone to come help me before."</p> <p>Review of R87's medical record documents R87 is morbidly obese and needed to be transferred as a maximum assist of two plus staff members from the floor and they did not have the staff or the equipment on the unit to do it.</p> <p>Facility "Resident Current Status Report," dated 8/22/20, documents 83 residents were in the building. Sixteen residents need skilled care and 67 need non-skilled care.</p> <p>Staff time sheets provided by the facility, dated 8/21/20 for midnight shift, documents a total of two nurses were assigned to work the midnight shift from 10pm-6:30am, and a total of one CNA and one Nurse Aide (not certified) were scheduled for the midnight shift from</p>	F 725			



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F 725	<p>Continued From page 88 10:30pm-7am for the entire facility.</p> <p>3. On 8/27/20 at 11:00 am, R43 stated, "It can take 15 to 30 minutes, sometimes more, for them to answer our call light. They need more help here. I can never get help going to the toilet." R43's medical record documents R43 is cognitively intact.</p> <p>4. R12's Facility Concern form, dated 7/27/20, documents resident has concerns on call light response times, missing items, incontinence concerns, and communication. On 8/27/20 at 2:12pm, R12 stated, "They are short staffed and call lights take forever to get answered. It takes about 20 minutes, give or take, to answer the call light and it doesn't matter the time. I wear briefs, but can't always hold it until someone comes, and I wear briefs because I can't hold it that long and I am afraid I will mess myself because staff doesn't come in time. I can tell when I have to go to the bathroom, I put on the light but no one ever comes because they are short staffed. I spoke to the administrator about the concerns but nothing ever changes." R12's nurses notes, dated 7/27/20, documents R12 is "alert and oriented and able to make needs known." R12's MDS, dated 7/1/20, documents R12 requires total assistance of two for transfers and toileting, and total assistance of one for personal hygiene. It further documents she is frequently incontinent of bowel and bladder. On 8/27/20 at 11:15am, V1 stated, "(R12) had a concern about call lights and incontinence so we had a zoom meeting to talk with family about how we can work on that."</p> <p>5. On 8/27/20 at 2:25pm, R13 stated, "There is never any staff to answer call lights here when I need to go to the bathroom. I need help with</p>	F 725			

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F 725	<p>Continued From page 89 everything."</p> <p>6. On 8/28/20 at 3:38pm, V44 (R4's family member) stated, "July 20th I came to visit (R4) and he had a full beard and hadn't been shaved in weeks. He had on a dirty shirt with stains all over it, and it wasn't even his shirt. I am his Power of Attorney because he cannot speak for himself." R4's MDS, dated 8/14/20, documents R4 is severely impaired cognitively and requires extensive assistance of one for personal hygiene and toileting. It further documents R4 is frequently incontinent of bowel and bladder.</p> <p>7. On 8/28/20 at 4:29 pm, R1 stated, "I would put my call light on and it would take them 45 minutes to an hour to come. I would have accidents with my stool and then they would be mad at me. I know when I need to go but had to wait too long. They would also say be right back and never come back. There is never enough staff there." R1's MDS, dated 7/3/20, documents R1 is cognitively intact, requires extensive assistance of two for transfers and extensive assistance of one for personal hygiene and toileting. It further documents R1 is frequently incontinent of bowel and bladder.</p> <p>8. On 8/31/20 at 2:10 pm, V25 (CNA) and V40 (both 2nd shift CNAs) stated, "We generally only have one CNA and one Nurse on second shift. There is no way to get cares done. We do our best to pass meal trays and answer call lights, but most of the time it is impossible. We have the nurses that try to help but they have their own work to do. Someone is going to get hurt if we continue to work like this."</p> <p>9. On 8/31/20 at 2:15 pm, V35 (Unit Manager)</p>	F 725			

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F 725	<p>Continued From page 90</p> <p>stated there have been times when staff have been unable to get oxygen and slings for transfers/toileting residents because they are located in the basement and there is not enough staff in the building to allow staff to leave the unit.</p> <p>10. On 9/1/20 at 12:20 pm, R62 stated, "I'm close to the nurses' station and it takes the CNA a long time for them to answer my light when I need to toilet. They don't have much staff here at night and sometimes I have accidents." R62's MDS, dated 7/20/20, documents R62 is cognitively intact, requires limited assistance of one for personal hygiene, total assistance of two for transfers, and extensive assistance of two for toileting. It further documents R62 is frequently incontinent of bowel and has a catheter.</p> <p>11. On 9/1/20 at 12:25 pm, R56 stated, "Depends on how many are working. I've had to wait over an hour for them to come. They only have two staff working at night, and sometimes only one. I put on my light when I need to toilet."</p> <p>12. On 9/1/20 at 1:40pm, V9 (LPN) stated, "We don't have enough staff when it takes two-three persons to roll a resident and that is all that is scheduled on the total floor for 40 residents. When we are all in with one resident, we do not have anyone else to answer call lights. And when we come out of the room, sometimes almost all of the call lights are lit up on the board. We have had an increase in falls because we never have enough staff, ever."</p> <p>13. On 9/1/20 at 1:50pm, V22 and V39 (both CNAs) stated, "We all are tired, we work extra shifts, but we can't be here all the time. There are usually two CNAs with one nurse in the dementia</p>	F 725			

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F 725	<p>Continued From page 91</p> <p>unit (4th floor) to care for about 20 residents and when one of us goes on break, it is one CNA for all 20 residents. It is the same outside of the dementia unit on 4th floor where there are one to two CNAs with one nurse who is busy doing their own work. On 3rd floor there are two to three CNAs with one nurse for about 40 residents and we can't be everywhere. Most of these people require two assist for toileting and transferring, and when we have to toilet, transfer, and feed there is not enough of us to go around. People are not getting the care they need because there is not enough staff."</p> <p>14. On 9/4/20 at 12:20pm, V17 (RN) stated, "We need staff at that place. Can I pass medications on 40 people? Yes, but then I have to do assessments on all those people and I am unable to do that. Some days the people on the posted staffing paper do not show up, are late, or are a no call, no show. I was told by management that if people call off then they have calls out to replace them, but if someone does not show up then you are missing half of your staff for the shift. I have had 3rd or 4th floor by myself as a nurse where you are responsible for 40 plus residents on each unit. We are required to assess respiratory status of everyone on each shift and get a full set of vitals, and it is not able to be done. You have to pick and choose who you are going to assess and perform vitals on, and that is usually the people most at risk. Usually we have two CNAs working with us on 4th floor and on 3rd floor we can have three CNAs in the afternoon. They do not have a mandating system in place at (facility) and we cannot mandate the CNAs if they don't want to work. We have some staff that will work extra, some staff that will not work over, and then you are stuck with who shows up for the</p>	F 725			

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F 725	<p>Continued From page 92</p> <p>shift. The CNAs come on at 2:30pm; management will usually still be there at that time (if it is during the week), and if we call them, they state they cannot help because they are performing other duties. I am not sure what those duties are for management, but they are not on the units helping these residents. I rarely see management up on the units."</p> <p>15. On 9/10/20 at 2:51pm, V16 (Ombudsman) stated, "I was going to resident council monthly due to multiple complaints on staffing and call lights. I had residents calling me and complaining they are not getting the cares they need, call lights aren't getting answered, not enough staff to help them, and (R87) called me a couple days after he fell because he was so upset."</p> <p>16. On 9/10/20 at 4:15pm V7 (RN) stated, "I have asked V2 for a number for corporate and I have never been provided a number from management for them. We have a punch in/out clock for our shift. I have texted concerns to V1 and I call the on call phone. I almost never get a meal break during my work shift, I am always in charge while there, I don't get my other breaks, and I don't get out on time. It takes me 1.5 hours extra to finish charting every night. I don't have time to take all vitals or assessments on everyone on our shift, and I do check some residents, but I can't get to all to see except give medications. I try to help CNAs when I can, I help when passing medications, and I can't monitor my CNAs because they are busy with cares and I am busy. My hours have increased but I told them I don't want to work extra, they do ask people to stay, and some stay because they get paid time and a half after eight hours for pay. Nurses call V2's on call cell, and CNAs call V5's on call cell. V5 is on</p>	F 725			

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F 725	<p>Continued From page 93 call for CNAs 24/7, and V2 refuses call and gave the DON on call phone to V3 (LPN Wound Nurse)."</p> <p>17. On 9/10/20 at 4:54pm, V1 stated, "V5 works Monday through Friday 8a-4p. The facility provides her with a cell phone so that she can take call 24/7. When she is on vacation that phone then goes to our designee who will take the call-ins and work to replace staff as needed. I also have a facility provided cell phone and I am on call 24/7 where the facility can reach me at anytime. If I am unavailable there is a designee that will take call in my place. Upon return, there is a facility activity report which I review on Matrix; we also hold a morning meeting to discuss occurrences from prior day. The facility activity report is pulled by the leadership team daily and then it is discussed during morning meeting."</p> <p>On 9/11/20 at 8:12am V1 stated, "This report (facility activity report) is generated determined on selections made. It is setup that we can select what details we are looking for such as progress notes, observations, events, vitals, etc. Anything that is charted in Matrix can be pulled on this report. Nurses notify the on-call nurse when staff no call, no show and nursing call-ins. Then the on call nurse will call scheduler to review options and if needed on-call nurse comes in to fill openings. We do have the capacity to hold a total of 177 beds." At that same time, V1 was asked, "Does this facility activity report tell you of any falls, accidents/incidents, wounds, hospitalizations, infections, resident decline, behaviors, or anything out of the ordinary from the prior day?" At 8:19am V1 stated, "Yes all that information is on the facility report. Anything that occurs during the day and charted in Matrix is available for</p>	F 725			

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F 725	Continued From page 94 review on the facility activity report. The on-call nurse knows they have to come in, that is part of being on-call. The facility staff is based on census. The facility has not had a census of 177 at any time during my time with the facility." At 8:25am V1 was asked, "What happens when the on call nurse is unable to come in, and the scheduler is unable to find someone to replace the nurse that called off? Have you ever been notified of any no-call, no shows, or late employee arrivals of CNAs or Nurses?" V1 refused to the answer questions.  On 9/11/20 at 8:49am, V3 stated, "We do a department head meeting everyday Monday through Friday to discuss things that have been brought to our attention and are in the facility activity report. We have all department heads present such as V1, V2, myself, V4 (Laundry/Housekeeping/Maintenance Supervisor), and V33 (Dietary Manager) when she is able because sometimes she is cooking. We do a team effort to work on things. Sometimes corporate are included in our meetings when they are in the building."  On 9/15/20 at 11:25am, V2 stated, "V1 stated she has sent/given you all the staffing for August 2020."	F 725			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)  §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date.	F 732		10/13/20	

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F 732	<p>Continued From page 95</p> <p>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to update posted nurse staffing information to reflect actual nursing staff working. This has the potential to affect all 86 residents residing in the facility.</p> <p>Findings include:</p>	F 732	<p>F732 Posted Nurse Staffing Information SS=C</p> <p>The facility does update posted nurse staffing information to reflect actual nursing staff working.</p>		



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F 732	<p>Continued From page 96</p> <p>Facility "Resident Census and Conditions of Residents" form, dated 8/28/20 by V1 (Administrator) documents 86 residents reside in the facility.</p> <p>Facility Daily Assignments, dated 8/21/20 for third shift, documents a total of two nurses and four Certified Nursing Assistants/CNAs assigned to work.</p> <p>Staff time sheets provided by the facility, dated 8/21/20 for third shift, documents a total of two nurses worked the third shift from 10pm-6:30am, and a total of one CNA and one Nurse Aide (not certified) worked the third shift from 10:30pm-7am for the entire facility.</p> <p>Facility Daily Assignments, dated 8/26/20 for second shift, documents a total of four nurses, and six CNAs assigned to work.</p> <p>Staff time sheets provided by the facility, dated 8/26/20, documents a total of four nurses worked the second shift from 2pm-10:30pm, and a total of six CNAs worked second shift from 2:30pm-11pm for the entire facility. There was also one CNA who worked from 2:30pm-6pm.</p> <p>V1's email, dated 9/2/10 at 10:46am, documents the following: Nurses work -1st: 6a-2:30p, 2nd: 2p-10:30p, 3rd: 10p-6:30a; and CNAs work -1st: 6:30a-3p, 2nd:230p-11p, and 3rd: 10:30p-7a.</p> <p>On 8/27/20 at 11:50am, V5 (Nursing Scheduler) stated, "I update the nursing daily sheets when I am aware of call offs or staff changes. These are our sheets of who worked those days."</p>	F 732	<p>Corrective Action to be taken for residents found to have been affected by the deficient practice: Accurate staffing is posted</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents in facility have the potential to be affected.</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: The scheduler has been delegated the responsibility to post staffing schedule each day. Staffing will be revised to accurately reflect the census, number of staff by discipline and hours worked. Schedules will be adjusted to reflect call offs and staff replacements.</p> <p>The daily staffing sheets will be reviewed as part of the daily facility staffing meeting.</p> <p>Scheduler and nurse manager are on call during off hours. For call-ins, nursing staff contact scheduler four hours prior to start of shift time and scheduler and nurse manager work together to contact facility staff and agency to fill openings. If unable to fill openings, scheduler covers CNA shifts and nurse manager covers nurse shifts.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are</p>		

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F 732	Continued From page 97 On 9/2/2020 at 10:40pm, V26 (CNA /3rd shift) stated, "You can't rely on the schedule that is posted; it is never right. We just wait to see who shows up."  On 9/4/20 at 12:20pm, V17 (Registered Nurse/RN) stated, "Some days the people on the posted staffing paper do not show up, are late, or are a no call, no show. I was told by management that if people call off then they have calls out to replace them, but if someone does not show up then, you are missing half of your staff for the shift."  On 9/10/20 at 4:15pm V7 (RN) stated, "The clock in sheets at (facility) is not always who shows up. I have mentioned this to V1 and V2."	F 732	achieved and permanent: Nursing management or designee will conduct 2 random audits per week for 4 weeks to ensure posted nurse staffing is updated to reflect actual nursing staff working.  Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.  Date corrective completed: 10/13/2020		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-	F 755		10/13/20	

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F 755	<p>Continued From page 98</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to reconcile and account for class IV narcotics for two residents (R10, R42) of 18 reviewed for medication reconciliation in a sample of 95.</p> <p>Findings include:</p> <p>The facility's Control of Medications policy, revised 05/17, documents that drugs listed in Schedule II-IV drugs shall be subject to special handling, storage, disposal and record keeping. This form documents that the nurse will compare the drug card against the drug manifest to assure all drugs are accounted for. Controlled Schedule II drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count. Discrepancies must be documented and reported to the Director of Nursing services.</p> <p>The facility's Administration of Medication policy, revised 05/07, documents that medications must be charted immediately following administration</p>	F 755	<p>F755 Pharmacy Services/Procedures/Pharmacist/Records SS=D</p> <p>The facility does reconcile and account for all class IV narcotics.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R42's and R10's class IV narcotics are reconciled and accounted for as per facility policy.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: Residents in the facility who have orders for class IV narcotics.</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:</p>		

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F 755	<p>Continued From page 99</p> <p>by the person administering the drug, date, time, dosage ect., must be entered in the medical record and signed by the person entering the data.</p> <p>R42's current Physician Order Sheet documents that R42 is to take Tramadol 50mg by mouth three times daily at 7:00am, 3:00pm and 9:00pm. R42's Controlled Receipt/Record/Disposition Form documents that R42 has 16 tablets remaining; there were only 15 tablets in the card.</p> <p>On 9/1/20 at 10:00am V19 (Licensed Practical Nurse/LPN), during the reconciliation of R42's Tramadol 50mg,, one tablet was unaccounted for. V19 verified that R42 received the Tramadol at 9:00am, but V19 forgot to sign out the tablet. V19 stated that all narcotics are to be signed out, when they are popped out of the card.</p> <p>R10's Controlled Receipt/Record/Disposition Form documents that R10 has 5ml (Milliliters) of Lorazepam (Class IV controlled substance) Concentrate liquid.</p> <p>On 9/1/20 at 10:30am, V20 (Registered Nurse/RN) reconciled the 300/313 medication cart. V20 stated that R10's Lorazepam Concentrate is locked in the medication room refrigerator. V20 searched the medication room refrigerator for R10's medication but was unable to locate it. V20 notified V2 (Director of Nursing) of the missing medication. V20 stated that she did not visually look at R10's Lorazepam during count this morning. V20 verified that it is the facility's policy to visually look at and count each narcotic medication.</p> <p>On 9/1/20 at 10:45am, V2 stated that all narcotic</p>	F 755	<p>Nurses were re- educated on proper shift to shift counting, documentation of controlled substances, medication administration and documentation on MAR.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Nursing management or designee will conduct 2 random audits per week for 4 weeks to ensure all medications are administered as ordered and documented appropriately in MAR, shift to shift controlled substances are documented and controlled substances are signed out in the controlled substance log at the time of administration.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 755	Continued From page 100 medications are to visually counted at the beginning/end of each shift. V2 verified that R10's medication was not seen in the medication room refrigerator. V2 stated that an investigation will be initiated.  On 9/2/20 at 9:00am, V1 (Administrator) verified that all narcotics are to be signed out immediately. V1 stated that each narcotic is to be counted by the off going and on coming nursing staff.	F 755			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to administer physician ordered antibiotics, perform blood glucose monitoring and administer insulin as ordered to one (R1) of 19 residents reviewed for medications in the sample of 95.  Findings include:  The facility Physician's Orders policy and procedure, revised 05/17, documents "5. The nursing staff member who took the order, or the one assigned to the resident is responsible to transcribe the order. 6. Transcribing the order includes: writing new orders on the Medication Administration Record (MAR), or Treatment Administration Record (TAR)...For facilities on EHR (Electronic Health Record), orders must be promptly entered into computer and attached to appropriate Flowsheet (s), i.e. Medication,	F 760	F760 Residents are Free of Significant Med Errors SS=D  The facility does administer physician ordered antibiotics, perform glucose monitoring and administer insulin as ordered.  Corrective Action to be taken for residents found to have been affected by the deficient practice: R1 is no longer residing in the facility.  How the center will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected.	10/13/20	

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F 760	<p>Continued From page 101 Treatment, or Lab Flowsheet."</p> <p>The facility Charting policy and procedure, revised 07/18, documents "1. All observations, medications given, services performed, etc., must be recorded in the resident's chart. Entries must be recorded by the person rendering the service."</p> <p>On 8/28/20 at 4:29 pm, R1 stated the facility did not monitor her blood sugars or administer her insulin or antibiotics as they should have during her stay at the facility.</p> <p>R1's Face Sheet documents R1 was admitted to the facility on 4/2/20 with the following diagnoses: End Stage Renal Disease, Dependence on renal dialysis, Type 2 Diabetes Mellitus, Diabetic Neuropathy foot ulcer, Osteomyelitis, PVD (Peripheral Vascular Disease, Non-pressure bilateral heels and midfoot wounds, Chronic total occlusion of artery of extremities, and Morbid Obesity.</p> <p>The local hospital admission records for R1, dated 4/2/20, document R1 is a brittle diabetic, check blood sugars five times daily, only give insulin if needed.</p> <p>1. The POS (Physician Order Sheet) for R1, dated 4/7/20, documents "Keflex 250mg (milligrams) TID (three times daily) x (times) 10 days" for UTI (Urinary Tract Infection.) R1's April 2020 MAR (Medication Administration Record) does not include this Physician ordered antibiotic to be administered.</p> <p>The POS for R1, dated 4/9/20, documents the following Physician orders for "Doxycycline 100mg BID (twice daily) x 10 days" and "Linezolid</p>	F 760	<p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Re-educated nurses on medication administration, blood glucose monitoring and documentation on MAR.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Nursing management or designee will conduct 2 random audits per week for 4 weeks to ensure medications passed according to physician orders and within time frame.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 760	<p>Continued From page 102</p> <p>600 mg BID x 14 days" for ESBL (extended spectrum beta-lactamase) and VRE (Vancomycin-Resistant Enterococci) of the urine. R1's April 2020 MAR does not include the Physician ordered antibiotic for Doxycycline and documents Linezolid was only administered once a day in the evenings of 4/23/20 through 4/26/20 and in the evening on 4/30/20. Six doses of 28 were administered.</p> <p>The POS for R1, dated 4/13/20, documents "Doxycycline 100mg BID x 10 days" for UTI. R1's April 2020 MAR does not include this Physician ordered antibiotic to be administered.</p> <p>The POS for R1, dated 4/15/20, documents "Doxycycline 100 mg BID x 10 days" UTI. R1's April 2020 MAR lists this medication and documents it was only administered on 4/23/20.</p> <p>The POS for R1, dated 8/1/20, documents a Physician order for "Cefepime 2 gm (grams) intravenously daily M-T-W-T-F (Monday through Friday) post dialysis" for infection to right heel wound. R1's August 2020 MAR does not document the Physician ordered antibiotic was administered.</p> <p>The POS for R1, dated 8/5/20, documents a Physician order for "Cefepime 2 gm intravenously M-W-F (Monday, Wednesday, Friday)" for infection to right heel wound. R1's August 2020 MAR does not include this Physician ordered antibiotic to be administered.</p> <p>The POS for R1, dated 8/9/20, documents a Physician order for "Clindaymycin 150 mg 3 caps orally TID x 10 days" for infection to right heel wound. R1's August 2020 MAR documents R1</p>	F 760			

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F 760	<p>Continued From page 103</p> <p>did not receive Physician ordered antibiotic on 8/9/20, 8/10/20 morning dose, 8/13/20 morning, afternoon, and evening doses, 8/14/20 afternoon dose, or 8/17/20 evening dose.</p> <p>The POS for R1, dated 8/9/20, documents a Physician order for "Sulfamethoxazole-Trimethorprim 800-160mg BID" for infection to right heel wound. R1's August 2020 MAR documents only one dose of Physician antibiotic was administered on 8/9/20 in the am.</p> <p>The POS for R1, dated 8/13/20, documents a Physician order for "Vancomycin 500 mg post dialysis on M-W-F (Monday, Wednesday, and Friday)" for Osteomyelitis to right heel wound. R1's August 2020 MAR does not list this Physician ordered antibiotic to be administered.</p> <p>2. The local hospital Discharge orders, dated 4/2/20, documents, "Take accucheck 4 times daily or if patient does not react well to the insulin. Patient is a brittle diabetic (check) 5 times per day. Only give if needed see sliding scale."</p> <p>The POS for R1, dated 4/3/20 documents to have blood sugars checked four times daily. "Lantus (Insulin) 20 units in the am," "Regular Insulin 2 to 12 units subq (subcutaneous) TID (three times daily) AC (before meals), and 2 to 6 units subq nightly."</p> <p>The POS for R1, dated 6/19/20 through 7/26/20, and 8/1/20 through 8/9/20, documents a Physician order for Novolog Insulin, 1 to 8 units, per sliding scale three times daily before meals.</p> <p>The POS for R1, dated 8/9/2, documents a Physician order for Lantus Insulin 24 units at</p>	F 760			



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F 760	Continued From page 104 bedtime and Novolog Insulin, 1 to 12 units, per sliding scale three times daily before meals. The POS for R1, dated 8/17/20, documents a Physician order for Lantus Insulin 25 units once a day in the am.  R1's April 2020 MAR (Medication Administration Record) documents R1 did not receive Physician ordered Lantus on 4/3/20, 4/4/20, and 4/12/20 and did not receive Physician ordered Novolog four times daily as ordered. R1's May through August 2020, MAR documents R1 did not receive Physician ordered accuchecks, Lantus, or Novolog Insulin per sliding scale as ordered.  On 9/9/20 at 2:06 pm, V3 (Licensed Practical Nurse/Wound Nurse) confirmed R1 had antibiotic orders that were not signed off as administered. V3 stated, "I don't know if the medications were administered or not due to the MAR not being signed off and I don't know why the Vanco was not listed on her MAR." V3 also stated R1 refused dialysis on 8/1/20 so "I know she didn't get IV antibiotics that day."	F 760			
F 808 SS=D	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2)  §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.  §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by:	F 808		10/13/20	

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F 808	<p>Continued From page 105</p> <p>Based on observation, interview and record review the facility failed to provide diets as ordered for 2 (R28, R40) of three residents reviewed for diets as ordered in a sample of 95.</p> <p>Finding include:</p> <p>Facility policy "Diet Orders and Changes" documents, "When a resident has been admitted, or a diet has changed, the charge nurse will be responsible for assuring that the Dietary department is notified of the Diet Order."</p> <p>1. On 9/1/2020 at 12:00 p.m. R40 was lying in bed with her noon meal on the over-bed table in front of her. R40's meal was baked chicken, broccoli, diced potatoes, bread and a piece of cake with orange colored fruit on the bottom. R40 stated, "I have fighting with them about my diet for months. I am not supposed to eat potatoes, oranges, bread, or broccoli because I'm on dialysis."</p> <p>R40 was verified as having an order for Dialysis Monday through Friday by V32 (Dialysis Registered Nurse).</p> <p>R40's September 2020 Physician's orders documents, "(Carbohydrate controlled diet)."</p> <p>R40's Tray card documents, "(No concentrated Sweets/Renal/No Added Salt) 1500 ml fluid restriction." R40's card further states: No oranges, orange juice, bananas, fresh tomatoes, no potatoes (except mashed)."</p> <p>2. On 9/1/2020 at 12:15 p.m. R28 was sitting in bed with his meal tray in front of him. R28's meal was broccoli, baked chicken, diced potatoes,</p>	F 808	<p>F808 Therapeutic Diet Prescribed by Physician SS=D</p> <p>The facility does provide diets as ordered.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R40 no longer resides at the facility. R28 is provided diet as ordered.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: Residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Dietary and Nursing staff re-educated staff on therapeutic diets and supervision of resident nutrition.</p> <p>Nursing staff communicate dietary orders and changes to Food Services Supervisor or designee utilizing dietary communication form. Dietary staff are conducting double check of tray card versus meal served.</p> <p>Nursing staff conducting triple check of tray card prior to serving to resident.</p> <p>Therapeutic Diet information offered by facility posted at nurse's station for nursing staff accessibility.</p>		

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F 808	Continued From page 106 bread and cake with orange fruit on the bottom.  R28's September 2020 Physician's Orders document, "(No Concentrated Sweets/No Added Salt)."  On 9/1/2020 at 1:20 p.m. V33 (Dietary Manager) provided the dietary spread sheets and stated, "For R40, we do not have a spread sheet for a 'Carbohydrate controlled diet'." V33 went on to say, "(R40) should not have gotten potatoes or the cake or the oranges. (R28) should have only had oranges and not cake. Oh no, he is on dialysis too. He should not be getting the oranges either."	F 808	Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Nursing management or designee will conduct 2 random audits per week for 4 weeks to ensure therapeutic diets are provided as ordered.  Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.		
F 835 SS=E	Administration CFR(s): 483.70  §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility knowingly failed to provide skin assessments and daily treatment to prevent worsening skin conditions, failed to provide bariatric slings, failed to provide lifting assistance, failed to transfer to the hospital, and failed to perform a complete abuse investigation for five (R1, R40, R62, R87, R95) of 11 residents reviewed for clinical management in a sample of 95.  Findings include:	F 835	Date corrective completed: 10/13/2020  F835 Administration SS=E  The facility does provide skin assessments and daily treatments to prevent worsening skin conditions. The facility does provide bariatric slings and does provide lifting assistance. Facility does transfer to hospital and performs abuse investigations.  Corrective Action to be taken for residents	10/13/20	

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F 835	<p>Continued From page 107</p> <p>On 9/11/20 at 8:12am V1 (Administrator) stated, "This report (facility activity report) in Matrix is generated determined on selections made. It is setup that we can select what details we are looking for such as progress notes, observations, events, vitals, etc. Anything that is charted in Matrix can be pulled on this report. Nurses notify the on-call nurse when staff no call, no show and nursing call-ins. The on call nurse will call scheduler to review options and if needed, on-call nurse comes in to fill openings. We do have the capacity to hold a total of 177 beds." At that same time, V1 was asked, "Does this facility activity report tell you of any falls, accidents/incidents, wounds, hospitalizations, infections, resident decline, behaviors, or anything out of the ordinary from the prior day?" At 8:19am V1 stated, "Yes all that information is on the facility report. Anything that occurs during the day and charted in Matrix is available for review on the facility activity report."</p> <p>On 9/11/20 at 8:49am, V3 (Licensed Practical Nurse/LPN/Wound Nurse) stated, "We do a department head meeting everyday Monday through Friday to discuss things that have been brought to our attention and are in the facility activity report. We have all department heads present such as V1, V2 (Director of Nursing/DON), myself, V4 (Laundry/Housekeeping/Maintenance Supervisor), and V33 (Dietary Manager) when she is able because sometimes she is cooking. We do a team effort to work on things. Sometimes corporate are included in our meetings when they are in the building."</p> <p>1. On 9/1/2020 at 12:00 p.m. R40 stated, "I</p>	F 835	<p>found to have been affected by the deficient practice: R 1, R40 &amp; R95 no longer reside at the facility. R87 has bariatric slings for lift assistance. R62 provided skin assessments and daily treatments as ordered.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: Residents in the facility</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Re-educated nursing staff on emergency response, skin assessments, skin treatments and documentation, pain management, medication administration, mechanical lift, nursing equipment and safe lifting practices. The facility has dedicated a nurse to oversee the wound care program. Wound care nurse was educated on assessment of wounds, treatments and proper documentation. Vohra a wound care physician is conducting visits weekly Additional slings were purchased. Corporate Compliance attorney provided training to Administrator and DON regarding conducting a thorough investigation and proper reporting of abuse allegations.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are</p>		

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F 835	<p>Continued From page 108</p> <p>missed dialysis a couple of weeks ago because there wasn't a sling to get me out of bed. I had to go to the hospital for dialysis. I have only had three showers since I was admitted in December and I do not think my hair has been washed for a couple of months. I have two treatments. One on my right hip and the other towards the groin. I got bandages put on yesterday. I am lucky to have my treatment done once a month. No one ever shows up to do it on the weekend."</p> <p>On 9/1/2020 at 11:30 a.m. V32 (Registered Nurse/Dialysis RN) stated, "The nursing home did not have sling to transfer R40 out of bed on Friday 8/14/2020 so V29 (Nephrologist) sent her to the hospital for dialysis. She could not go through the weekend without dialysis treatment."</p> <p>On 9/2/2020 at 1:00 p.m. V29 stated, "(R40) had to be sent to the hospital for dialysis because the facility did not have sling to transfer (R40) out of bed for dialysis. It was Friday and she could not go the entire weekend without dialysis. It could be very detrimental to her health if she had not been hospitalized."</p> <p>On 9/1/2020 V3 stated, "(R40) went to the hospital and returned on 8/22/2020. The treatment order did not get 'pulled forward' (entered into R40's medical record) so there was not a treatment until yesterday (08/31/2020, nine days later). Now she has an open area on her right abdominal apron too."</p> <p>On 9/1/2020 at 1:45 p.m. V3 and V10 (Certified Nurse Aide/CNA) assisted R40 to roll on to her left side. R40's right hip and back of her right thigh had multiple round and linear shaped open areas ranging from pinpoint to larger than a</p>	F 835	<p>achieved and permanent: Nursing management or designee will conduct 3 random audits per week for 4 weeks to ensure all skin assessments and physician ordered treatments as ordered and documented on TAR.</p> <p>Facility Supervisor or designee will conduct 3 random audits per week for 4 weeks to ensure lift equipment and supplies are available.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>GENERATIONS AT ROCK ISLAND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2545 24TH STREET</b> <b>ROCK ISLAND, IL 61201</b>		
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F 835	<p>Continued From page 109</p> <p>quarter in diameter with defined borders bright red in color with scant bleeding. This surveyor counted 12+ wounds on the back of her thigh and another 4+ wounds on her hip at beginning of the crease in her belly fold and under her "apron" belly flap. V3 and V10 then assisted R40 to her left side. R40 was observed to have draining blood blister on the upper right quadrant of her abdomen and open areas in the creases of the outer aspect of her left thigh and abdominal fold.</p> <p>On 9/1/2020 at 1:20 p.m. V18 (Licensed Practical Nurse/LPN Treatment Nurse) verified the two treatment orders for R40 to be completed: Left lower apron abdomen. The second order was to the right lower aspect of the lower abdomen. The treatment start dates were 8/31/2020. There were no other treatment orders for the other wounds present.</p> <p>During the treatment R40 stated to V3, "I have so much pain in that sore (motioning to her left lower belly) that I didn't go to dialysis this morning." On 9/2/2020 at 12:50 p.m. V30 (Dialysis Office Manager) verified R40 did refuse dialysis on 9/1/2020.</p> <p>On 9/1/2020 at 2:40 p.m. V3 stated, "(R40's) 8/22/2020 readmission skin assessment did not get done that day because it was a Saturday or Sunday, because I don't work on Sundays. Mondays and Tuesdays I do the COVID testing, so I did not do treatments on those days."</p> <p>The last Skin Management report provided was 8/19/2020, not a readmission report post the 8/22/2020 hospitalization. On 8/22/2020 V31 (LPN) completed an Admission assessment that stated R40's pressure wounds were the same as</p>	F 835			

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F 835	<p>Continued From page 110</p> <p>they were before her hospitalization. No measurement of the wounds or location of each wound was noted on the assessment.</p> <p>2. R95 was admitted to the facility on 8/7/2020 with daily wound care orders for a recent trans metatarsal (toe) amputation on her right foot, cellulitis in her left lower leg, and an open area on her left heel. R95 discharged home on 8/21/2020. The admission skin assessment documents R95 had a pressure ulcer on her left heel, however no measurements/assessment of the wound(s) were documented. There was no mention of the surgical site on this assessment.</p> <p>R95's Physician's Orders document treatment orders: Right lower extremity. Betadine swabs. Apply topically for wound paint to incision sites. Cover with 4x4's and Kerlix. Complete the treatment daily. The order date was 8/8/2020. The treatment for the left lower extremity dated 8/8/2020 was cleanse (the Wound) gently, dry and pack with a Dakin's solution soaked 4x4. Wrap with Kerlix and wrap with Ace Wrap.</p> <p>On 9/4/2020 at 10:30 a.m. R95 stated, "The first three days, no one changed my dressing. They only changed it one time while I was there."</p> <p>On 9/4/2020 at 12:00 p.m. V28 (Podiatrist) stated, "I have been treating (R95) and was continuing to treat her." V28 verified her treatments were to be completed on a daily basis for both right and left feet. V28 stated, "On 8/18/2020 R95 came to the wound clinic with a dressing in place dated 8/10/2020. It does not appear that the dressing was done daily."</p> <p>The facility was not able to provide the Treatment</p>	F 835			

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F 835	<p>Continued From page 111</p> <p>Administration record for R95's stay at this facility. There was not a wound management note completed for R95 during her stay at this facility.</p> <p>3. R1's EHR (Electronic Health Record) documents R1 was admitted to the facility on 4/2/2020 with wound care orders for diabetic foot ulcers to R1's bilateral feet. R1 discharged home against medical advice on 8/21/2020 and on 8/28/20 at 4:29 pm R1 stated she was not receiving physician ordered wound care. R1's admission skin assessment documents R1 had diabetic ulcers to bilateral heels and right ankle. No wound measurements were obtained until 4/13/20.</p> <p>R1's admission transfer orders documented for R1's wound to be followed by podiatry. R1 was not seen by facility wound nurse until 4/13/20 and not seen by wound clinic until 6/30/20. R1 saw podiatrist after August hospitalization.</p> <p>On 4/21/20 V34 (former Registered Nurse/RN/Wound Nurse) documented she applied "Silvadene mixed with collagen to the wound bed, covered with non adherent dressing and ace wrap the right heel and right ankle. Autolytic debridement of the above treatment applied to wound bed." There is no physician order for this treatment in R1's Physician Orders or on R1's Treatment Administration Record (TAR).</p> <p>On 8/29/20 at 4:29 pm, R1 stated the she went to the facility for wound care and her right heel wound only got worse. R1 stated she was supposed to have follow up with a podiatrist when she admitted to the facility in April and that didn't happen until August. R1 stated her wound</p>	F 835			



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F 835	<p>Continued From page 112</p> <p>treatments were not done and had they been done they would have noticed the changes of her right heel wound. R1 stated even when she asked for the treatments to be done, they would tell her they would tell the wound nurse, didn't have the supplies to do the treatment, or would tell the next shift. R1 stated she tried to tell the staff and the doctor that her wound was getting worse and did talk with the podiatrist at the hospital who told her if her wound got any worse she would most likely have her leg amputated. R1 stated she is currently in the hospital and having her right lower leg amputated in the morning on 8/29/20.</p> <p>On 8/18/20 V27 (Doctor of Podiatric Medicine) documented R1 stated the facility has not been doing her dressing changes, "and she is afraid that her leg has gotten worse due to this ...(R1) is concerned about losing her leg. (R1) became very emotional during the visit. (R1) is to continue betadine dressing changes daily with assistance from nursing staff at (the facility). She states they have not been doing this... A referral will be placed for a consultation with a vascular surgeon."</p> <p>R1's Medication and Treatment Administration Records, dated April through August 2020, include documentation of R1's medications and treatments not being given or completed as ordered.</p> <p>On 8/27/20 at 10:45 am, V7 (RN) stated, "(R1) had osteomyelitis in her right foot wound and her treatment wasn't getting done."</p> <p>4. R62's Physician Orders, dated 6/30/20, documents "Right Malleous: Cleanse with wound</p>	F 835			

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F 835	<p>Continued From page 113</p> <p>cleanser, pat dry. Apply thin layer of Santyl to center slough area. Cover with Silicon 4x4 foam dressing. Change Monday, Wednesday, Friday and PRN (as needed)."</p> <p>On 9/1/20 at 12:20 pm R62's right malleous was covered with a foam dressing dated 8/26/20 with visible dark drainage underneath the dressing. R62 stated he usually has to tell the staff when the dressing comes off, otherwise they change it every couple of weeks.</p> <p>There is no documentation of R62's dressing being changed in July or August 2020.</p> <p>On 9/1/20 at 2:40 pm, V9 (LPN) removed R62's wound dressing revealing an open draining wound to R62's right malleolus.</p> <p>R62's Wound Management note, documented on 8/26/20 by V3 (Wound Nurse) documents "R62's wound remains open."</p> <p>On 8/27/20 at 10:38 am, V6 (RN) stated, "The wound nurse does the treatments, or we would. They don't tell us if the treatments were done or not."</p> <p>On 8/27/20 at 10:45 am, V7 (RN) stated, "We have a full time wound nurse, Monday through Friday who does the treatments, but they aren't getting done. No one tells us if the wound nurse did the treatments or not. We do them on the weekends if we can."</p> <p>On 8/31/20 at 2:20 pm, V19 (LPN) stated, "I do not do wound treatments when the treatment nurse is here. I am not sure if there are any days she doesn't do them, but I don't do them."</p>	F 835			

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F 835	<p>Continued From page 114</p> <p>On 8/31/20 at 2:25 pm, V17 (RN) stated, "I do the treatments if the wound nurse is out. I understand the treatment nurse does all the treatments."</p> <p>On 8/31/20 at 2:30 pm, V37 (LPN) stated, "I orientated a new nurse for the facility today. No treatments were done today. There is a treatment nurse today. I work here frequently, and I have not done treatments for the last two months."</p> <p>On 9/1/20 at 1:05 pm, V43 (RN) stated, "Only one time has anyone ever told me that treatments weren't done and that I needed to do them and the agency nurses tell us they don't do treatments."</p> <p>On 9/10/20 at 12:30 pm, V19 (LPN) stated, "I never get the chance to do treatments. The workload doesn't allow for time. I've told V2 that residents complain about their treatments not getting done and that therapy has complained of not being able to do therapy treatments due to resident wound dressings falling off. I can be off for three to four weekdays or weekends and come back and the treatments will still not be done."</p> <p>5. On 9/1/20 at 11:45 am, R87 stated on 8/22/20 he rolled out of bed onto the floor at 4:50 am and laid there until day shift came in. R87 stated he yelled for help and R70, his roommate, turned on the call light for help. R87 stated twenty minutes later V19 (LPN) came to his door, made a rude comment, and walked away. R87 stated R70 called 911 and when 911 called back, V19 told them not to come to the facility. R87 stated the fire department came at 6:45 am and helped the day shift get him up off the floor at 7:00 am. R87</p>	F 835			

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F 835	<p>Continued From page 115</p> <p>stated no one, including V19, ever checked him for injuries and he was on the floor for over two hours.</p> <p>On 9/4/20 at 11:00 am, R70 stated on Saturday about 5:00 am, R87 fell out of bed and stated he put his call light on to call for help and about an hour later V19 came to the door and said "I don't know what you expect me to do." R87 stated "If you see someone lying on the floor you help them or call for help." R70 stated V19 left and never came back. R70 stated he called 911 to get some help but no one came until about 7:00 am. R70 stated, "I felt really bad for him because I couldn't help him."</p> <p>R87's Progress Notes, documents a late entry made on 8/23/20 at 12:10 pm regarding R87's fall on 8/22/20. This note documents R87's fall at 6:10 am. The facility Fall Report documents R87's fall occurred at 5:10 am. There is no timeline of events documented by V19.</p> <p>On 9/8/20 at 1:42 pm, V1 (Administrator) stated V2 did the investigation for R87's abuse allegation and completed all the interviews and she did not interview R70 (R87's roommate) or the CNA's that worked that night.</p> <p>On 9/10/20 at 12:30 pm, V19 stated, "We generally only have one nurse and one CNA on each floor during the night. The night R87 fell I only had one CNA on the fourth floor with me. There was a TNA (Temporary Nursing Aide) working with V31 (LPN) on the third floor. I have talked to V2 numerous times and told her I do not feel comfortable working with so little staff. That night we could not leave the floor to go to the basement laundry area to retrieve the proper</p>	F 835			

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F 835	Continued From page 116 fitting mechanical lift sling for R87 due to not enough staff to cover the floor. We had to wait until day shift came and the Fire Department to get R87 off the floor."	F 835			
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse,	F 842		10/13/20	

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F 842	<p>Continued From page 117</p> <p>neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to maintain a complete treatment record for four (R2, R53, R62, R95) of 32 residents reviewed for accurate and complete medical records in a sample of 95.</p>	F 842	<p>F842 Resident Records-Identifiable Information SS=E</p> <p>The facility does maintain a complete</p>		

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F 842	Continued From page 118  Findings include:  The policy for "Retention of Medical Records" dated 2/2016 documents, "Medical records shall be retained in accordance with current applicable laws. Medical records of discharged residents will be retained for a period of 10 years."  The facility's Physician's Orders policy and procedure, revised 05/17, documents "5. The nursing staff member who took the order, or the one assigned to the resident is responsible to transcribe the order. 6. Transcribing the order includes: writing new orders on the Medication Administration Record (MAR), or Treatment Administration Record (TAR), or completing laboratory test requests, dietary notification form, or ancillary notification to inform others of the change in order as necessary. For facilities on EHR (Electronic Health Record), orders must be promptly entered into computer and attached to appropriate Flowsheet(s), i.e. Medication, Treatment or Lab Flowsheet."  The facility's Charting policy and procedure, revised 07/18, documents "All services provided to the resident, or any changes in the resident's condition, shall be recorded in the resident's medical record. Procedure: 1. All observations, medications given, services performed, etc., must be recorded in the resident's chart. 2. Entries must be recorded by the person rendering the service. 3. All incidents, accidents, or changes in the resident's condition must be recorded."  On 9/10/20 at 10:30am V47 (Registered Nurse Care Plan Coordinator) stated, "I try to catch all the resident changes by reading the Nurses	F 842	treatment record.  Corrective Action to be taken for residents found to have been affected by the deficient practice: R2, R53, R62 treatment records completed. R95 no longer resides at facility.  How the center will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected.  Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Re-educated staff on documentation and retention of medical records.  Prior month MAR/TAR are collected on first of month by Medical Records or designee. Medical Records or designee scan MAR/TAR into resident electronic health record. Resident MAR/TAR that discharge prior to month end are collected at time of discharge and scanned into resident electronic health record.  Shower sheets are collected daily by Unit Manager or designee and given to Medical Records or designee to scan into resident electronic health record.  Quality Assurance Plan to monitor performance to make sure corrections are		

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F 842	Continued From page 119 Notes and order changes. I use the wound log if it is provided. We also use another electronic program called 'Ability' to document incidents, new wounds and things. It is a separate program. I have access and so do the nurses. They chart the falls, incidents, and skin tears along with other things."  On 9/10/2020 at 11:04 a.m. V1 (Administrator) stated, "The 'Ability' system was not available to the survey team for review."  1. The facility was unable to provide a Treatment Administration Record (TAR) for R1 for August 2020.  2. The facility was unable to provide a TAR for R53 for July and August 2020.  3. The facility was unable to provide a TAR for R62 for August 2020.  4. The facility was not able to provide a Treatment Administration Record (TAR) for R95.  On 9/4/2020 V50 (Medical Records) stated, "(R95) left on a Friday (8/21/2020). I have looked and I do not know what to tell you. I do not have any TAR for her, no record."	F 842	achieved and permanent: Facility management or designee will conduct 2 random audits per week for 4 weeks to ensure all medical records are uploaded timely into resident electronic health record.  Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.  Date corrective completed: 10/13/2020		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable	F 880		10/13/20	



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F 880	<p>Continued From page 120 diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(v) The circumstances under which the facility</li> </ul>	F 880			

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F 880	<p>Continued From page 121</p> <p>must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to perform hand hygiene during personal cares and maintain a clean environment for three of eight residents (R5, R6, R19) and failed to follow isolation precaution recommendations for one of eight residents (R5) reviewed for infection control practices in the sample of 95.</p> <p>Findings include:</p> <p>The facility Infection Control Policy, last revised 12/2013 documents, "The primary purpose of this facility's infection control policies and procedures are to establish guidelines to follow to provide a safe and sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. This</p>	F 880	<p>F880 Infection Prevention &amp; Control SS=D</p> <p>The facility does perform hand hygiene during personal cares and maintain a clean environment. The facility does follow isolation precaution recommendations.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R5 is no longer in isolation R6 supplies treatment supplies are no longer on the floor and are now stored appropriately. R19 has no new infection</p> <p>How the center will identify other residents</p>		

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F 880	<p>Continued From page 122</p> <p>facility's infection control policies and procedures apply equally to all personnel. The objectives of our infection control policies and procedures are to: maintain a safe, sanitary and comfortable environment for personnel, residents, visitors and the general public; establish guidelines to follow in implementing Standard Precautions for the handling of blood, body fluids, secretions, excretions, mucous membranes and non-intact skin."</p> <p>1. On 8/27/2020 at 10:30AM V3 (Treatment Nurse/Licensed Practical Nurse/TN/LPN) entered R6's room and explained she would be doing her treatment. R6 stated, "I have my own treatment supplies that I want you to use" (pointing to a green bag on the floor). R6 explained, "Those were the supplies that came from the hospital." V3 stated she would use them if that is what R6 wanted. V3 placed a clean bath towel on the foot of the bed and placed a box of gloves from her treatment cart onto the bed linens next to the clean field. V3 washed her hands and donned gloves and removed the soiled dressing from the upper groin wound. V3 stated, "(R6) just had an incision and drainage of an abdominal abscess." At R6's request, V3 applied Lidocaine gel to the opening of each wound. V3 explained she did not have an order to do that, but she would get an order. V3 then irrigated the groin wounds with a syringe of Normal Saline. V3 then doffed and donned gloves without hand hygiene and opened a jar of iodoform gauze, removed scissors from her field and cut off a strip. V3 then proceeded to pack the wound. V3 doffed and donned gloves without performing hand hygiene and retrieved a large gauze pad from the clean field and placed it over the wounds. V3 cleaned up the dressing, placing some back into the green bag on the</p>	F 880	<p>having the potential to be affected by the same deficient practice: All residents have the potential to be affected.</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: As Directed, re-educated nursing staff on facility infection control processes including watching clean hands youtube video. This was completed on 10/08/2020. New employees are educated on hand hygiene upon orientation.</p> <p>As Directed, IDT team reviewed infection control policies and procedures to ensure compliance with CMS guidance on COVID19. This was completed on 10/01/2020.</p> <p>As Directed, the facility has developed a QA audit tool for monitoring compliance weekly until the pandemic has ended and results of audits will be discussed with the facilities IDT team during a weekly QAPI meeting. This was completed on 10/01/2020.</p> <p>Staff have been educated on storage of resident items specifically noting that supplies cannot be stored on the floor.</p> <p>Department head rounding will occur regularly and compliance with storage standards will be monitored.</p> <p>Isolation orders are entered by floor</p>		

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F 880	<p>Continued From page 123 floor. V3 then removed her gloves and washed her hands, picked up the box of gloves and placed them back onto the treatment cart.</p> <p>On 8/27/2020 at 3:00 p.m. V3 stated, "Per (R6's) request, the treatment supplies stay in her room. They are on the floor in a bag, but they probably should not be stored on the floor. I did handwashing before I started the treatment and when I was done. I don't wash my hands after removing a dirty dressing, I only change my gloves when I am done with the treatment. I don't wash my hands after touching a resident either."</p> <p>2. On 8/27/2020 at 11:15 a.m. V10 (Certified Nurse Aide/CNA) entered R19's room and after addressing R19, V10 washed her hands and applied gloves. V10 filled a basin with clear water and placed it on an over bed with a stack of wash clothes. V10 provided perineal care for R19. With the same soiled gloves, V10 emptied R19's indwelling urinary catheter drainage bag in a graduate pitcher. V10 dumped the pitcher in the toilet and returned to R19's bedside without changing gloves or performing hand hygiene. With the same soiled gloves V10 continued to reposition R19 touching her arms, legs and sheets. V10 then changed the water in the basin but did not change her gloves. Placing the basin of water on the bedside table, V10 wet a washcloth and washed R19s' face, neck and underarms. V10 then reached back into the same basin of water to wet another cloth and rinsed off the soap for R19's underarms and neck. Without changing gloves V10 rummaged through R19's personal items stored in a stacking drawer container in her room and retrieved deodorant, then used it on R19's underarms. With the same gloves, V10 repositioned R19's legs again,</p>	F 880	<p>nurse. Director of Nursing monitors isolation list and updates IDT Team daily. Nursing staff ensure barrels are placed and signs posted on door. PPE is maintained in medication room, and restocked daily, accessible to nursing staff to restock isolation bins at anytime.</p> <p>Wound care nurse was educated on assessment of wounds, treatments and proper documentation. Vohra a wound care physician is conducting visits weekly Additional hand hygiene signs posted.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Administrator or Director of Nursing will audit Quality Improvement Data collection form for completion weekly until COVID pandemic has ended. Director of Nursing or designee will report results of the audits with the facility Interdisciplinary Team during the weekly Quality Assurance and Performance Improvement meetings while pandemic is present. Methods for improvement and overall performance will be discussed by the team to achieve improved results.</p> <p>Date corrective completed: 10/13/2020</p>		

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F 880	<p>Continued From page 124</p> <p>assisted R19 with a clean gown and placed a clean top sheet on R19. Before removing her gloves, V10 arranged her personal facemask and picked up the soiled linens from the floor. V10 then left the room while carrying the soiled linens against her uniform.</p> <p>On 8/27/2020 at 11:45 a.m. V10 stated, "I washed my hands before I started and just now when I was done."</p> <p>The facility policy for "Hand Hygiene" revised 5/17 documents, "Hand hygiene (hand washing to the use of Alcohol Based Hand Rub) is regarded by this organization as the single most important means of preventing the spread of infections. All personnel will follow our established hand hygiene procedure to prevent the spread of infection and disease to other personnel, residents and visitors. Hand hygiene must be performed under the following conditions: before and after assisting a resident with personal care; before and after changing a dressing; after coming in contact with a resident's blood, mucous membranes, body fluids, excretions and non intact skin; after removing gloves or aprons. The use of gloves does not replace hand washing/hand hygiene.</p> <p>On 8/27/2020 at 3:00 p.m. V2 (Director of Nursing/DON) stated handwashing should happen after gloves are removed and between glove changes. Handwashing should be completed after touching a resident during a treatment and before going back to the clean field."</p> <p>3. On 8/27/20 at 10:33 am, R5 was not in her room. An isolation bin was just outside of R5's</p>	F 880			

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F 880	<p>Continued From page 125</p> <p>room. The isolation bin contained one gown, gloves, and garbage bags. Isolation signage is taped to the wall indicating isolation precautions in place and to wear gloves, mask, face shield, and gown into R5's room. There are isolation barrels inside R5's room for garbage and linens.</p> <p>On 8/27/20 at 10:40 am, V2 stated R5 is currently on droplet/contact isolation precautions due to having frequent doctor visits outside the facility and hospitalizations. V2 stated R5 just got back from a doctor appointment.</p> <p>On 8/27/20 at 10:45 am, R5 was sitting in a wheelchair in the activity area with other residents within six feet of her and she was participating in a group activity.</p> <p>On 8/27/20 at 11:00 am V36 (Therapy Assistant) propelled R5 to R5's room, pushed R5 into the room without wearing an isolation gown and proceeded to provide therapy services. One isolation gown remained in the bin outside of R5's room. V36 stated R5 was no longer in isolation that she was aware of, however she continues to use caution.</p> <p>On 8/27/20 at 11:20 am V3 (Wound Nurse) came out of the dementia unit, pushed the button to call for the elevator, walked to R5's room, entered R5's room without performing hand hygiene and without putting on an isolation gown. V3 then applied gloves, lifted R5's shirt, touched R5's abdomen and skin surrounding her colostomy, put R5's shirt back into place, removed her gloves and exited R5's room without performing hand hygiene. One isolation gown remained in R5's isolation bin outside of R5's room. V3 stated, "(R5) is out of isolation so we don't have to wear</p>	F 880			

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F 880	Continued From page 126 a gown."	F 880			
F 908 SS=D	<p>On 8/31/20 at 2:25 pm, R5 stated staff do not wear the isolation gowns in her room. There were no gloves, isolation gowns or other supplies in the isolation bin outside of R5's room.</p> <p>Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2)</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure resident bariatric mechanical lift slings were available for transfer use for one resident (R87) of seven residents reviewed for transfers in the sample of 95.</p> <p>Findings include:</p> <p>The facility (Mechanical) Lift policy, revised 2/2017, documents "Objective: 1. A (mechanical) lift assists staff to lift and move a resident as safely and as easily as possible. Policy: A (mechanical) lift should be used for heavy residents or for those who are disabled. Two staff members are required for the procedure...Equipment: 1. (mechanical) lift 2. (mechanical) sling of appropriate size."</p> <p>The facility Fall Report for R87, dated 8/22/20, documents R87 rolled out of bed at 5:10 am. R87's EHR (Electronic Health Record) documents R87's current weight on 8/4/20 as 433 pounds.</p>	F 908	<p>F908 Essential Equipment, Safe Operating Condition SS=D</p> <p>The facility does ensure resident bariatric mechanical lift slings are available for transfer.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R87 has bariatric slings for lift assistance.</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected.</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Re-educated staff on, mechanical lift,</p>	10/13/20	

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F 908	<p>Continued From page 127</p> <p>On 9/1/20 at 11:45 am, R87 stated he can usually stand and move around some, but "I am a big guy and was on the floor and couldn't get up by myself. They said they didn't have a big enough sling to get me up so (R70) called 911 at 5:40 am to get me some help."</p> <p>On 9/4/20 at 11:05 am, R70 stated (R87) fell out of bed and the staff said, "Something about not having a key or access or something like that to get a sling to get (R87) up."</p> <p>On 9/10/20 at 12:30 pm, V19 (Licensed Practical Nurse) stated, "We couldn't find a bariatric sling to get him up, and we can't leave the floors unattended so we made him comfortable until we could get him up."</p> <p>On 9/8/20 at 1:42 pm, V1 (Administrator) stated she ordered two medium and two large slings which arrived on 8/19/20 and she is still waiting for the two extra large bariatric slings to be delivered. V1 stated the medium and large slings will hold up to 400 pounds and the bariatric slings will hold up to 600 pounds.</p> <p>On 9/16/20 at 9:45 am, V1 confirmed bariatric slings were delivered on Monday 9/14/20.</p> <p>The (Company's) sling delivery confirmation, dated 9/14/20, documents six bariatric slings were delivered to the facility.</p>	F 908	<p>nursing-supplies and equipment and safe lifting practices. New Slings were ordered.</p> <p>Laundry Aide conducts sling inspection when laundered, tracks condition and maintains inventory. Laundry Aide informs Supply Clerk when sling pulled for reorder.</p> <p>Slings are maintained on first floor in common area outside laundry room accessible to all staff. Nursing staff send soiled slings down to laundry and clean sling is collected to replace.</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility Supervisor or designee will conduct 2 random audits per week for 3 weeks to ensure lift equipment and supplies are available.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		
F 919 SS=D	<p>Resident Call System CFR(s): 483.90(g)(2)</p> <p>§483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a</p>	F 919		10/13/20	



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F 919	<p>Continued From page 128</p> <p>communication system which relays the call directly to a staff member or to a centralized staff work area.</p> <p>§483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have a call light for one (R9) of 14 residents reviewed for call lights in a sample of 95.</p> <p>Findings include:</p> <p>The Facility's "Call Light" Policy dated 5/2017 documents the objective is "to respond to resident's request and needs."</p> <p>On 9/4/20 at 11:40 am, R9 was lying in bed in a room with three residents. There were two call light cords in the room. R9's bed was placed by a call light outlet on the wall, however there was no call light attached to this outlet and R9 did not have a call light.</p> <p>On 9/4/20 at 11:45 am, V7 (Registered Nurse) stated R9 was moved because they discovered that she did not have a call light. "She has not had a call light since being in that room because there are three residents in that room and only two call lights on that side of the room. They just moved her to the other side of the room where there is an outlet for a call light."</p> <p>On 9/4/20 at 11:45 am, V4 (Maintenance Director) verified R9 did not have a call light. V4 stated, "R9 is in a room with three beds but the room is only set up with two call lights. I check the call lights in three to five rooms per day and I</p>	F 919	<p>F919 Resident Call System SS=D</p> <p>The facility does have call lights.</p> <p>Corrective Action to be taken for residents found to have been affected by the deficient practice: R9 has a call light</p> <p>How the center will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected.</p> <p>Measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur: Re-educated staff on call lights and resident rights. Full house audit completed to validate all call lights are in place and in working order. Facility staff have been re-educated on the facilities call light policy including proper placement, and prompt response time.</p> <p>Maintenance Director will make regular rounds to check call lights are in place</p>		

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145950</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>GENERATIONS AT ROCK ISLAND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2545 24TH STREET</b> <b>ROCK ISLAND, IL 61201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 919	Continued From page 129 didn't notice it."	F 919	<p>and functioning?? Procedure put in place for notification of maintenance director of non-functioning or missing call lights &amp; staff educated on</p> <p>Quality Assurance Plan to monitor performance to make sure corrections are achieved and permanent: Facility Supervisor or designee will conduct 2 random audits per week for 3 weeks to ensure call lights are available and operational.</p> <p>Identified concerns shall be reviewed by the facilities QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.</p> <p>Date corrective completed: 10/13/2020</p>		