STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345218	A. BUILDING _____ B. WING _____	C 02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY GRAN NURSING CENTER	120 SOUTHWOOD DRIVE CLINTON, NC 28329

(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
E 000	Initial Comments An unannounced recertification and complaint survey was conducted from 02/14/22 through 02/17/22. The facility was found to be in compliance with the requirement CFR 483.73, Emergency Preparedness EVENT ID #508O11.	E 000		
F 000	INITIAL COMMENTS An unannounced recertification and complaint survey was conducted at this facility from 02/14/22 through 02/17/22. One out of the 11 complaint allegations was substantiated with deficiency. Event ID#508O11	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.	F 561		3/14/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/10/2022

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F 561	Continued From page 1 §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observations, record review, staff and resident interviews the facility failed to offer and provide showers as scheduled for 2 of 2 residents (Resident #29 and Resident #36) observed. Findings included: 1. Resident #29 was admitted to the facility on 09/11/21. Diagnoses included diabetes, protein calorie malnutrition, end stage renal disease, dependence on dialysis, anxiety, and depression. The Minimum Data Set (MDS) quarterly assessment dated 12/22/21 revealed Resident #29 was cognitively aware and demonstrated no behaviors such as refusal of care. He required extensive assistance with two staff physical assistance with bed mobility and transfers, extensive assistance with one staff physical assistance with personal hygiene. He had no impairments and used a walker and wheelchair and required one staff physical assistance with bathing. Resident #29 was frequently incontinent of bowel and bladder and had 1 stage IV pressure ulcer. Resident #29 ' s care plan revealed a plan of care for activity of daily living (ADL) self-care performance deficit related to weakness with interventions including, in part, check nail length and trim and clean as necessary and required	F 561	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility□s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F561 Corrective Action for failing to offer and provide showers as scheduled for 2 of 2 residents (Resident #29 and Resident #36) observed. For resident #29 a shower was offered and resident refused on 2/11, 2/13, 2/17, 2/20, 2/23, 2/26, 2/27, 2/28 so a bed bath was completed each day by the CNA. For resident # 36 a shower was offered and refused on 2/16, 2/17, 2/18, 2/20, 2/21, 2/22, 2/23, 2/25, 2/27 and 2/28/22 so a bed bath was completed by the CNA. We will continue to offer a shower twice weekly per shower schedule. Corrective Action for Potentially Affected Residents All residents have the potential to be affected. Beginning on 3/9/2022, all	

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F 561	Continued From page 2 staff assistance with grooming and personal hygiene. A record review of the Resident #29 ' s shower schedule revealed he was to be offered or receive a shower on Tuesdays, Thursdays and Saturdays. A review of the shower log for the month of January and February revealed documentation that resident received bed baths only under the column "bed bath," The columns for showers given on the shower log for January and February had no documentation to support the resident received a shower. An observation of Resident #29 on 02/14/22 revealed an alert and oriented resident sitting upright in his wheelchair eating his lunch. Resident was appropriately dressed but was unkempt. His hair appeared to be dirty as well as his fingernails. An interview with Resident #29 on 02/14/22 revealed he received assistance with his care and getting dressed, but he stated he had not received a shower in a long time and would like a shower. Resident #29 was asked if he was offered showers and he stated "No." Resident #29 stated if they offered him a shower he would definitely take one. Resident #29 stated he has asked for a shower in the past and was told he would be getting a bed bath. An interview with Nurse #1 on 02/15/22 revealed she believed Resident #29 was offered a shower, but she was not certain. Nurse #1 stated Resident #29 went to dialysis on Mondays, Wednesdays, and Fridays so he was on the shower schedule for Tuesday, Thursday, and Saturdays. Nurse #1 stated the shower log was	F 561	residents were offered by their assigned CNA to shower according to the shower schedule. This education was completed by Director of Nursing. If the resident accepted the shower it was given and documented by the CNA. If the resident refused the shower, the hall nurse was notified for intervention. If the shower was refused then it was documented by the CNA as refused and a bed bath offered. This was completed by 3/14/2022. Systemic Changes On 3/8/2022, the Nurse management team began in-servicing all current full time, part time and PRN Nurses and CNA□s and agency staff. This in-service included the following topics: following the shower schedule, what to do when a resident refuses a shower, and observing resident preferences. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all above mentioned staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Staff that have not received the education by 3/14/2022 will not be allowed to work until it has been completed. Quality Assurance The Director of Nursing or designee will monitor tag F661 using the Showers QA tool for auditing to ensure shower schedules are followed. Audits will be completed weekly x 2 weeks then monthly x 3 months. Reports will be presented to the weekly Quality Assurance committee	

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kept at the nurse ' s station. Nurse #1 stated the resident would refuse care at times, but mostly with his medications and even if he refused to have a shower, he should at least be offered a shower every Tuesday, Thursday and Saturday. Nurse #1 stated if a resident refused a shower, the nurse aides (NA) were supposed to let her know so she could encourage the resident to take a shower and document if the resident continued to refuse.

An interview with NA #1 on 02/15/22 revealed she had given Resident #29 a bed bath before he went to dialysis on 02/14/22 and she also gave a bed bath on 02/15/22. NA #1 stated she did not offer him a shower on 02/14/22 or 02/15/22.

2. Resident #36 was admitted to the facility on 06/09/21. Diagnoses included, in part, cellulitis of her right toe, deep tissue injury to left heel, anxiety and bipolar disorder.

The MDS quarterly assessment dated 12/29/21 revealed Resident #36 was cognitively aware and demonstrated no behaviors such as refusal of care. Resident #36 required extensive assistance with two staff physical assistance with bed mobility and transfers, total dependent with one staff physical assistance with personal hygiene and bathing.

Resident #36 ' s care plan revealed a plan of care of ADL self-care performance deficit related to limited mobility with interventions including, in part, required assistance with grooming and personal hygiene.

A record review of the Resident #36 ' s shower schedule revealed she was to be offered or

by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Manager

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F 561	Continued From page 4	F 561		

receive a shower on Monday, Wednesdays and Fridays. A review of the shower log for the month of January and February revealed documentation that resident received bed baths only under the column "bed bath," The columns for showers given on the shower log for January and February had no documentation to support the resident received a shower.

An observation of Resident #36 on 02/14/22 revealed resident was out of bed sitting in her wheelchair and was waiting to get her hair cut in the hair salon. She was appropriately dressed, but somewhat unkempt with dirty hair and fingernails.

An interview with Resident #36 on 02/14/22 revealed she had her hair cut and she felt good, but she added, she would love to get a shower and no one ever asked her if she would like a shower. Resident #36 stated she received bed baths but would really like a shower. Resident #36 stated she has asked for a shower, but the aides will just say "we are going to give you a bed bath."

An interview with Nurse #1 on 02/15/22 revealed she believed Resident #36 was offered a shower, but she was not certain. Nurse #1 stated Resident #36 was out of her bed on 02/14/22 to get her hair cut but she was not sure if the resident received a shower on 02/14/22 (Monday). Nurse #1 stated the shower log was kept at the nurse ' s station. Nurse #1 stated Resident #36 should at least be offered a shower every Monday, Wednesday and Friday. Nurse #1 stated if a resident refused a shower, the NAs were supposed to let her know so she could encourage the resident to take a shower and

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F 561	Continued From page 5 document if the resident continued to refuse. An interview with NA #1 on 02/16/22 revealed she had given Resident #36 a bed bath on 02/15/22 and 02/16/22. NA #1 stated she did not offer her a shower on 02/15/22. An interview was conducted with the Director of Nursing (DON) on 02/17/22 at 2:48 PM. The DON reviewed the shower log which was kept at the nurse ' s station for Resident #29 and Resident #36 and confirmed that only bed baths were given for the months of January and February and the shower columns were blank. The DON stated her expectation of the nursing staff was to ensure the residents were being offered a shower on their shower days and to document if they refused or received a shower and let the charge nurse know. The DON stated the facility had 6 shower chairs and one shower bed all in working order and there was no reason why the residents should not be receiving showers if they wanted one.	F 561		
F 580 SS=E	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or	F 580		3/14/22

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F 580	Continued From page 6 clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, Physician, Nurse Practioner (NP), and Registered	F 580	The statements made on this plan of correction are not an admission to and do	

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F 580	Continued From page 7 Dietician (RD) interviews, the facility failed to notify the Physicians and Responsible Party (RP) of Residents' significant weight loss (Resident #134), failed to notify Physician and RP of significant weight gain (Resident #27), and failed to obtain a reweight for a resident who was documented as having a significant weight loss (Resident #37) for 3 of 4 residents observed for Nutrition. Findings included: 1. Resident #134 was admitted to the facility on 01/24/22 and was re-admitted from the hospital on 02/07/22 with diagnoses to include, in part, stage IV sacrum ulcer, diabetes, dysphagia and gastrostomy. Resident #134's 5-day Minimum Data Set (MDS) dated 01/27/22 revealed resident had severe cognitive impairments. Resident #134's care plan goals dated 02/07/22 listed: required tube feeding with risk for complications including aspiration, infection, dehydration, and inadequate nutrition. Potential nutritional problem related to receiving therapeutic diet and receiving a mechanically altered diet for pleasure eating. Care plan interventions included: Observe for/record/report to physician as needed for signs and symptoms of malnutrition, emaciation, and sufficient weight loss (ex: 3-pounds in 1-week, greater than > 5 % weight loss in 1-month, or greater than > 7.5% weight loss in 3-months, or a 10% weight loss in 6-months). Resident #134's electronic medical record (eMR) revealed recorded weights as admission weight	F 580	not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility□s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F580 A corrective action for failing to failed to notify the Physicians and Responsible Party (RP) of Residents' significant weight loss (Resident #134), failed to notify Physician and RP of significant weight gain (Resident #27), and failed to obtain a reweight for a resident who was documented as having a significant weight loss (Resident #37) for 3 of 4 residents observed for Nutrition. For resident #134, the physician and R/P were notified of the weight loss on 2/16/2022 by MDS Nurse. For resident #27, the physician and R/P were notified of the weight gain on 2/17/2022 by Director of Nursing. For resident #37, the Nurse obtained a reweight on 2/16/2022. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. On 3/8/2022, the Nurse management team and dietary manager completed a review of all current residents to identify significant weight losses and significant weight gains. Significant equaling a weight	

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F 580	Continued From page 8 on 01/25/22-175 lbs., and on 02/08/22 weight of 111.8 lbs. A physician order dated 02/08/22 for Resident #134 to re-check resident's 02/08/22 weight of 111.8 lbs. An interview on 02/16/22 at 8:04 AM with the Registered Dietitian (RD) revealed it was her expectation that she be notified at least weekly of any residents' significant weight loss or gain. She also said she expected to be notified whenever residents' weight loss/gain was greater than 5% within a month, or greater than 10% weight loss/gain within 90 days so she would be able to make the necessary dietary changes. RD said she was not notified of Resident #134's significant weight change. An interview on 02/16/22 at 1:45 PM with the physician revealed it was her expectation that she or one of her two Nurse Practitioners (NP) should have been notified of Resident #134's significant weight change. She said she also expected to be notified when a weight loss/gain was greater than 5% within a month, or greater than 10% weight loss/gain within 90-days so she or her NPs could make the necessary treatment/medication changes. An interview on 02/16/22 at 4:00 PM with Nurse Practitioner (NP#1) revealed it was her expectation that she or the MD should have been notified of Resident #134's significant weight loss. She also said she expected to be notified when weight loss/gain was greater than 5% within a month, or > 10% weight loss/gain within 90-days so she could make the necessary treatment recommendations.	F 580	loss or gain of 5% in 30 days, 7.5% in 90 days, and 10% in 180 days. Residents who were noted with a significant weight gain or loss had their physician and R/P notified by the Nurse management Team. This will be completed by 3/14/2022. In addition to this, all current residents□ weights over the past 60 days and orders over the past 30 days were reviewed for the need of a reweight. Any resident identified with a need (5 lb weight discrepancy from previous weight) or order for a reweight were reweighed by the CNA. This process will be completed by 3/14/2022. Systemic changes In-service education began on 2/17/2022 by the Administrator and was provided to all full time, part time, Director of Nursing, Unit Manager, Support Nurse, and Dietary Manager. Topics included: " Weight policy " Nutrition, Hydration, and Supplement Policy " Notification of the MD and R/P of significant weight changes In-service education began on 3/8/2022 by the Nurse Management Team and was provided to all full time, part time, and as needed Nurses, Med Aide□s, Med Tech□s, and CNA□s including agency staff. Topics included: " Notification of MD and R/P of significant weight changes " Following MD orders for reweights " Weight policy for reweights This information has been integrated into the standard orientation training and in the required in-service refresher courses for	

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F 580	Continued From page 9 An interview on 02/16/22 at 4:10 PM with the Director of Nursing (DON) revealed she expected her nursing staff to follow their facility's weight policy. DON said it was her expectation that Resident #134's significant weight change on 02/08/22 should have triggered a reweight and for all significant reweights greater than 5-lbs. from a previous weight and the physician should have been notified of the documented weight of 111.8 lbs. An interview on 02/17/22 at 10:00 AM with MDS Nurse #1 revealed Resident #134's documented significant weight change on 02/08/22 should have had a reweight done to confirm a greater than 5 lbs. weight loss from previous weight and then for the Physcian and Responsible Party (RP) to be notified of the resident's significant weight change per facility weight policy. 2) Resident #27 was admitted to the facility on 09/09/21 with diagnoses to include, in part, congestive heart failure, hypertension, and diabetes. Resident #27's Quarterly MDS assessment dated 12/17/21 revealed resident had no cognitive impairments. Resident #27's care plan goals dated 12/14/21 listed: weight loss with interventions to observe for/record/report to physician as needed for signs or symptoms of malnutrition: which includes emaciation, significant weight loss of 3-pound weight loss or gain in 1-week, greater than 5% weight loss or gain in 1-month, greater than 7.5% weight loss or gain in 3-months, and greater than 10% weight loss or gain in 6-months.	F 580	above mentioned staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Staff that have not received the education by 3/14/2022 will not be allowed to work until it has been completed. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Director of Nursing or designee will monitor tag F580 using the Notification and reweight QA tool for auditing physician and R/P notifications of significant weight loss or gain and to ensure reweights are obtained. Audits will be completed weekly x 2 weeks then monthly x 3 months. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Manager.	

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A review of Resident #27's electronic medical record weights on 02/14/22 revealed the following weights: 09/10/21- 200 lbs., 11/02/21- 201 lbs., and 02/09/22- 226.8 lbs. Resident #27's significant weight gain on 02/09/22 of 226.8 lbs., had no documented reweight or that the Physician or RP were notified.

A physician order dated 02/10/22 revealed an order to recheck Resident #27's 02/09/22 weight of 226.8 lbs.

An interview on 02/16/22 at 8:04 AM with the RD revealed it was her expectation that she be notified at least weekly for any residents' significant weight loss or gain. She also said she expected to be notified whenever residents' weight loss/gain was greater than 5% within a month, or greater than 10% weight loss/gain within 90 days so she would be able to make the necessary dietary changes. RD said she was not notified of Resident #27's significant weight change.

An interview on 02/16/22 at 1:45 PM with the Physician revealed it was her expectation that she or one of her two NPs should have been notified of Resident #27's significant weight change.

An interview on 02/16/22 at 4:00 PM with NP #1 revealed it was her expectation that she or the Physcian should have been notified of Resident #27's significant weight loss or gain. NP #1 also said she expected to be notified when weight loss/gain was greater than 5% within a month, or greater than 10% weight loss/gain within 90-days so she could make the necessary treatment

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recommendations.

An interview on 02/17/22 at 10:00 AM with MDS Nurse #1 revealed Resident #27's significant weight change on 02/09/22 should have had a reweight and she said it was expected for weights greater than 5-lbs. gain/loss from previous weight for the Physician and RP to have been notified of the significant weight changes per facility weight policy.

An interview on 02/17/22 at 10:15 AM with the Director of Nursing (DON) revealed she observed Resident #27 on 02/17/22 from 9:00 AM - 9:30 AM with no signs or symptoms of excessive fluid or change from baseline. DON confirmed Resident #27's last two documented weights were: 02/09/22 was 226.8 lbs., and on 11/02/21 was 201 lbs., and with this weight discrepancy, the Physcian and RP should have been notified.

3) Resident #37 was admitted to the facility on 12/16/16 with diagnoses including, in part, congestive heart failure and gastroesophageal reflux disease.

Resident #37's Quarterly MDS assessment dated 01/01/22 revealed resident had no cognitive impairments.

Resident #37's care plan goals dated 01/06/22 listed: nutritional problem related to receiving a therapeutic diet and does not follow diet restrictions. Nutritional interventions included: Observe for/record/report to Physcian as needed for signs or symptoms of malnutrition, emaciation, or significant weight loss (ex: 3-lbs. in 1-week, > 5% in 1-month, > 7.5% in 3-months, and > 10% in 6-months).

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Resident #37's medical record documented weights listed revealed 02/09/22-178.3 lbs., 12/04/21-195.4 lbs., 11/06/21-198.6 lbs., 09/06/21-209.2 lbs. and 08/10/21-211.8 lbs.

A Registered Dietitian note dated 02/16/22 for Resident #37 weight review revealed current body weight 178.3 lbs. Triggered for a weight loss of 15 % in 180 days with noted weight discrepancy of 17 lbs. from the previous weight with a recommendation to do a reweigh to confirm last weight.

An interview on 02/16/22 at 1:45 PM with the Physician revealed it was her expectation that she or one of her two Nurse Practitioners should have been notified of Resident #37's significant weight changes. She said she also expected to be notified when a weight loss/gain was greater than 5% within a month, or greater than 10% weight loss/gain within 90 days so she or her staff could make necessary treatment changes or make the necessary medication recommendations timely.

An interview on 02/16/22 at 4:00 PM with NP#1 revealed it was her expectation that she or the Physcian should have been notified of Resident's #37 significant weight loss. She also said she expected to be notified when weight loss/gain was greater than 5% within a month or greater 10% weight loss/gain within 90 days so she could make the necessary treatment changes.

An interview on 02/17/22 at 10:00 AM with MDS Nurse #1 revealed Resident #37's significant weight change on 02/09/22 should have had a reweight and She said it was expected for

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F 580	Continued From page 13 weights greater than 5-lbs. gain/loss from previous weight for the Physcian and RP to have been notified of the significant weight changes per facility weight policy. An interview on 02/16/22 at 4:10 PM with the DON revealed she expected her nursing staff to follow their facility's weight policy. DON said it was her expectation that Resident #37's significant weight change on 02/09/22 should have triggered a reweight and for all significant reweights greater than 5-lbs. from a previous weight to have the MD notified.	F 580		
F 692 SS=E	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (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- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced	F 692		3/14/22

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F 692	Continued From page 14 by: Based on record review, staff interviews, Physician, Nurse Practitioner (NP), and Registered Dietician (RD) interviews, the facility failed to reweigh and assess significant weight loss of resident's significant weight loss (Resident #134), failed to reweigh and assess significant weight gain of resident's significant weight gain (Resident #27), and failed to obtain a reweight for a resident who was documented as having a significant weight loss (Resident #37) for 3 of 4 residents observed for nutrition. Findings included: 1) Resident #134 was admitted to the facility on 01/24/22 and was re-admitted from the hospital on 02/07/22 with a cumulative diagnosis including: stage-4 sacrum ulcer, diabetes (DM), dementia, anemia, dysphagia, and gastrostomy. Resident #134's 5-day Minimum Data Set (MDS) dated 01/27/22 revealed resident was severely cogntitively impaired and required total assistance with eating. Resident #134 was coded as having a weight loss of 5% or more in the last month or loss of 10% or more in last 6-months and was receiving a therapeutic and mechanically altered diet. Resident #134's care plan goals dated 02/07/22 revealed a potential nutritional problem related to receiving therapeutic diet and receiving a mechanically altered diet for pleasure eating. Care plan interventions included observe for/record/report to physician as needed for signs and symptoms of malnutrition, emaciation, and sufficient weight loss (ex: 3-pounds in 1-week, greater than > 5 % weight loss in 1-month, or	F 692	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility□s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F692 A corrective action for the facility failing to reweigh and assess significant weight loss of resident's significant weight loss (Resident #134), failed to reweigh and assess significant weight gain of resident's significant weight gain (Resident #27), and failed to obtain a reweight for a resident who was documented as having a significant weight loss (Resident #37) for 3 of 4 residents observed for nutrition. For resident #134, a reweight was obtained on 2/16/2022 by the CNA. The Registered Dietician assessed the residents weight loss and made recommendations on 2/17/2022. For resident #27, a reweight was obtained on 2/17/2022 by the Nurse. The PCP was informed of the weight gain over the past 4 weights and assessed the residents weight gain with recommendations on 2/17/2022. For resident #37, the Nurse obtained a reweight on 2/16/2022.	

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F 692	Continued From page 15 greater than > 7.5% weight loss in 3-months, or a 10% weight loss in 6-months. Resident #134's electronic medical record (eMAR) revealed recorded weights as admission weight on 01/25/22-175 lbs. and on 02/08/22 weight of 111.8 lbs. A physician order dated 02/08/22 for Resident #134 to re-check resident's 02/08/22 weight of 111.8 lbs. An interview on 02/16/22 at 8:04 AM with the Registered Dietitian (RD) revealed a significant weight loss or gain is defined as whenever residents weight loss/gain was greater than 5% within a month, or greater than 10% weight loss/gain within 90 days. An interview on 02/16/22 at 1:45 PM with the Physician revealed it was her expectation that staff would have obtained a rewight for Resident #134's significant weight change. The Physician stated it was expected for all residents with weight changes greater than 5-lbs. from a previous weight. An interview on 02/16/22 at 4:00 PM with Nurse Practitioner (NP#1) revealed it was her expectation that Resident #134's significant weight of 111.8 lbs. on 02/08/22 should of had a reweight done. She said a reweight must be been done on all weights greater than 5-lbs. from the previous weight or when weight loss/gain was greater than 5% within a month, or greater 10% weight loss/gain within 90-days. An interview on 02/17/22 at 10:00 AM with the MDS Nurse #1 revealed Resident #134's	F 692	Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. On 3/8/2022, the Nurse management team and dietary manager completed a review of all current residents to identify significant weight loss and significant weight gain. Significant equaling a weight loss or gain of 5% in 30 days, 7.5% in 90 days, and 10% in 180 days. Residents who were noted with a significant weight gain or loss will be assessed by the Registered Dietician by 3/9/2022. In addition to this, all current residents weights over the past 60 days and orders over the past 30 days were reviewed for the need of a reweight. Any resident identified with a need (5 lb weight discrepancy from last weight) or order from the provider for a reweight were reweighed by the CNA. This process was completed by 3/14/2022. Systemic changes In-service education began on 2/16/2022 by the Administrator and was provided to all full time, part time, Director of Nursing, Unit Manager, Support Nurse, and Dietary Manager. Topics included: " Weight policy " Nutrition, Hydration, and Supplement Policy " Notification of the MD and R/P of significant weight changes In-service education began on 3/8/2022 by the Nurse Management Team and was provided to all full time, part time, and as	

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F 692	Continued From page 16 documented significant weight change on 02/08/22 should have had a reweight done to confirm a greater than 5 lbs. weight loss from previous weight according to facility's weight policy. An interview on 02/17/22 at 11:05 AM with Restorative Aide (RA) #1 said she was assigned to complete all daily/weekly resident weights. She said when she completed all the weights she would give the list of weights to the hall nurse who was responsible for entering weights into their electronic charting system. RA #1 said at that point, it was the hall nurse's responsibility to enter the weights into their electronic medical record and to verify if a reweight was needed. An interview on 02/17/22 at 11:40 AM with MDS Nurse #1 revealed she was the nurse who electronically entered Resident #134's weight on 02/08/22 of 111.8 lbs. MDS Nurse #1 said she was aware the weight numbers turned red when she entered resident's weight of 111.8 lbs. indicating that resident's weight was significant and that a reweight was needed to verify the weight. Review of Resident #134's electronic medical record revealed Resident #134's 01/24/21 admission weight was 175 lbs.. Resident #134 was hospitalized from 01/28/22 through 02/07/22, and when she was re-admitted back to the facility her re-admission weight was documented as 111.8 lbs. on 02/08/22. An admitting Physcian had ordered a reweight to be done on 02/08/22 to confirm Resident #134's admission weight of 111.8 lbs. A record review revealed a reweight was not done to confirm the discrepancy between the two weights 175 lbs. and 111.8 lbs. Resident	F 692	needed Nurses, Med Aide□s, Med Tech□s, and CNA□s including agency staff. Topics included: " Notification of MD and R/P of significant weight changes " Following MD orders for reweights " Weight policy for reweights This information has been integrated into the standard orientation training and in the required in-service refresher courses for all the above-mentioned staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Staff that have not received the education by 3/14/2022 will not be allowed to work until it has been completed. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Director of Nursing or designee will monitor tag F692 using the Weight change QA tool for auditing to ensure residents with significant weight loss or weight gain are assessed by the Registered Dietician and reweights are obtained as indicated. Audits will be completed weekly x 2 weeks then monthly x 3 months. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS	

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134's ordered reweight was later completed on 02/16/22 and was noted to be 182.8 lbs. with Physcian notification of the reweight on 02/17/22. at 10:00 AM.

An interview on 02/16/22 at 4:10 PM with the Director of Nursing (DON) revealed she expected her nursing staff to follow the facility's weight policy. Resident #134's significant weight change on 02/08/22 should have triggered a reweight and the nurse should have done the reweight with that discrepancy.

2) Resident #27 was admitted to the facility on 09/09/21 with a cumulative diagnosis including congestive heart failure, diabetes and dementia.

Resident #27's quarterly MDS assessment dated 12/17/21 revealed Resident #27 had no cognitive impairments and required total assistance with eating.

Resident #27's care plan goals dated 12/14/21 revealed weight loss with interventions to observe for signs or symptoms of malnutrition: which includes emaciation, significant weight loss of 3-pound weight loss or gain in 1-week, greater than 5% weight loss or gain in 1-month, greater than 7.5% weight loss or gain in 3-months, and greater than 10% weight loss or gain in 6-months.

A review of Resident #27's electronic medical record weights on 02/14/22 revealed the following weights: 09/10/21- 200 lbs., 11/02/21- 201 lbs., and 02/09/22- 226.8 lbs.

A physician order dated 02/10/22 revealed an order to recheck Resident #27's 02/09/22 weight of 226.8 lbs.

Coordinator, Therapy, Health Information Manager, and the Dietary Manager

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An interview on 02/16/22 at 8:04 AM with the Registered Dietitian (RD) revealed it was her expectation that she be notified at least weekly for any residents' significant weight loss or gain. She also said she expected to be notified whenever residents weight loss/gain was greater than 5% within a month, or greater than 10% weight loss/gain within 90 days so she would be able to make the necessary dietary changes.

An interview on 02/16/22 at 1:45 PM with the Physician revealed it was her expectation that she or one of her two Nurse Practitioners (NP) should have been notified of Resident #27's significant weight change and for a reweight to have been done for weights greater than 5-lbs. from a previous weight. The Physcian added it was her expectation for nursing staff to follow the facility's policy on weights and to follow resident's care plan protocols.

An interview on 02/16/22 at 4:00 PM with Nurse Practitioner (NP#1) revealed it was her expectation that a reweight be been done on all weights greater than 5-lbs. from previous weight. She also expected to be notified when weight loss/gain was greater than 5% within a month, or > 10% weight loss/gain within 90-days so she could make the necessary treatment recommendations.

An interview on 02/17/22 at 10:00 AM with MDS Nurse #1 revealed Resident #27's significant weight change on 02/09/22 should have had a reweight done. She said it was expected for weights greater than 5-lbs. gain from previous weight to have a reweight.

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An interview on 02/17/22 at 10:15 AM with the Director of Nursing (DON) revealed she observed Resident #27 on 02/17/22 from 9:00 AM - 9:30 AM with no signs or symptoms of excessive fluid or change from baseline. DON confirmed Resident #27's last two documented weights were: 02/09/22 - 226.8 lbs., and on 11/02/21 - 201 lbs. DON said it was her expectation that with the weight discrepancy between the two weights she would have expected her nursing staff to have done a reweight.

An interview on 02/17/22 at 11:05 AM with Restorative Aide (RA) #1 said she was assigned to complete all daily/weekly resident weights. She said when she completed all the weights she would give the list of weights to the hall nurse who was responsible for entering weights into their electronic charting system. RA #1 said she never knew if any of the weights were significant or not since only the nurses had access to residents' previous weights. RA #1 said it was also the hall nurse's responsibility to enter weights as well as ask for a reweight if needed.

3) Resident #37 was admitted to the facility on 12/16/16 with a cumulative diagnosis including: anemia, congestive heart failure (CHF), diabetes (DM), and gastroesophageal reflux disease (GERD).

Resident #37's Quarterly MDS assessment dated 01/01/22 revealed resident had no cognitive impairments. Resident needed limited assistance to supervision with eating.

Resident #37's care plan goals dated 01/06/22 revealed a nutritional problem related to receiving a therapeutic diet and does not follow diet

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restrictions. Nutritional interventions included to observe for signs or symptoms of malnutrition, emaciation, or significant weight loss (ex: 3-lbs. in 1-week, > 5% in 1-month, > 7.5% in 3-months, and > 10% in 6-months).

A review of Resident #37's electronic medical record (eMAR) documented weights: 02/09/22-178.3 lbs., 12/04/21-195.4 lbs., 11/06/21-198.6 lbs., 09/06/21-209.2 lbs. and 08/10/21-211.8 lbs. Resident #37's weight loss percentages from 08/10/21 through 02/09/22 were 9.59% last 3 months and 18.79 % weight loss in past 6-months.

An interview on 02/16/22 at 1:45 PM with the Physcian revealed it was her expectation for Resident #37 to have been reweighed on both 11/06/21 and 02/09/22 due to having greater than 5-lbs. weight loss from a previous weight or when a weight loss was greater than 5% within a month or greater than 10% weight loss within 90 days; so she or her staff could make necessary treatment or medication changes.

An interview on 02/16/22 at 4:00 PM with Nurse Practitioner (NP#1) revealed it was her expectation that reweights should have been done on all weights greater than 5-lbs. from previous weight or when weight loss was greater than 5% within a month, or greater than 10% weight loss within 90 days, so she could make the necessary treatment changes.

A Registered Dietitian note dated 02/16/22 for Resident #37 weight review revealed Resident #37's current body weight was 178.3 lbs. Triggered for a weight loss of 15 % in 180 days with noted weight discrepancy of 17 lbs. from the

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previous weight and a recommendation to do a reweigh to confirm last weight.

An interview on 02/17/22 at 10:00 AM with MDS Nurse #1 revealed Resident #37's significant weight change on 02/09/22 should have had a reweight done. She said it was expected for weights greater than a 5-lb. gain/loss from the previous weight to obtain a reweight.

An interview on 02/17/22 at 11:05 AM with Restorative Aide (RA) #1 said she was responsible for obtaining residents daily and weekly weights. RA #1 said when she completed the assigned weights she would give the completed weight sheet to the hall nurse who was responsible for electronically entering the weights into the eMAR. She then said it was the hall nurse's responsibility to verify weights and to ask for a reweight if needed.

An interview on 02/17/22 at 11:20 AM with Restorative Aide (RA) #2 revealed she was responsible for residents' monthly weights. RA #2 said after she completed the monthly weights she would enter the weights into the eMAR. She said after she entered the weights the hall nurse was responsible for verifying the weights and checking if a reweight was needed or not. RA #2 said on 02/09/22 the hall nurse did not ask her to do a reweight on Resident #37.

An interview on 02/17/22 at 10:15 AM with the Director of Nursing (DON) revealed all of Resident #37's significant weight changes should have had reweights done. She said it was expected for all weights greater than 5-lbs. loss from the previous weight to obtain a reweight and entered into the eMAR.

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(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 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review, the facility failed to: 1) keep an unattended medication cart locked; 2) date and store an opened box of nebulizer vials in accordance with the manufacturer's instructions; and 3) secure the opened box of nebulizer vials inside the cart for 1 of 2 medication carts observed (200 Hall cart). The findings included:	F 761	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility□s allegation of compliance such that all alleged	3/14/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345218	A. BUILDING _____ B. WING _____	C 02/17/2022

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F 761	Continued From page 23 Manufacturer's guidelines for Ipratropium bromide and albuterol sulfate solution revealed: Unit dose must remain within the foil pouch at all times and once exposed, use individual vials within 2 weeks, protect from light. An observation of the 200 Hall medication cart occurred on 2/16/22 at 10:37 AM. The cart was parked against the wall next to the 200 Hall nurse's station. The cart was noted to be unlocked, with the push-in lock in the out position. There were no staff members in sight. An opened box of Ipratropium bromide 0.5 mg and albuterol sulfate 3mg inhalation solution nebulizer vials was observed on top of the cart with the foil pouch open and the vials exposed to light. There was no opened date on the foil pouch. During the observation on 2/16/22 at 10:37 AM, the Regional Nurse Consultant was noted in the hallway and summoned to the medication cart. She verified the cart was unlocked. She placed the nebulizer vials inside the cart and locked the cart at that time. An interview was conducted on 2/16/22 at 10:42 AM with Nurse #3 when she returned to the cart. She acknowledged the cart had been left unlocked. She stated she had been called away from the cart and must have forgotten to put the box of nebulizer vials in the medication cart and to lock the cart. She further stated she didn't know the vials needed to be protected from light and discarded 14 days after exposure. An interview with the Director of Nursing (DON) occurred on 2/16/22 at 10:49 AM. She stated she expected the medication carts to be locked at all	F 761	deficiencies cited have been or will be corrected by the dates indicated. F761 A corrective action for failing to 1) keep an unattended medication cart locked; 2) date and store an opened box of nebulizer vials in accordance with the manufacturer's instructions; and 3) secure the opened box of nebulizer vials inside the cart for 1 of 2 medication carts observed (200 Hall cart). The nurse consultant removed the undated nebulizer vials from a top the medication cart and discarded them and immediately locked the medication cart affected. This was completed on 2/16/2022. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. On 3/8/22, the Nurse management team completed an audit observing all current medication carts for the following: observed to ensure the medication cart was locked, audited to ensure no medications were left unattended on the cart, and audited to ensure all nebulizer vials were dated when opened and stored inside of the medication cart. This was completed by the RN Unit Manager. Systemic changes In-service education began on 2/16/2022 and was provided to all full time, part time, and as needed nurses, medication aides, and Medication Tech□s. Topics included: " Medication cart must be kept locked when out of sight of the nurse, Med Aide,	

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F 761	Continued From page 24 times when not in direct sight of the nurse. She further stated medications should not be left unattended on top of the medication cart. She indicated the nebulizer vial package should be dated when opened and unused vials discarded 14 days after exposure. An interview occurred with the Administrator on 2/17/22 at 3:25 PM. She stated she expected the medication carts to be locked when not in direct sight of the nurse. She further stated medications should be stored according to manufacturer's guidelines inside the medication cart.	F 761	or Med Tech " Medications cannot be left unattended on top of the medication cart at any time. " Dating nebulizer vials when opened and discarding according to manufacturer instructions and proper storage This information has been integrated into the standard orientation training and in the required in-service refresher courses for all nurses, Medication Aides, and Medication Tech□s and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Staff that have not received the education by 3/14/22 will not be allowed to work until it has been completed. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Director of Nursing or designee will monitor tag F761 using the Med Cart QA tool for auditing medication cart locked when not attended by a nurse, medication aide, or medication tech. This tool will audit for medications being left unattended on the medication cart and for dating nebulizer medications when opened and proper storage. Audits will be completed weekly x 2 weeks then monthly x 3 months. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The	

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F 761	Continued From page 25	F 761	weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Manager	