

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345457	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 1/20/2023
NAME OF PROVIDER OR SUPPLIER BELAIRE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 640	<p>Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4)</p> <p>§483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. <p>§483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to complete and transmit a discharge Minimum Data Set (MDS) assessment within 14 days of the discharge date for 1 of 4 sampled residents reviewed for discharge (Resident #19).</p> <p>Findings included:</p> <p>Resident #19 was admitted to the facility on 7/5/22.</p>		

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

The above isolated deficiencies pose no actual harm to the residents

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F 640	<p>Continued From Page 1</p> <p>A progress note dated 7/22/22 revealed Resident #19 was discharged home with family.</p> <p>Review of Resident #19's medical record revealed the last completed MDS assessment was an admission MDS dated 7/12/22. There was no discharge assessment completed or transmitted.</p> <p>During an interview on 1/4/23 at 2:00 PM, MDS Coordinator #1 explained he completed the appropriate MDS assessments when notified of discharges by email from the discharge planner. MDS Coordinator #1 confirmed there was no discharge MDS assessment completed for Resident #19. He stated it was an oversight and should have been completed within 14 days of Resident #19's discharge.</p> <p>An interview on 1/6/23 at 12:44 PM, the Administrator stated she would expect the MDS assessments to be completed and transmitted within the regulatory timeframes.</p>
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E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey was conducted 1/3/23 through 1/20/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# OJ1V11. INITIAL COMMENTS	F 000			
F 550 SS=H	An unannounced recertification survey and complaint investigation was conducted 1/3/23 through 1/20/23. Intakes NC00185346, NC00188210, NC00194237, NC00194462, NC00195377, NC00195958 were investigated. 4 of the 18 allegations were substantiated resulting in deficiencies. The facility was notified on 01/18/23 of substandard quality of care after management quality review. Substandard Quality of Care was identified at: CFR 483.10 at tag F550 at a scope and severity (H) CFR 483.25 at tag F690 at a scope and severity (H). An extended survey was conducted 01/20/23. Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)	F 550		2/6/23	
	§483.10(a) Resident Rights. 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.				
	§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				

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

TITLE

(X6) DATE

Electronically Signed

01/31/2023

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>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. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident and staff interviews the facility failed to maintain the dignity of residents by failing to provide enough size 3X briefs for 4 of 4 residents that wore 3X briefs (Residents #8, #55, #40, and #28). This resulted in residents experiencing fear of embarrassment, physical discomfort, not participating in activities, feeling upset, bothered,</p>	F 550	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be</p>	

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F 550	<p>Continued From page 2 and crying. This practice affected all residents that wore size 3X briefs.</p> <p>The findings included:</p> <p>1) Resident #8 was admitted to the facility on 11/2/22 with diagnoses that included diastolic heart failure, hypertension, and muscle weakness.</p> <p>Review of the most recent Minimum Data Set for Resident #8 dated 10/28/22 revealed she was cognitively intact with no behaviors or rejection of care. She required extensive 1 person assist with bed mobility, transfers, toileting, and hygiene. She required limited 1 person assist with walking in her room. Resident #8 was occasionally incontinent of bladder and bowel.</p> <p>During an interview with Resident #8 on 1/4/22 at 12:19 PM she revealed she wore a size 3X brief and the facility frequently ran out. She stated they were running low on that day, and she knew because NA #4 came to her room to find a brief for another resident. NA #4 came to her room and said they could not find a 3X brief for a resident down the hall. NA #4 asked Resident #8 if she could take a 3X brief from her room. Resident #8 stated this happened frequently, "we run out of briefs weekly, that's why I keep a few stashed away in my room." She stated when the facility was low on briefs, she would frequently wear the green (2X) so that some of the other residents could have what was left of the 3X briefs. She stated the 2X briefs were too small for her, but she could fit them better than some of the other residents. Resident #8 further stated she could go to the restroom with staff assistance. She stated making it to the restroom</p>	F 550	<p>corrected by the date or dates indicated.</p> <p>F550: Resident Rights/Exercise of Rights Level H</p> <ol style="list-style-type: none"> On 01/05/2023, an emergency order of 3XL briefs was placed and facility staff picked up at Medline warehouse. 3XL briefs were dispersed to patient rooms including for resident #8, #55, #40, #28. Facility central supply coordinator or designee, in coordination with facility staff, reviewed census, weight records, and patient preference to determine each patient's incontinent status and sizing of briefs prior to weekly supply order. Facility nursing staff will be educated on resident rights; patient care and sizing of briefs; how to report concerns of quantities of briefs; and expectations of restocking. Education was provided by Staff Development and Administrator on 1/16/23-2/3/23. No nursing staff will be allowed to work until education is received. New nursing staff will receive education in orientation. Residents will be asked about facility meeting resident needs and observing resident rights monthly in Resident Council meetings. Administrator will monitor findings reported in resident council Facility Central Supply Coordinator or designee, with input from other facility staff, will review census, weight records, and patient preferences to determine each patient's incontinent status and 		

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F 550	<p>Continued From page 3</p> <p>without wetting was difficult because she was on 160 milligrams (mg) of a diuretic (a medication that rid the body of excess fluid through the kidneys) daily. She explained that she sometimes wore a pull up when she was up in the chair, but if she didn't make it to the restroom in time "those things don't hold, my clothes will be wet." She further explained that when they have activities she does not go if there were no 3X briefs available for her to wear. She stated sometimes residents wet themselves during activities and it may be visible on their clothing and other residents stare and point. She said this had happened to her once in the past and her clothing and the floor was wet, and she was embarrassed. She revealed she does not go to activities without a 3X brief because "I am afraid to be embarrassed like that again." She further revealed the NAs encouraged her to go to activities anyway, they told her things happen, and not to worry about it. If she was wet, they would help her get changed. Resident #8 stated she was sure the NAs would help her if she was wet, but she would still be embarrassed.</p> <p>On 01/04/23 at 4:48 PM an interview conducted with NA #4 revealed earlier on her shift she had to go to Resident #8's room and ask for a brief because a resident down the hall did not have one and was upset and crying. She stated she also found a few more briefs for that resident. NA #8 stated she did not report being short of 3X briefs to anyone on that day.</p> <p>During an interview on 1/5/23 at 10:54 AM, NA #5 revealed Resident #8 wore size 3X briefs. Resident #8 had recently needed to use more briefs because of a medication she was taking. NA #5 explained when the facility ran out of 3X</p>	F 550	<p>sizing of briefs twice a week prior to placing the facility supply order. Director of Nursing and Administrator will review order to ensure proper quantity is ordered. Central Supply Coordinator or designee will stock 3XL briefs in patient rooms twice a week to ensure supply is maintained throughout week and prior to the next order.</p> <p>Education to Central Supply was educated by administrator on 01/31/2023. Administrator or designee will interview 5 residents requiring 3XL briefs concerning the facilities meeting their resident rights and brief needs weekly x 4 weeks, 3 residents requiring 3XL briefs weekly x 4 weeks and monthly x 1 month.</p> <p>5. Administrator will report Results of the audits and resident council meeting minutes will be reviewed at Quarterly Quality Assurance Meeting X 1 for further resolution if needed.</p> <p>6. Date of completion: 2.6.2023</p>	

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F 550	<p>Continued From page 4</p> <p>briefs Resident #8 would stay in her room rather than go to activities. Resident #8 would not go to activities because she was afraid the smaller briefs would leak, and she would be embarrassed.</p> <p>An interview conducted on 1/6/23 at 10:23 AM with NA #6 revealed Resident #8 knew when she needed to use the restroom, but often her brief would have to be changed because she could not always make it before wetting the brief. She stated Resident #8 was a "very heavy wetter."</p> <p>During an interview on 01/06/23 11:28 AM the Activities Director revealed Resident #8 had told her in the past that she didn't want to come to activities related to her diuretic, but she was not aware of issues with briefs. She stated she encouraged residents to come to activities anyway. She told them they could try coming to activities with a blanket covering their lap.</p> <p>2) Resident #55 was admitted to the facility on 4/6/21 with diagnoses that included atrial fibrillation, shortness of breath, diabetes, and muscle weakness.</p> <p>The most recent Minimum Data Set for Resident #55 dated 10/15/22 revealed she was cognitively intact with no behaviors or rejection of care. She required extensive one person assist with bed mobility, toileting, and personal hygiene. Resident #55 was frequently incontinent of bladder and bowel.</p> <p>During an interview and observation on 1/4/23 at 5:25 PM Resident #55 revealed she was told she was supposed to wear a green (size 2X) brief, but they were too tight. She told the NAs the 2X</p>	F 550			

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F 550	<p>Continued From page 5</p> <p>briefs were too small and the white (3X) briefs fit better and were more comfortable. She further stated she had an old scar from a surgery she had last year, and the 2X brief rubbed that area and caused her pain, "I told them (staff) it hurts." Resident #55 revealed she had on a 3X brief that day, but when the facility ran out, they would bring her the 2X brief. An observation was made, Resident #55 was wearing a 3X brief that fit well. Resident #55 explained that she gets upset when the facility runs out of the 3X briefs. She felt like the NA's were trying to "stuff" her into something she couldn't fit, and it hurt her stomach.</p> <p>During an interview and observation on 1/5/23 at 10:51 AM Resident #55 revealed she was changed by staff 3 times during night shift and each change was with a 2X brief. She stated staff said that was all they had; they could not find any 3X briefs. Resident #55 was observed with a 2X brief on that fit tightly around her waist. Resident #55 pointed out a reddened area wear the brief was fastened. The reddened area was observed as irritation, the resident's skin was intact.</p> <p>During an interview on 1/6/23 at 10:53 AM NA #6 revealed Resident #55 was incontinent and wore 3X briefs. Resident #55 had expressed to NA #6 that she did not like to wear the 2X briefs because they were too small and rubbed her stomach.</p> <p>3) Resident #40 was admitted to the facility on 2/1/21 with diagnoses that included stroke, muscle weakness, dysphagia, seizures, shortness of breath, and major depressive disorder.</p>	F 550			

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F 550	<p>Continued From page 6</p> <p>The most recent Minimum Data Set for Resident #40 dated 12/15/22 revealed she was cognitively intact with no behaviors or rejection of care. She required extensive 1 person assist with bed mobility, toileting, and personal hygiene. Resident #40 was always incontinent of bowel and bladder.</p> <p>During an interview on 1/4/23 at 5:47 PM Resident #40 revealed she was often told that the facility was out of size 3X briefs. The NAs would often go check other resident's rooms for a 3X brief. If they could not find one, they would put her on the smaller green (2X) brief. Resident #40 stated the 2X briefs were too small and uncomfortable. The 2X briefs were too tight and rubbed, they sometimes made her skin sore. She further stated when she voids in the green briefs it leaks and gets her bed wet, and she did not like to be in a wet bed. Resident #40 recalled a time when the facility was almost out of briefs and an NA told her she needed to pee more than once in her brief before she could be changed. She stated that she did not remember the NAs name, but she was "very upset and bothered" about the whole situation with the briefs. She revealed this had been an ongoing issue and she did not understand why the facility could not order enough 3X briefs.</p> <p>During an interview on 10/5/23 at 10:54 AM NA #5 revealed Resident #40 was incontinent and wore a size 3X brief.</p> <p>4) Resident #28 was admitted to the facility on 9/22/20 with diagnoses that included heart failure, muscle weakness, shortness of breath, neuropathy, anxiety, and major depressive disorder.</p>	F 550		

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F 550	<p>Continued From page 7</p> <p>The most recent Minimum Data Set for Resident #28 dated 10/10/22 revealed she was cognitively intact with no rejection of care. She required extensive 1 person assist with toileting and personal hygiene. Resident #28 was occasionally incontinent of bladder and frequently incontinent of bowel.</p> <p>An interview conducted with Resident #28 on 1/4/23 at 5:37 PM that revealed one of the NAs told her there were no more briefs today. She revealed she was crying but declined to say why she was crying. Resident #28 stated NA #4 found some briefs for her and brought them to her room. The facility was sometimes short on 3X briefs, and she usually had some extras in her room.</p> <p>During an interview on 1/4/22 at 4:48 PM NA #4 revealed that morning Resident #28 did not have any briefs and the resident was upset and crying. She further revealed sometimes the NAs put briefs in the resident's rooms, and she went to another room and got a brief for Resident #28. NA #4 stated that Resident #28 wore a 3X brief and the facility sometimes ran out of 3X briefs.</p> <p>An interview was conducted on 1/5/23 at 8:53 AM where Central Supply revealed she was aware that Resident #28 would get upset because she thought she was going to run out of briefs. Yesterday staff let her know the resident was upset and more briefs were brought to Resident #28's room.</p> <p>During an interview on 10/5/23 at 10:54 AM NA #5 revealed Resident #28 was crying on the day before (10/4/23) because she had no briefs. She</p>	F 550		

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F 550	<p>Continued From page 8</p> <p>stated she thought another NA found some briefs for her from another resident's room.</p> <p>During an interview on 1/6/23 at 12:32 PM with the Director of Nursing (DON) revealed she was unaware of any issue with the amount of 3X briefs available to residents until 1/4/23 when Resident #28 told her she was upset because the NAs told her there were no more 3X briefs. The DON stated the NAs found some briefs for the resident.</p> <p>During an interview on 1/6/23 at 11:52 AM the Administrator revealed Central Supply ordered supplies for the facility and she used an inventory list to do so. The facility received supply shipments on Mondays. The Administrator further revealed she was not aware of any issues or a shortage of 3X briefs in the facility. No issues had been reported to her. She indicated that having 3-4 briefs per resident per day until the next shipment on 1/9/23 was insufficient. She stated if there were not enough briefs or an issue with ordering, she should be notified so she could help by reaching out to a sister facility or go out and purchase what was needed for the residents. She further stated the residents should not have to worry about having briefs or how many they could use.</p> <p>During an interview on 1/6/23 at 12:32 PM with the DON revealed she was unaware of any issue with the amount of 3X briefs available to residents until 1/4/23 when she was told by one of the residents. The DON further revealed she does not recall ever obtaining supplies from a sister facility. The DON indicated the number of briefs that were in the facility on that day would not be enough to last until Monday when the next</p>	F 550		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/20/2023
NAME OF PROVIDER OR SUPPLIER BELAIRE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2065 LYON STREET GASTONIA, NC 28052		
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F 550	Continued From page 9 delivery would arrive. She stated she expected the NAs to round and provide incontinent care as needed. She also expected the residents to have the briefs they needed and not have to worry about it.	F 550		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting	F 584		2/6/23

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F 584	<p>Continued From page 10 levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interviews with resident and staff, the facility failed to maintain wheelchair armrests in good repair for 2 of 5 residents reviewed for mobility device (Resident #177 and #180).</p> <p>The findings included:</p> <p>1.a. Resident #177 was admitted to the facility on 12/20/22.</p> <p>Review of the admission Minimum Data Set (MDS) dated 12/26/22 assessed Resident #177 with severe impairment in cognition and her primary mobility device was a wheelchair.</p> <p>During an observation conducted on 01/03/23 at 11:15 AM, the right armrest of Resident #177's wheelchair was in disrepair with multiple torn spots and ripped lines. During the interview, Resident #177 was unable to tell the surveyor whether the broken armrest had caused any skin irritation to her right arm.</p> <p>On 01/04/23 at 12:39 PM, Resident #177 was seen sitting in her wheelchair in dining room and the right armrest remained in disrepair. She was wearing short sleeves and her right arm was seen</p>	F 584	<p>F584: Safe/Clean/Comfortable/Homelike Environment Level D</p> <ol style="list-style-type: none"> 1. Resident #177 and Resident #180's wheelchair arms were replaced on 1/5/2023 2. An audit of all residents' wheelchairs was conducted on 1/5/2023. Audit was completed by maintenance director. All necessary repairs were made by 1/9/2023. 3. Facility staff were educated on importance of proper equipment being free from torn spots and ripped lines. Facility staff were educated on facility process of reporting in concerns with wheelchairs into the facility work order system (REQQER) when repairs were needed and or where to obtain new equipment when necessary. Administrator and Staff Development provided education to facility staff on 2/03/2023. 4. Rehab Aide or designee will conduct an audit of all patients' wheelchairs to ensure they are in good repair twice a week for 4 weeks, once a week for 3 weeks and once a month x 1 month. 	

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F 584	<p>Continued From page 11</p> <p>in contact with the armrest during the observation.</p> <p>b. Resident #180 was admitted to the facility on 01/02/23.</p> <p>Resident #180's MDS was not completed at the time of the observation.</p> <p>During an observation conducted on 01/04/23 at 12:39 PM, Resident #180 was seen sitting in her wheelchair at the same table with Resident #177 in the dining room. The left armrest was in disrepair with multiple torn spots, ripped lines, and cracks. She was wearing short sleeves and her left arm was seen in contact with the armrest during the observation.</p> <p>During an interview conducted on 01/04/23 at 12:52 PM, Resident #180 stated she had used the wheelchair for just a couple days, and the armrest had not caused any skin irritation so far.</p> <p>Interview with Nurse Aide (NA) #3 on 01/04/23 at 12:42 PM revealed Resident #177 and Resident #180 were from the same hall, and she was the NA who had transported Resident #177 to the dining room this afternoon. She acknowledged that both Residents' wheelchair armrests were in disrepair. She explained she did not pay attention to Resident #177's armrest when she transported her to the dining room.</p> <p>During an interview conducted on 01/04/23 at 12:47 PM, Nurse #4 stated she had provided care for Resident #177 and Resident #180 in the past few days. She stated the armrests for both Residents' wheelchairs were in disrepair and needed to be fixed immediately. She had not</p>	F 584	<p>Equipment showing signs of repair will be entered into work order system (REQQER) to be evaluated by maintenance.</p> <p>5. Maintenance Director will Results of the audits will be reviewed at Quarterly Quality Assurance Meeting x 1 month for further resolution if needed.</p> <p>6. Date of completion: 2.6.2023</p>	

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F 584	<p>Continued From page 12</p> <p>noticed both Residents' armrests were torn, ripped, and cracks. She assessed both Residents immediately and noted intact skin.</p> <p>During a joint observation with the Maintenance Director on 01/04/23 at 1:10 PM, he acknowledged that both Resident #177 and Resident #180's armrests were in disrepair and needed to be fixed immediately.</p> <p>During the subsequent interview conducted on 01/04/23 at 1:12 PM, the Maintenance Director stated that he did not know both wheelchairs were in disrepair and explained he had not received any work orders for wheelchair repairs recently. He explained he did not check all wheelchairs routinely, but mainly depended on work orders submitted by rehab and nursing staff to report repair needs. He checked work order boxes located in the nurse stations at least once daily.</p> <p>Interview with the Director of Nursing (DON) on 01/04/23 at 1:22 PM revealed she expected all the staff to report repair needs to maintenance department either via work orders or verbal notification in timely manner. It was her expectation for all the wheelchairs to be in good repair all the time.</p> <p>Interview with the Administrator on 01/06/23 at 11:33 AM revealed it was her expectation to have all the care equipment to remain in good repair all the time.</p>	F 584		
F 657 SS=E	<p>Care Plan Timing and Revision</p> <p>CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans</p>	F 657		2/6/23

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F 657	<p>Continued From page 13</p> <p>§483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(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.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observations and staff interviews, the facility failed to accurately enter the code status as full code in the Care Plan for 1 of 3 sampled residents (Resident #35) and the facility failed to revise the Care Plan for 1 of 1 sampled resident to include fluid restrictions and non-compliance with fluid restrictions (Resident #64).</p> <p>The findings included:</p>	F 657	<p>F 657: Care Plan Timing and Revision Level E</p> <p>1. Care plan for Resident #35 was updated to reflect their current DNR status on 01/04/2023. Resident #64 fluid restrictions were discontinued and patient no longer resides in facility.</p> <p>2. All current resident's care plans will be audited for accuracy in relation to</p>	

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F 657	<p>Continued From page 14</p> <p>1. Resident# 35 was admitted to the facility on 7/24/2019.</p> <p>A physician's order dated 7/5/22 indicated Resident # 35 was a full code.</p> <p>The quarterly Minimum Data Set assessment dated 11/18/22 revealed Resident# 35 had severely impaired cognition.</p> <p>A signed MOST form revealed Resident #35 had a full code status.</p> <p>A Care Plan dated 11/17/22 indicated Resident #35 had a code status of "Do Not Resuscitate".</p> <p>A Care Plan dated 8/19/22 indicated Resident #35 had a code status of "Do Not Resuscitate".</p> <p>An interview with the MDS Coordinator on 1/4/23 at 4:20 PM revealed she was responsible for entering the code status into the Care Plan. During the interview, she reviewed the Care Plan that showed "Do Not Resuscitate" (DNR), the physician's order that showed "full code", and the Resident's medical record profile that showed "full code" for Resident #35. She then stated she must have made a mistake when she entered the wrong code status of "DNR" into the Care Plan. She further revealed she would normally transcribe the code status from the orders or during morning meetings, after a resident is admitted and enter the information into the MDS and the Care Plan.</p> <p>An interview with the Director of Nursing (DON) indicated she expected the code status to be accurately entered into the Care Plan as a result of a transcription from physician orders.</p>	F 657	<p>Advance Directives and fluid restrictions with revisions made by 2/6/2023. Regional Director of Clinical Reimbursement completed the audits.</p> <p>3. MDSC and Care plan team was educated by Region of Director of Clinical Reimbursement or designee regarding the need for updating and completion of the comprehensive care plan to reflect the resident's Advance Directives and fluid restrictions. Education completed on 02/01/2023.</p> <p>4. Regional Director of Clinical Reimbursement or Designee will audit 5 MDS weekly for 4 weeks, 5 MDS biweekly for 4 weeks, and then monthly for one month</p> <p>5. Director of Nursing will report Results of these audits will be reviewed at Quarterly QA meeting x1 for further problem resolution if needed.</p> <p>6. Date of completion: 2.06.2023</p>	

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F 657	<p>Continued From page 15</p> <p>An interview with the Administrator revealed it was her expectation that all orders such as a code status, are reflected accurately on the Care Plan.</p> <p>2. Resident #64 was admitted to the facility on 10/28/22.</p> <p>Resident #64's diagnoses included cellulitis of right and left lower limbs and localized edema, among others.</p> <p>Review of October 2022 physician orders revealed an order to restrict fluids to 1500 cubic centimeters (cc) daily.</p> <p>A care plan dated 10/28/22 recorded Resident #64 was at risk for nutritional decline with a goal to provide optimal nutrition and hydration status by meeting her nutrition and hydration needs. The care plan did not include the 1500 cc fluid restriction or that Resident #64 was non-compliant.</p> <p>A quarterly Minimum Data Set dated 11/3/22, assessed Resident #64 with clear speech, able to understand/be understood, adequate hearing/vision, independent with eating and intact cognition.</p> <p>Resident #64 was observed on 1/3/23 at 1:00 PM and 1/5/23 at 12:50 PM in her room drinking ice water independently from a 20-ounce cup kept at her bedside. Resident #64 stated on 1/5/23 at 12:50 PM that the physician placed her on fluid restrictions, but that she drank water all the time throughout the day. Resident #64 stated that staff knew that she drank a lot of water and provided</p>	F 657		
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F 657	<p>Continued From page 16</p> <p>her water whenever she asked. She stated, "I might drink too much, but I like my water."</p> <p>An interview with Nurse #1 on 1/5/23 at 12:53 PM revealed Resident #64 drank water with her medications and staff provided her water whenever she asked.</p> <p>An interview with Nurse #3 on 1/5/23 at 1:33 PM revealed Resident #64 was aware of her fluid restrictions but drank independently and asked for water whenever she wanted.</p> <p>During an interview with the Registered Dietitian (RD) on 01/05/23 at 4:09 PM, the RD stated that she completed the nutrition section of the care plans. The RD stated that Resident #64 was non-compliant with her fluid restrictions and kept water at the bedside at her request. The RD stated that her non-compliance with her fluid restrictions should have been added to the care plan.</p> <p>The Director of Nursing (DON) was interviewed on 1/5/23 at 2:15 PM. The interview revealed that Resident #64 was non-compliant with her fluid restrictions and that the family of Resident #64 was adamant that she keeps water at the bedside. The DON stated that the care plan did not currently include her fluid restriction or non-compliance but that it would be updated.</p> <p>The Administrator stated on 1/05/23 at 6:00 PM that Resident #64 was non-compliant with fluid restrictions and her care plan should have included that. The Administrator stated that she would ensure the care plan was updated.</p>	F 657		
F 690 SS=H	Bowel/Bladder Incontinence, Catheter, UTI	F 690		2/6/23

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F 690	<p>Continued From page 17 CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <ul style="list-style-type: none"> (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, record review, resident</p>	F 690	F 690: Bowel/Bladder Incontinence,	

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F 690	<p>Continued From page 18</p> <p>and staff interviews the facility failed to order and provide enough size 3X briefs for 4 of 4 residents that wore 3X briefs (Residents #8, #55, #40, and #28). The residents reported the facility was often out of 3X briefs and the 2X briefs were too small, "hurt my stomach", uncomfortable, too tight, "rubbed and sometimes made my skin sore"and they leaked. Resident #55 was observed wearing a 2X brief that fit tightly around her waist and there was a reddened area where the brief was fastened. This practice affected all residents that wore size 3X briefs.</p> <p>The findings included:</p> <p>1) Resident #8 was admitted to the facility on 11/2/22 with diagnoses that included diastolic heart failure, hypertension, and muscle weakness.</p> <p>Review of the quarterly Minimum Data Set for Resident #8 dated 10/28/22 revealed she was cognitively intact with no behaviors or rejection of care. She required extensive 1 person assist with bed mobility, transfers, toileting, and hygiene. She required limited 1 person assist with walking in her room. Resident #8 was occasionally incontinent of bladder and bowel.</p> <p>Resident #8's care plan revised on 11/12/22 revealed:</p> <p>Resident #8 had bladder incontinence related to impaired mobility. The interventions included provide peri-care as needed and with each incontinent episode.</p> <p>Resident #8 had bowel incontinence related to impaired mobility. The interventions included</p>	F 690	<p>Catheter, UTI Level H</p> <ol style="list-style-type: none"> On 01/05/2023, an emergency order of 3XL briefs was placed and facility staff picked up at Medline warehouse. 3XL briefs were dispersed to patient rooms including for resident #8, #55, #40, #28. Facility central supply coordinator or designee, in coordination with facility staff, reviewed census, weight records, and patient preference to determine each patient's incontinent status and sizing of briefs prior to weekly supply order. Review was completed by central supply coordinator on 01/23/23 and 01/25/23 for the supply order placed on 01/31/2023. Facility nursing staff will be educated on resident rights; patient care and sizing of briefs; how to report concerns of quantities of briefs; and expectations of restocking. Education provided to facility nursing staff by Staff Development Coordinator and Administrator from 01/16/23-2/3/23. No nursing staff will be allowed to work until education is received. New nursing staff will receive education in orientation. Residents will be asked about facility meeting resident needs and observing resident rights monthly in Resident Council meetings. Administrator will monitor findings from resident council meetings Facility Central Supply Coordinator or designee, with input from other facility staff, will review census, weight records, and patient preferences to determine 		

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F 690	<p>Continued From page 19</p> <p>assist with toileting as needed, provide peri-care after each incontinent episode, and provide loose fitting easy to remove clothing.</p> <p>Resident #8 required assistance with activities of daily living (ADL) related to heart failure. The interventions included assist resident with bed mobility, transfers, and repositioning. ¼ rails to aid in the resident's mobility.</p> <p>Review of Physician orders for Resident #8 included: Furosemide tablet 80 milligrams (mg), give 1 tablet by mouth two times a day for edema related to heart failure, do not change times. 10/14/22</p> <p>During an interview with Resident #8 on 1/4/22 at 12:19 PM she revealed she wore a size 3X brief and the facility frequently ran out. She stated they were running low on that day, and she knew because NA #4 came to her room to find a brief for another resident. NA #4 came to her room and said they could not find a 3X brief for a resident down the hall. NA #4 asked Resident #8 if she could take a 3X brief from her room. Resident #8 stated this happened frequently, "We run out of briefs weekly, that's why I keep a few stashed away in my room". She stated when the facility was low on briefs, she would frequently wear the green (2X) so that some of the other residents could have what was left of the 3X briefs. She stated the 2X briefs were too small for her, but she could fit them better than some of the other residents. Resident #8 further stated she could go to the restroom with staff assistance. She stated making it to the restroom without wetting was difficult because she was on 160mg of a diuretic (a medication that rid the</p>	F 690	<p>each patient's incontinent status and sizing of briefs twice a week prior to placing the facility supply order. Director of Nursing and Administrator will review order to ensure proper quantity is ordered. Education to central supply coordinator completed by administrator on 01/31/2023.</p> <p>Central Supply Coordinator or designee will stock 3XL briefs in patient rooms twice a week to ensure supply is maintained throughout week and prior to the next order.</p> <p>Administrator or designee will interview 5 residents requiring 3XL briefs concerning the facilities meeting their resident rights and brief needs weekly x 4 weeks, 3 residents requiring 3XL briefs weekly x 4 weeks and monthly x 1 month.</p> <p>5. The administrator will provide Results of the audits will be reviewed at Quarterly Quality Assurance Meeting X 1 for further resolution if needed</p> <p>6. Date of completion: 2.6.2023</p>	

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F 690	<p>Continued From page 20</p> <p>body of excess fluid through the kidneys) daily. She explained that she sometimes wore a pull up when she was up in the chair, but if she doesn't make it to the restroom in time "those things don't hold, my clothes will be wet".</p> <p>On 01/04/23 at 4:48 PM an interview conducted with NA #4 revealed earlier on her shift she had to go to Resident #8's room and ask for a brief because a resident down the hall did not have one and was upset and crying. She stated she also found a few more briefs for that resident. NA #8 stated she did not report being short of 3X briefs to anyone on that day.</p> <p>During an interview on 1/5/23 at 10:54 AM, NA #5 revealed Resident #8 wore size 3X briefs. Resident #8 had recently needed to use more briefs because of a medication she was taking. NA #5 explained when the facility ran out of 3X briefs Resident #8 would stay in her room rather than go to activities. Resident #8 would not go to activities because she was afraid the smaller briefs would leak, and she would be embarrassed.</p> <p>An interview conducted on 1/6/23 at 10:23 AM with NA #6 revealed Resident #8 knew when she needed to use the restroom, but often her brief would have to be changed because she could not always make it before wetting the brief. She stated Resident #8 was a "very heavy wetter".</p> <p>During an interview on 01/06/23 11:28 AM the Activities Director revealed Resident #8 had told her in the past that she didn't want to come to activities related to her diuretic, but she was not aware of issues with briefs.</p>	F 690			

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F 690	<p>Continued From page 21</p> <p>2) Resident #55 was admitted to the facility on 4/6/21 with diagnoses that included atrial fibrillation, shortness of breath, diabetes, and muscle weakness.</p> <p>The quarterly Minimum Data Set for Resident #55 dated 10/15/22 revealed she was cognitively intact with no behaviors or rejection of care. She required extensive one person assist with bed mobility, toileting, and personal hygiene. Resident #55 was frequently incontinent of bladder and bowel.</p> <p>Review of Resident #55's care plan updated on 10/25/22 revealed:</p> <p>Resident #55 was frequently incontinent of bladder and bowel and was not a candidate for a toileting program due to lack of bowel and bladder control. The interventions included check and change briefs frequently and as needed and provide toileting hygiene with brief changes.</p> <p>Resident #55 required assistance with ADLs related to chronic health conditions and weakness. The interventions included assist with bed mobility.</p> <p>During an interview and observation on 1/4/23 at 5:25 PM Resident #55 revealed she was told she was supposed to wear a green (size 2X) brief, but they were too tight. She told the NAs the 2X briefs were too small and the white (3X) briefs fit better and were more comfortable. She further stated she had an old scar from a surgery she had last year, and the 2X brief rubbed that area and caused her pain. "I told them (staff) it hurts". Resident #55 revealed she had on a 3X brief that day, but when the facility ran out, they would bring</p>	F 690		
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F 690	<p>Continued From page 22</p> <p>her the 2X brief. An observation was made, Resident #55 was wearing a 3X brief that fit well. She felt like the NAs were trying to "stuff" her into something she couldn't fit, and it hurts her stomach.</p> <p>During an interview and observation on 1/5/23 at 10:51 AM Resident #55 revealed she was changed by staff 3 times during night shift and each change was with a 2X brief. She stated staff said that was all they had; they could not find any 3X briefs. Resident #55 was observed with a 2X brief on that fit tightly around her waist. Resident #55 pointed out a reddened area where the brief was fastened. The reddened area was observed as irritation, the resident's skin was intact.</p> <p>During an interview on 1/6/23 at 10:53 AM NA #6 revealed Resident #55 was incontinent and wore 3X briefs. Resident #55 had expressed to NA #6 that she did not like to wear the 2X briefs because they were too small and rubbed her stomach.</p> <p>3) Resident #40 was admitted to the facility on 2/1/21 with diagnoses that included stroke, muscle weakness, dysphagia, seizures, shortness of breath, and major depressive disorder.</p> <p>The quarterly Minimum Data Set for Resident #40 dated 12/15/22 revealed she was cognitively intact with no behaviors or rejection of care. She required extensive 1 person assist with bed mobility, toileting, and personal hygiene. Resident #40 was always incontinent of bowel and bladder.</p>	F 690			

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F 690	<p>Continued From page 23</p> <p>Review of Resident #40's care plan revised on 11/15/22 revealed:</p> <p>Resident #40 required assistance with activities of daily living related to deficits from a stroke. The interventions included assist with bed mobility and repositioning, 1/4 rail to assist with bed mobility.</p> <p>Resident #40 had bladder incontinence related to impaired mobility. The interventions included clean peri-area with each incontinent episode.</p> <p>Resident #40 had bowel incontinence related to impaired mobility. The interventions included assist with toileting, provide peri-care with each incontinent episode and provide loose fitting, easy to remove clothing.</p> <p>During an interview on 1/4/23 at 5:47 PM Resident #40 revealed she was often told that the facility was out of size 3X briefs. The NAs would often go check other resident's rooms for a 3X brief. If they could not find one, they would put her on the smaller green (2X) brief. Resident #40 stated the 2X briefs were too small and uncomfortable. The 2X briefs were too tight and rubbed, they sometimes made her skin sore. She further stated when she voids in the green briefs it leaks and gets her bed wet, and she did not like to be in a wet bed. She revealed this had been an ongoing issue and she did not understand why the facility could not order enough 3X briefs.</p> <p>During an interview on 10/5/23 at 10:54 AM NA #5 revealed Resident #40 was incontinent and wore a size 3X brief.</p>	F 690		

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F 690	<p>Continued From page 24</p> <p>4) Resident #28 was admitted to the facility on 9/22/20 with diagnoses that included heart failure, muscle weakness, shortness of breath, neuropathy, anxiety, and major depressive disorder.</p> <p>The most recent Minimum Data Set for Resident #28 dated 10/10/22 revealed she was cognitively intact with no rejection of care. She required extensive 1 person assist with toileting and personal hygiene. Resident #28 was occasionally incontinent of bladder and frequently incontinent of bowel.</p> <p>Review of Resident #28's care plan dated 10/13/22 revealed:</p> <p>Resident #28 required assistance with activities of daily living related to advanced age and chronic health conditions. The interventions included assist resident with toileting and transfers</p> <p>Resident #28 was at risk for pressure ulcers related to incontinence. The interventions included keep skin as clean and dry as possible.</p> <p>Review of Physician orders for Resident #28 included: Furosemide Tablet 40 MG, give 1 tablet by mouth two times a day related to essential hypertension 4/28/22</p> <p>An interview conducted with Resident #28 on 1/4/23 at 5:37 PM that revealed one of the NAs told her there were no more briefs today. Resident #28 stated NA #4 found some briefs for her and brought them to her room. The facility was sometimes short on 3X briefs, and she</p>	F 690			

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F 690	<p>Continued From page 25 usually had some extras in her room.</p> <p>During an interview on 1/4/22 at 4:48 PM NA #4 revealed sometimes the NAs put briefs in the resident's rooms, and she went to another room and got a brief for Resident #28. NA #4 stated that Resident #28 wore a 3X brief and the facility sometimes ran out of 3X briefs. NA #4 indicated when she provided incontinent care to her residents, she knew what sized brief they needed by looking at their body size. She stated the briefs were stored in the north and south unit supply rooms. She explained that NAs sometimes left briefs in the resident's rooms, so when they could not find briefs in the supply rooms they would look in other residents rooms for the briefs.</p> <p>During an interview on 1/5/23 at 10:54 AM, NA #5 revealed that finding 3X briefs in the facility was difficult at times. She would sometimes need to go to other resident's rooms to look for 3X briefs. NA #5 further revealed if the facility was short or out of briefs, she would let Central Supply know and sometimes the residents would have to wear the next size down. She thought there were about 12 residents in the facility that wore 3X briefs.</p> <p>During an interview on 1/6/23 at 11:13 AM Nurse #6 revealed the facility frequently ran low on briefs, especially the 3X. She knew when the facility was running low or out because she would see the NAs "scrambling" around and looking in other resident's rooms for briefs. She further stated when they were out of 3X briefs the NAs would have to use a smaller size and leave the sides unfastened.</p>	F 690		

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F 690	<p>Continued From page 26</p> <p>An interview conducted on 1/6/23 at 10:23 AM with NA #6 revealed the facility sometimes ran low on size 3X briefs. She stated she worked 12-hour shifts and on a normal shift she changed the brief of her incontinent residents 3 to 5 times per shift. Residents that were on diuretics she had to change more often, possibly 6 or 7 times.</p> <p>An interview and observation were conducted on 1/5/22 at 8:53 AM with Central Supply that revealed when she ordered supplies for the facility, she used a list for items that she orders weekly. She also placed a clipboard at the nurse station for each unit. Staff were to write in any supplies they were running low on and needed to be reordered on the clipboard. These requests were picked up on Tuesday mornings. Staff could also tell her when they needed supplies. She placed orders for the following week on Tuesdays by lunch, and supply deliveries arrived on the following Monday. This surveyor asked Central Supply how she calculated the number of briefs she needed to order. She stated, "I know what size brief each resident wears". She reported there were approximately 10 resident that wore 3X briefs in the facility. She stated she did not have an actual list of residents and their brief sizes, but she had a mental list. She further stated there was a list that the home office had, and she would try to obtain that list. An observation of the north and south unit supply rooms were made with Central Supply. The North supply room had a total of 41 size 3X briefs and the south supply room had a total of 9 size 3X briefs. Central Supply stated the next scheduled delivery for briefs was on Monday 1/9/23. She further stated the NAs sometimes store briefs inside the resident's rooms and she was sure there were more briefs in the building.</p>	F 690		

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F 690	<p>Continued From page 27</p> <p>An observation of the north and south unit clipboards revealed no requests for 3X briefs for that week. Central Supply stated she was in the process of trying to place an emergency order for the facility, but it had not been placed yet.</p> <p>Review of the weekly supply order placed on 1/4/23 by Central Supply revealed there were 6 cases of 3X briefs ordered for the facility. Each case contained 48 briefs, for a total of 288 briefs for the facility for the week of 1/9/23 - 1/15/23. Approximately 4 briefs per resident per day were ordered for the week of 1/9/23 - 1/15/23.</p> <p>A second interview and observation were conducted on 1/5/22 at 11:20 AM with Central Supply. Central Supply stated there were more 3X briefs found in resident's rooms. An observation with Central Supply was completed of 9 resident's rooms where extra briefs were found. A total of 66 size 3X briefs were counted from resident's rooms. Central Supply revealed that with the 50 briefs that were in the supply room the total 3X briefs for the residents in the facility would be 116 briefs until delivery on Monday 1/9/23. There would be approximately 3 briefs per resident per day until delivery on Monday 1/9/23. Central Supply stated she was unable to obtain a copy of the list of residents that wore 3X briefs from the home office.</p> <p>During an interview on 1/6/23 at 11:43 AM Central Supply revealed she had not completed the emergency order yet, she was still working on it.</p> <p>During an interview on 1/6/23 at 12:32 PM with the Director of Nursing (DON) revealed she was unaware of any issue with the amount of 3X briefs available to residents until 1/4/23 when</p>	F 690		
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F 690	<p>Continued From page 28</p> <p>Resident #28 told her she was upset because the NAs told her there were no more 3X briefs. The DON stated the NAs found some briefs for the resident. She further stated she was not involved in ordering or inventory of briefs.</p> <p>During an interview on 1/6/23 at 12:32 PM with the DON revealed she was unaware of any issue with the amount of 3X briefs available to residents until 1/4/23 when she was told by one of the residents. The DON further revealed she does not recall ever obtaining supplies from a sister facility. The DON indicated the number of briefs that were in the facility on that day would not be enough to last until Monday when the next delivery would arrive. She stated she expected the NAs to round and provide incontinent care as needed. She also expected the residents to have the briefs they needed and not have to worry about it.</p> <p>During an interview on 1/6/23 at 11:52 AM the Administrator revealed Central Supply ordered supplies for the facility and she used an inventory list to do so. The facility received supply shipments on Mondays. The Administrator further revealed she was not aware of any issues or a shortage of 3X briefs in the facility. No issues had been reported to her. She indicated that having 3-4 briefs per resident per day until the next shipment on 1/9/23 was insufficient. She stated if there were not enough briefs or an issue with ordering, she should be notified so she could help by reaching out to a sister facility or go out and purchase what was needed for the residents. She further stated the residents should not have to worry about having briefs or how many they could use.</p>	F 690		

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F 761 F 761 SS=D	Continued From page 29 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, record review, and staff interviews the facility failed to remove 1 blister card of discontinued and expired promethazine, medication used for nausea and vomiting, for 1 of 5 medication carts (North medication cart #1) and 1 bottle of expired cranberry juice extract from 1 of 2 medication storage rooms (North medication storage room).	F 761 F 761	F 761: Label/Store Drugs and Biologicals Level D 1. No residents were affected by the alleged deficient practice. 2. Current residents have the potential to be affected by the alleged deficient practice. Unit managers and Director of Nursing	2/6/23

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F 761	<p>Continued From page 30</p> <p>The findings included:</p> <p>1. a. Review of the facility's policy and procedures revised in August 2020 for discontinued medication under Section 5.3 indicated discontinued medications must be marked as discontinued and stored in a secure and separate area from the active medication until they were destroyed per facility policy or returned to the pharmacy when permissible by state regulation.</p> <p>Review of facility's policy and procedures revised in August 2020 for medication storage under Section 4.1 revealed all expired medications must be removed from the active supply immediately and destroyed in accordance with facility policy, regardless of amount remaining.</p> <p>During a medication storage check conducted on 01/04/23 at 2:20 PM, a blister card contained 30 tablets of promethazine 12.5 milligram (mg) that expired on 12/15/22 for Resident #35 was found in North medication cart #1 and ready to be used.</p> <p>Review of physician order revealed Resident #35 was to receive 1 tablet of promethazine 12.5 mg once every 6 hours as needed for nausea and vomiting since 07/24/19. It had been discontinued on 03/14/22.</p> <p>During an interview conducted on 01/04/23 at 2:23 PM, Nurse #2 stated Resident #35 was no longer taking the expired promethazine. She checked the medication cart at least twice weekly and explained she might have overlooked the blister card containing discontinued and expired promethazine. She stated the discontinued medication should be pulled and separated from the active medications immediately.</p>	F 761	<p>conducted audits of current medication storage rooms, medication rooms, and med carts to ensure expired medications were discarded. Audits of medication storage rooms, medication rooms and medication carts were performed on 01/05/2023.</p> <p>3. The DON or designee to provided facility licensed nurses with education on the labeling and storage of drugs. On designated area to place vials or medications with questionable expiration dates. Undated and expired medications are to be discarded immediately. Education was completed by Director of Nursing and Staff Development Coordinator 01/05/23-02/02/23. Any licensed nurses who is not educated will not be allowed to work until education received. Any new licensed nurse will receive education during the orientation process.</p> <p>4. DON, Nursing ,administration will conduct reviews of medications in the facility storage rooms, medication rooms, and medication carts for expired medications 3 times a week for 4 weeks, 1 time a week x 4 weeks, and then monthly x 1 months. The facility pharmacist will also review medications carts monthly and report any concerns with labeling and storage of drugs to the Administrator and Director of Nursing.</p> <p>5. Director of Nursing will report Results of the audits will be reviewed at Quarterly Quality Assurance Meeting X 1 for further resolution as needed.</p> <p>6. Date of completion: 2.6.2023</p>	

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F 761	<p>Continued From page 31</p> <p>An interview was conducted on 01/04/23 at 2:28 PM with the Director of Nursing (DON). She stated the second shift hall nurses were assigned to check the medication carts on their halls for expired or discontinued medications every week on Monday and Wednesday. She added expired and discontinued medications should be pulled and separated immediately from the active medications in the medication cart. The Unit Manager (UM) also conducted random follow-up medication storage checks on a regular basis. In addition, the consultant pharmacist would audit the medication carts and medication storage rooms during the monthly visit. She attributed the incident as an oversight. It was her expectation for the facility to remain free of expired or discontinued medication.</p> <p>b. An observation made on 01/04/23 at 2:40 PM revealed 1 bottle of opened cranberry juice extract 425 mg with 98 capsules that expired on 10/31/2022 was found in North medication storage room and ready to be used. The bottle indicated it was opened on 04/11/22.</p> <p>During an interview conducted on 01/04/23 at 2:42 PM, the DON stated the medication storage rooms were checked by the designated nurse on the North side and South side on second shift every Monday and Wednesday. She did not know why the expired cranberry extract was not removed from the shelf.</p> <p>During an interview conducted on 01/06/23 at 11:33 AM, the Administrator did not know why the expired and discontinued medications were still being found in the medication cart and medication storage room as the facility had assigned a</p>	F 761		

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F 761	Continued From page 32 designated nurse on the North side and South side on second shift every Monday and Wednesday to check for expired and discontinued medications. It was her expectation for the facility to be free of expired and discontinued medications.	F 761			
F 803 SS=E	<p>Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)</p> <p>§483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff</p>	F 803		2/6/23	
			F 803: Menus Meet Resident		

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F 803	<p>Continued From page 33</p> <p>interviews, the facility failed to provide correct portions of pureed foods per the menu for 2 of 3 residents with a diet order for pureed foods (Resident #42 and #27). This failure had the potential to affect residents receiving pureed food.</p> <p>The findings included:</p> <p>A continuous observation of the lunch meal tray line occurred on 1/5/23 from 11:38 AM to 12:28 PM. On 1/5/23 at 12:23 PM, a 2-ounce serving utensil was observed used to plate pureed ham for Resident #42 and pureed beef for Resident #27. The plates for these residents were placed on the cart for delivery.</p> <p>Review of the lunch menu with the Dietary Manager (DM) revealed Residents with a diet order for pureed foods should receive a 4-ounce portion of pureed ham and a 5.33-ounce portion of pureed beef.</p> <p>During an interview on 1/5/23 at 12:25 PM, Dietary Aide #1 stated that the DM placed the serving utensils on the tray line, and she just picked up the utensils to plate the pureed foods for Residents #42 and #27.</p> <p>The DM stated in interview on 1/5/23 at 12:23 PM that she put the serving utensils on the tray line, but that Dietary Aide #1 picked up the wrong serving utensil for the pureed foods. The DM stated she checked the serving utensils on the line but did not notice that Dietary Aide #1 had the wrong size utensils to use when serving pureed meats.</p> <p>During an interview on 01/05/23 at 3:53 PM the</p>	F 803	<p>Needs/Prep in Advance/Followed Level E</p> <ol style="list-style-type: none"> 1. Residents #42 and #27 did not receive the correct serving size of pureed food. Dietary manager issued education to dietary employee who used incorrect scoop for pureed diets. Education was provided to dietary employee on 01/24/2023 2. Residents on pureed diets were audited to ensure diet listing report was correct and correct scoop was available during meal service. Audit completed by Dietary Manager on 01/24/2023 3. Dietary manager will educate all dietary staff on correct serving sizes; importance of correct serving sizes, and color coding of scoops. Education was provided by Dietary Manager on 01/24/2023. <p>Any dining staff not educated will not be allowed to work until education is received.</p> <p>Any new dietary staff will receive education during the orientation process.</p> <ol style="list-style-type: none"> 4. Registered Dietician or designee will conduct tray line audit of correct pureed scoop sizes 3 times a week for 4 weeks, 1 time a week for 3 weeks and then monthly x 1 month. 5. Dietary Manager will report Results of audits will be reviewed at the QAPI meeting x1 month for further resolution as needed. 	

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F 803	Continued From page 34 Registered Dietitian stated that she expected residents with a diet order for pureed foods to receive foods in the portions according to the menu.	F 803	6. Date of completion: 2.6.2023	
F 806 SS=D	<p>The Administrator stated in interview on 01/05/23 at 6:00 PM that she expected dietary staff to serve foods per the menu at the correct portions.</p> <p>Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to provide 2 of 2 sampled residents with double portions per their preference (Residents #1 and #7).</p> <p>The findings included:</p> <p>1. Resident #1 was re-admitted to the facility on 8/29/22.</p> <p>Diagnoses included low body mass index (BMI), vitamin D deficiency, and dysphagia.</p> <p>A physician (MD) order dated 8/29/22 recorded a diet order for regular minced and moist diet, for</p>	F 806	<p>F806: Resident Allergies, Preferences, Substitutes Level D</p> <p>1. Resident #1 and #7 did not receive double portions. Dietary manager issued education to dietary employee who plated trays without double portions. Education provided to dietary employee on 01/24/2023.</p> <p>2. Residents receiving double portions were audited to ensure tray card is reflective of preference for double portions. Audit was completed by Dietary Manager on 01/24/2023.</p>	2/6/23

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F 806	<p>Continued From page 35 dysphagia.</p> <p>A significant change Minimum Data Set assessment dated 11/17/22, assessed Resident #1 with unclear speech, usually understood by others, sometimes understands, severely impaired cognition, and able to feed himself with set up assistance.</p> <p>A care plan revised 12/6/22 identified Resident #1 with low BMI, stable weights, received double portions and fed himself with adaptive equipment. Interventions included to provide and serve a diet per order and preferences.</p> <p>A Nutrition Assessment dated 12/6/22 written by the Registered Dietitian (RD) recorded Resident #1 received a regular minced and moist diet with double portions, he was underweight, weights were stable and trended upward, and he fed himself 75 - 100% of his meals with adaptive equipment. The RD recommendations included to continue the current nutrition regimen and encourage food intake.</p> <p>Resident #1 was observed on 1/03/23 at 12:18 PM in the main dining room. Nurse #5 was observed to set up his meal tray. Review of the tray card with Nurse #5 revealed a diet order for regular minced and moist foods with double portions and adaptive equipment. Resident #1 received one portion of cream corn in a 4-ounce bowl, one portion of mashed potatoes, and one portion of chopped crab cake. Nurse #5 reviewed the tray card and stated Resident #1 should have received double portions and she would notify the Dietary Manager (DM).</p> <p>The DM observed the meal tray for Resident #1</p>	F 806	<p>3. Dietary manager will educate all dietary staff on following preferences listed on meal tickets and importance of resident preferences in relation to double portions. Education provided to staff by Dietary Manager on 01/24/2023.</p> <p>Any dietary staff not educated will not be allowed to work until education is received.</p> <p>Any new dietary staff will receive education during the orientation process.</p> <p>4. Registered dietician or designee will conduct tray line audit for honoring patient preferences listed on meal tickets 3 times a week for 4 weeks, 1 time a week for 3 weeks, and monthly x 1 month.</p> <p>5. Dietary Manager will report Results of audits will be reviewed at the QAPI meeting x 1 month for further resolution as needed.</p> <p>6. Date of completion: 2.6.2023</p>	

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F 806	<p>Continued From page 36</p> <p>in the main dining room on 01/03/23 at 12:20 PM. The DM stated that Resident #1 had a diet order for double portions and since she did not see his plate from the beginning of the meal, she was not certain if he received double portions. The DM stated that Resident #1 should have received double portions of the crab cake, cream corn and mashed potatoes. A follow up interview with the DM on 1/3/23 at 1:59 PM revealed the diet order for Resident #1 included double portions because she noticed he wanted more to eat, so she asked him if he wanted double portions, and he said yes.</p> <p>Resident #1 was observed feeding himself dinner in his room on 1/04/23 at 5:43 PM. Resident #1 received double portions of his foods. When asked if he wanted double portions of his foods, Resident #1 stated "Yes, the food is good."</p> <p>The RD stated in an interview on 1/04/23 at 6:19 PM that the DM communicated to her that Resident #1 wanted more to eat so the RD recommended double portions due to his history of low BMI. The RD stated she expected residents with a preference for double portions to receive double portions of the entree, vegetable and starch.</p> <p>An interview with Dietary Aide #1 occurred on 01/05/23 at 12:02 PM. Dietary Aide #1 stated that she plated the lunch meal on 1/3/23 and would take responsibility for not providing double portions to Resident #1. Dietary Aide #1 stated that she should have looked at the tray ticket for Resident #1 and provided him double portions per his tray card, she stated "That was my fault."</p> <p>During an interview on 1/05/23 at 6:00 PM, the</p>	F 806		

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F 806	<p>Continued From page 37</p> <p>Administrator stated she expected the dietary staff to provide residents with foods in the portions per their diet order and preferences.</p> <p>2. Resident #7 was admitted to the facility on 8/12/22.</p> <p>Diagnoses included vitamin deficiency, adult-onset diabetes mellitus, severe malnutrition, and dementia, among others.</p> <p>A physician (MD) order dated 8/23/22 recorded a diet order for a diabetic diet.</p> <p>A quarterly Minimum Data Set assessment dated 11/19/22, assessed Resident #7 with clear speech, usually understood by others, usually understands, intact cognition, and able to feed himself with set up assistance.</p> <p>A Nutrition Assessment dated 11/23/22 written by the Registered Dietitian (RD) recorded Resident #7 received a diabetic diet, had a BMI of 16.9 (underweight), weights fluctuated, and he fed himself 75 - 100% of his meals. The RD recommendations included to provide double portions due to adequate food intake and monitor for changes.</p> <p>A care plan revised 11/23/22 identified Resident #7 received double portions. Interventions included to provide and serve a diet per order and preferences.</p> <p>Resident #7 was observed on 1/03/23 at 12:05 PM in the main dining room. Review of the tray card revealed a diet order for double portions. Resident #7 received one portion of cream corn</p>	F 806		

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F 806	<p>Continued From page 38</p> <p>in a 4-ounce bowl, one portion of mashed potatoes, and one crab cake. During the observation, Resident #7 stated "This does not look like double portions to me, does it to you? I would like double portions."</p> <p>The Dietary Manager (DM) observed the lunch meal of Resident #7 in the main dining room on 1/03/23 at 12:06 PM and stated that she did not see his plate from the beginning, so she could not say if he received double portions. The DM stated that Resident #7 ate a lot and will eat all of whatever he received. The DM stated Resident #7 should have double portions because he requested to have more to eat. The DM stated that Resident #7 should have received double portions of the crab cake, cream corn and mashed potatoes. A follow up interview with the DM on 1/3/23 at 1:59 PM revealed the diet order for Resident #7 included double portions because he often came to the kitchen and asked for more to eat, so she asked him if he wanted double portions, and he said yes.</p> <p>The RD stated in an interview on 1/04/23 at 6:19 PM that the DM communicated to her that Resident #7 wanted more to eat so the RD recommended double portions due to his history of low BMI and skin breakdown. The RD stated she expected residents with a preference for double portions to receive double portions of the entree, vegetable and starch.</p> <p>An interview with Dietary Aide #1 occurred on 01/05/23 at 12:02 PM. Dietary Aide #1 stated that she plated the lunch meal on 1/3/23 and would take responsibility for not providing double portions to Resident #7. Dietary Aide #1 stated that she should have looked at the tray ticket for</p>	F 806			

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F 806	Continued From page 39 Resident #7 and provided him double portions per his tray card, she stated "That was my fault." During an interview on 1/05/23 at 6:00 PM, the Administrator stated she expected the dietary staff to provide residents with foods in the portions per their diet order and preferences.	F 806		