

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

PRINTED: 03/01/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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F 000	INITIAL COMMENTS The State Agency (SA) conducted five (5) Complaint Investigations (CI MS #24040, CI MS #24006, CI MS #23949, CI MS #23909, and CI MS #23505) from 01/31/2024 through 02/03/2024. During the investigation the facility was found to be out of compliance with the Requirements of Participation in Medicare and Medicaid. The SA identified deficient practice related to CI MS #24006 allegations of Neglect and lack of sufficient nursing staff, CI MS #23949 related to an allegation of verbal abuse. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 01/27/2024, when the facility did not ensure a licensed nurse was assigned to the Annex A Hall for the 11 AM -7 PM shift to supervise, monitor, and provide nursing services. The facility's failure to assign a licensed nurse resulted in 14 residents not receiving medications on the 11 - 7 shift on 01/27-28/2024. The facility's failure to provide a licensed nurse to administer medications resulted in four (4) residents not receiving anticoagulants, anti-seizure, pain, or insulin on 01/28/2024. The facility's failure to provide a licensed nurse on the 11-7 shift on 01/27-28/2024 placed the residents at risk, and in a situation which was likely to cause serious injury, harm, impairment, or death. On 02/02/24 at 12:20 PM, the SA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC).	F 000			

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

TITLE

(X6) DATE

Electronically Signed

02/23/2024

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 000	Continued From page 1 IJ and SQC existed at: 42 CFR(s) 483.12(a)(1) - Abuse and Neglect (F600) - Scope and Severity - "J", 42 CFR(s) 483.12(c)(1) - Reporting of Alleged Violations (F609) - Scope and Severity - "J" 42 CFR(s) 483.45(f)(2)-Residents Are Free Of Significant Med Errors (F760) - Scope and Severity - "J" IJ existed at: 42 CFR(s) 483.21(b)(1) - Develop/Implement Comprehensive Care Plan (F656) - Scope and Severity - "J" 42 CFR(s) 483.35(a) - Sufficient Nursing Staff (F725) - Scope and Severity - "J" 42 CFR(s) 483.70 - Administration (F835) - Scope and Severity - "J" The facility submitted a credible Removal Plan on 02/02/2024, at 9:52 PM, in which the facility alleged all corrective actions to remove the IJ were completed on 02/02/2024 and the IJ removed as of 02/03/2024. The SA validated the Removal Plan on 02/03/2024 and determined the IJ was removed prior to exit. Therefore the scope and severity for 42 CFR(s)483.12(a)(1) - Abuse and Neglect (F600), 42 CFR(s)483.12(c)(2)(3) - Reporting of Alleged Violations (F609), 42 CFR483.21(b)(1) - Develop/Implement Comprehensive Care Plan (F656), and 42 CFR483.35(a) - Sufficient Nursing Staff (F725), 42 CFR483.45(f)(2)-Residents Are Free Of Significant Med Errors (F760), and 42 CFR483.70 - Administration (F835) were lowered from a "J" to a "D", while the facility develops and implements a plan of	F 000			

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F 000	Continued From page 2 correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The SA did not identify deficient practice for CI MS #24040 related to Pressure Sores, Quality of Care, and Physical Environment. The SA found non-compliance with CI MS#23909 and CI MS #23505 related to Residents being left wet/soiled for extended periods and cited F690. The facility had a census of 146 at the time of the survey and held a license for 165 beds.	F 000			
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, staff schedule and facility policy review the facility: 1) failed to protect the residents right to be free from neglect as evidenced by failure to ensure	F 600	Preparation and submission of the plan of correction by Yazoo City Rehabilitation and Healthcare Center does not constitute an admission or agreement by the		3/15/24

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F 600	Continued From page 3 nursing staff provided supervision and nursing services to 25 residents of 146 residents who resided in the facility when a nurse failed to report for duty for the 11:00 PM to 7:00 AM shift on 1/27/24, which resulted in 14 residents not receiving medications. (Resident #1, Resident # 2, Resident # 3, Resident # 4 Resident #5, Resident # 6, Resident # 7, Resident # 8, Resident #9, Resident #10, Resident # 11, Resident # 12, Resident # 13, and Resident #15), four residents with significant medication errors (Resident #1, Resident # 2, Resident # 3, Resident # 5) and 2) failed to ensure a resident was free from verbal abuse when a Certified Nurse Assistant (CNA) cursed a resident for one (1) of eight (8) residents reviewed for abuse, Resident #27. The facility's failure to ensure sufficient licensed staff on 1/27/24-1/28/24 from 11:00 PM through 7:00 AM to administer medications, provide monitoring and supervision resulted in the deprivation of goods and services by staff of services necessary to attain or maintain physical, mental, and psychosocial well-being, and had the likelihood to cause residents residing on the Annex A hall unit of the facility serious injury, serious harm, serious impairment, or possible death. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) on 2/02/24, which began on 1/27/24, when the facility's failure to ensure a licensed nurse was present to provide necessary nursing services. On 2/02/24 at 12:20 PM, the SA informed the	F 600	provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement of state and federal law. 1. On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of		

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F 600	Continued From page 4 Nursing Home Administrator of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ Templates. The facility submitted an acceptable Removal Plan on 2/02/24 at 9:52 pm, in which the facility alleged all corrective actions to remove the IJ and SQC were completed on 2/02/24 and the IJ was removed as of 2/03/24. The SA validated the Removal Plan on 2/03/24 and determined the IJ and SQC was removed on 2/03/24, prior to exit. Therefore, the scope and severity for CFR 483.12(a)(1) Abuse and Neglect (F 600), was lowered from a "J" to a "D" while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. CROSS REFERENCE F725, F760 Findings include: Review of the facility policy titled, "Abuse Prohibition Policy", revised 11/7/23, revealed: "Intent: ...Each resident has a right to be free from abuse, mistreatment, neglect, ...Policy: The facility will prohibit neglect, mental or physical abuse ...of resident ...Neglect - failure of the facility, it's employees or service providers to provide goods and services to the resident, necessary to avoid physical harm, mental anguish, or emotional distress. Neglect occurs when the facility is aware of, or should have been aware of, good or services that a resident(s) requires but the facility fails to provide them to the resident ..."	F 600	Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. On 1/16/2024, Certified Nursing Assistant (CNA) #4 was questioned and suspended regarding alleged cursing of Resident #27. On 1/19/2024 CNA #4 was terminated from the facility. 2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. 4.Beginning 2/19/2024 facility department		

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F 600	Continued From page 5 Review of the facility policy titled, "Staffing, Sufficient and Competent Nursing", reviewed 3/2023, revealed: "Policy Statement: Our facility provides nursing and related care and services for all residents ...Factors considered in determining appropriate staffing ratios ...include an evaluation of the diseases, conditions, physical and cognitive limitations of the resident population, and acuity. Minimum staffing requirements imposed by the state ...are not necessarily considered a determination of sufficient and competent staffing." An interview with Licensed Practical Nurse (LPN) #1 on 2/1/24 at 10:50 AM, she revealed on 1/27/24, she notified the Staff Development Coordinator (SDC), that her relief did not show up at for the 7:00 PM-7:00 AM shift and the SDC stated she would notify the Director of Nursing (DON) and the Administrator and call around to find coverage. She stated that the SDC asked her if she would stay and administer the 9:00 PM medications. LPN #1 confirmed she worked until 11:00 PM when LPN #2 came over to count the Annex A medication cart, revealing she counted the cart and left the facility. LPN #1 then revealed when she returned to work on 1/28/24 at 7:00 AM, there was not a nurse assigned to the Annex A medication cart and she noticed the 6:00 AM medications had not been signed off as administered. She stated, "I was told by one of the other nurses, not sure which one, that all the administrative nurses were aware that none of the 6:00 AM medications had been administered." LPN #1 then confirmed, "potential concerns of there being no nurse to staff the Annex A Hall is the residents missed their medications, is the residents plan of care was not	F 600	heads including social services, activities, nursing leadership, and business office will interview three (3) residents each per week for twelve (12) weeks, regarding concerns related to care or treatment from staff related to abuse and/or neglect issues. Any negative concerns will be immediately reported to the Administrator or Director of Nursing for further investigation. A report will be submitted to the Quality Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Administrator is responsible for monitoring and compliance.		

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F 600	Continued From page 6 followed and that placed residents at risk to have adverse consequences such as Hypo-Hyperglycemia, unrelieved pain, seizures, and potential changes in their status that may not be identified. LPN #1 also revealed the facility consists of the 100 A and B Hall, 200 A and B Hall, and the Annex A and B Hall with each area having two medication carts and a nurse is supposed to be scheduled for each hall. During a phone interview with LPN #2 on 1/31/24 at 1:00 PM, she confirmed she counted the medication cart with LPN #1 on 1/27/24 at 11:00 PM so LPN #1 could go home. She revealed she was assigned to the 100 Hall and only counted the narcotics for the Annex A cart until someone came in. She confirmed she did not administer the 6:00 AM medications or monitor the residents on Annex A hall because she was assigned to the 100 Hall and was unable to take care of residents and administer medications for two halls. LPN #2 then confirmed she did not notify anyone that there was not a nurse for the Annex A cart or that the 6:00 AM medications were not administered because she thought LPN #1 informed all the administrative staff before she left at 11:00 PM. During a phone interview with LPN #3 on 1/31/24 at 2:30 PM, confirmed she worked on 1/27/24 from 7:00 PM-7:00 AM but she was unaware that the Annex A cart did not have a nurse assigned to it stating, "I saw LPN #1 count the medication cart with another nurse." LPN # 3 then revealed she is an Agency nurse and does not know the staff very well and confirmed she did not monitor any residents on the Annex A hall and did not know they did not get their morning medications. An interview with the Assistant Director of Nursing	F 600			

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F 600	Continued From page 7 (ADON) on 2/1/24 at 4:00 PM, he stated that the "Registered Nurses (RN) take a call rotation and come in and work the medication cart if someone called in and coverage could not be found." An interview with the Administrator on 2/2/24 at 10:00 AM, she stated that she was not aware until around 6:45 AM on 1/28/24, that there was no nurse for Annex Hall Cart A from 11:00 PM until 7:00 AM on 1/27/24, and that the residents did not receive their 6:00 AM medications for 1/28/24. She then revealed that the SDC was the nurse on call for 1/27/24. She stated that the residents on Annex A hall were assessed by the RN supervisors on 1/28/24. She then stated she did not identify that the omission of some of the medications constituted significant medication errors. An interview with the ADON on 2/2/24 at 10:05 AM, he revealed that he was not aware that there was no nurse for Annex Hall Cart A from 11:00 PM until 7:00 AM on 1/27/24, and that the residents did not receive their 6:00 AM medications. He then stated he did not identify that the omission of insulin, anticonvulsants, blood thinners, and scheduled pain medications constituted as significant medication errors. The ADON stated that failure to administer insulin, anticonvulsants, blood thinners and scheduled pain medications could lead to hyperglycemia, seizures, and unrelieved pain. An interview on 2/2/24 at 10:20 AM, with the SDC, she stated that on 1/27/24 at 7:49 PM she received a text from LPN #1 notifying her that the night nurse had called in. The SDC stated she texted the Administrator, DON, and ADON at 7:55 PM. She then stated that initially she only	F 600			

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F 600	Continued From page 8 received a response from the Administrator who told her that she would post the opening on the agency site and list it as premium. The SDC stated that premium means that it was a priority, and they were offering more pay for the shift to be covered. She stated that she then sent a text out to nurses to attempt to get the shift covered, but no one was available, so she notified the Administrator, DON, and ADON. She stated that DON responded and asked her to have LPN #1 administer the 9:00 PM medications. The SDC stated that no one accepted the shift from the agency website. She confirmed she never received a response from the ADON. During a further interview with the SDC she verified that she was the RN on call for 1/27/24, but that she is on light duty and cannot push a medication cart. She stated that she was only on call as a supervisor to attempt to find coverage for call ins. SDC further stated that she did not ask LPN #2 to count the cart with LPN #1 and she found out at 8:15 AM on 1/28/24 that the residents on the Annex A cart did not receive their 6:00 AM medications. In an interview with the RN Charge Nurse #1 on 2/2/24 at 10:30 AM, she stated she was notified by the SDC at 9:10 AM on 1/28/24 that there had been no nurse coverage for the Annex A residents for the 11:00 PM-7:00 AM shift and that the residents had not received 6:00 AM medications or accu-checks and to notify the provider and responsible party, assess the residents, and obtain vital signs. A phone interview with the DON on 2/2/24 at 10:45 AM, she stated that she received a phone call at 8:00 PM on 1/27/24 from the Respiratory Therapist (RT) #1 notifying her that the 7:00 PM	F 600			

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F 600	Continued From page 9 to 7:00 AM nurse for the Annex A cart had called in. She stated that at that time she noticed that she had received a text at 7:58 PM from the SDC notifying her of the same thing. The DON stated that she asked the SDC if she had reached out to all the nurses that normally worked and the SDC told her that she had but no one could pick up the shift. She stated the SDC also informed her that LPN #1 had given the 9:00 PM medications for those residents. The DON then stated that she had fallen asleep and last talked to the SDC at 10:00 PM. The DON further stated that at 10:55 PM she reached out to the SDC asking what the plan for that cart was. She stated that the SDC told her that no one had responded to the shift posted on the agency website and that LPN #1 had left. The DON stated she reached back out to the SDC at 1:27 AM but there was still no nurse. The DON stated that at some point the ADON had informed her that he was out town and could not cover the shift. The DON stated that the agency nurse who was working the other cart on the Annex Hall told her that she had come to the desk and made rounds on the residents but did not administer the 6:00 AM medications. The DON stated that usually if there is no nurse for a certain cart then the nurses who are on duty will administer the medications. The DON stated that when she found out the residents had not received their medications, she informed the SDC to instruct the RN supervisor to assess the residents, notify the nurse practitioner and the resident representative. The DON stated that she knew the SDC was the nurse on call and if the on-call nurse cannot find coverage then they are to come in and work the cart. The DON stated that she was aware of the SDCs medical restrictions but did not think about the SDCs limitations when she received the call.	F 600			

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F 600	Continued From page 10 A record review of the "Daily Staffing Sheet" revealed that there were five (5) nurses working from 11:00 PM to 7:00 AM on 1/27/24 with only one nurse assigned on the Annex Hall. A record review of the staff timecards for 1/27/24 through 1/28/24 revealed that there were five (5) Nurses working from 11:00 PM to 7:00 AM on 1/27/24. Resident #1 Review of the physician order for Resident # 1 revealed an order dated 10/12/23 for Apixaban Oral Tablet 5 mg (milligram) give one tablet via peg-tube (percutaneous endoscopic gastrostomy) two times daily related to Cerebral Infarction. Review of the January 2024 Medication Administration Record for Resident #1 revealed Apixaban Oral Tablet 5 mg (milligram) give one tablet via peg-tube two times daily at 6:00 AM and 2:00 PM, not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #1 to the facility on 10/12/23 with a diagnosis of Respiratory Failure, Hemiplegia, and Cerebral Infarction. Resident #2 Review of the physician's order for Resident # 2, revealed an order dated 5/19/23 for Novolin R (regular) injection solution 100 unit/ml (milliliter) (Insulin Regular Human): Inject as per sliding scale: if 60-80= OJ (orange juice) if semiconscious give some instant glucose. If unconscious give D5W (dextrose 5% in water)/AMP (ampule) IV or glucagon 1(one) mg	F 600			

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F 600	Continued From page 11 IM/SQ (intramuscularly/subcutaneous). ... 81-200=0 units; 201-250=2 units; 251-300= 4 units; 301-350=6 units; 351-400 = 8 units; 400 + higher =10 units. Notify MD (medical doctor) for BS (blood sugar) (less than) < 60 & (greater than) > 401, subcutaneously before meals and bedtime. Review of a physician's order for Resident #2 dated 6/06/23 revealed Levothyroxine Sodium oral tablet 88 mcg (micrograms): give one tablet by mouth one time daily related to Hypothyroidism. Review of the January 2024 Medication Administration Record for Resident #2 revealed the blood glucose testing was not done to determine the need for the Novolin R: injection solution 100 unit/ml: "Inject as per sliding scale before meals and bedtime scheduled at 6:00 AM and Levothyroxine Sodium oral tablet 88 mcg give one tablet by mouth one time daily at 6:00 AM, was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #2 to the facility on 5/06/19 with a diagnosis Diabetes Mellitus (DM). Resident # 3 Record review of a physician orders for Resident # 3 revealed an order dated 6/25/20 for Hydroxychloroquine Sulfate Tablet 200 mg: Give one tablet by mouth two times daily ...Lacosamide tablet 100 mg: give one tablet by mouth two times daily related to seizures ...Keppra tablet 500 mg: give one tablet by mouth two times daily related to seizures ...Celecoxib Capsule 200 mg: give	F 600			

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F 600	Continued From page 12 one capsule by mouth two times daily related to Rheumatoid Arthritis. Record review of a physician orders for Resident # 3 revealed an order dated 7/30/20 for Gabapentin capsule 100 mg: give one capsule by mouth three times daily related to seizures...Pantoprazole Sodium tablet delayed release: give one tablet by mouth two times daily for indigestion related to Gastro-Esophageal Reflux Disease (GERD). Record review of the January 2024 Medication Administration Record for Resident #3 revealed Hydroxychloroquine Sulfate Tablet 200 mg at 6:00 AM Lacosamide tablet 100 mg at 6:00 AM....Keppra tablet 500 mg: give one tablet by mouth two times daily at 6:00 AM, Celecoxib Capsule 200 mg 6:00 AM, Gabapentin capsule 100 mg 6:00 AM, and Pantoprazole Sodium at 6:00 AM, to not be signed off as administered on 1/28/24 at 6:00 AM. Record review of the Face Sheet revealed that the facility admitted Resident #3 to the facility on 6/26/20 with diagnoses of Epilepsy, Rheumatoid Arthritis, and Gastro-Esophageal Reflux Disease. Resident #4 Record review of a physician orders for Resident # 3 revealed orders dated 7/13/23, revealed Norco Oral tablet 7.5-325 mg (Hydrocodone Acetaminophen): give one tablet enterally every eight hours related to pain; and an order dated 9/22/23, revealed Nexium oral packet 20 mg: give one packet via G-Tube (gastrostomy tube) one time a day related to Gastro-Esophageal Reflux Disease.	F 600			

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F 600	Continued From page 13 Record review of the January 2024 Medication Administration Record for Resident #4 revealed, Norco oral tablet 7.5-325 mg enterally every eight hours at 6:00 AM and Nexium Oral packet 20 mg at 6:30 AM, to not be signed as administered on 1/28/24 at 6:00 AM and 6:30 AM. Record review of the Face Sheet revealed that the facility admitted Resident #4 to the facility on 6/02/23 with diagnoses of Anxiety and Gastro-Esophageal Reflux Disease. Resident #5 Record review of a physician orders for Resident # 5 revealed an order dated 7/13/23, revealed, Multivitamin-Minerals tablet: give one tablet by mouth one time a day related to Vitamin D Deficiency, an order dated 6/14/23, revealed, Euthyrox (Levothyroxine)oral tablet 88 mcg (micrograms) give one tablet by mouth one time a day related to Hypothyroidism; an order dated 9/11/23, revealed, Insulin Glargine Solution 100 units/ml: inject 8 units subcutaneously in the morning related to Type 2 (two) Diabetes; and an order dated 1/23/24, revealed, Furosemide 40 mg tablet: take one tablet by mouth twice daily before meals related to Hypertensive Heart Disease. Record review of the January 2024 Medication Administration Record for Resident # 5 revealed, Multivitamin-Minerals at 6:00 AM, Euthyrox oral tablet 88 mcg (micrograms) at 6:00 AM, Insulin Glargine Solution 100 units/ml: inject 8 units subcutaneously in the morning at 6:00 AM, and Furosemide 40 mg tablet at 6:00 AM were not signed off as administered on 1/28/24.	F 600			

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F 600	Continued From page 14 Record review of the Admission Record revealed that the facility admitted Resident #5 to the facility on 6/17/22 with diagnoses of Type 2 (two) Diabetes, Hypertensive Heart Disease, and Vitamin Deficiency. Resident #6 Review of the physician order for Resident # 6 revealed an order dated 12/26/23 for Folic Acid oral tablet one mg: give one tablet via peg-tube in the morning related to Vitamin Deficiency; and an order dated 12/27/23 for Atorvastatin Calcium oral tablet 10 mg: give one tablet vis peg-tube in the morning related to Hyperlipidemia. Record review of the January 2024 Medication Administration Record for Resident #6, revealed Folic Acid oral tablet at 6:30 AM, Atorvastatin Calcium oral tablet 10 mg at 6:00 AM, were not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Face Sheet revealed that the facility admitted Resident # 6 to the facility on 12/27/23 with diagnoses of Persistent Vegetative State and Vitamin Deficiency. Resident #7 Record review of the physician's orders for Resident # 7 revealed an order with a start date of 10/8/20 revealed, Diazepam tablet 5 mg give one tablet by mouth three times a day related to anxiety disorder; an order dated 4/4/21 revealed, Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale: if 60-80= OJ (orange juice) if semiconscious give some instant glucose. If unconscious give D5W AMP IV or glucagon 1(one) mg IM/SQ ... 81-200=0 units; 201-250=2 units; 251-300= 4 units; 301-350=6 units; 351-400 = 8 units; 400 +	F 600			

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F 600	Continued From page 15 higher =10 units. Notify MD for BS < 60 & > 401, subcutaneously before meals and bedtime related to Type Two Diabetes Mellitus, Seroquel tablet 100 mg: give one tablet by mouth three times a day related to Schizophrenia; and an order dated 11/9/23, revealed, Systane Complete Ophthalmic solution: instill one drop in both eyes two times a day related to Type Two Diabetes Mellitus. Review of the January 2024 Medication Administration Record for Resident # 7, revealed Diazepam tablet 5 mg give one tablet by mouth three times a day at 6:00 AM, the blood glucose testing to determine if Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale: was needed was not conducted, Seroquel tablet 100 mg at 6:00 AM, Systane Complete Ophthalmic solution at 6:00 AM, were not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident # 7 to the facility on 7/11/19 with diagnoses of Type Two Diabetes Mellitus, Restlessness and Agitation, and Schizophrenia. Resident # 8 Record review of the physician's orders for Resident # 8 revealed an order dated 1/9/24 revealed, Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale: if 60-80= OJ (orange juice) if semiconscious give some instant glucose. If unconscious give D5W AMP IV or glucagon 1(one) mg IM/SQ ... 81-200=0 units; 201-250=2 units; 251-300= 4 units; 301-350=6 units; 351-400 = 8 units; 400 + higher =10 units. Notify	F 600			

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F 600	Continued From page 16 MD for BS < 60 & > 401, subcutaneously before meals and bedtime related to Type Two Diabetes Mellitus. Vitamin C tablet 1000 mg: give one tablet via peg-tube one time a day related to Vitamin Deficiency. Record review of the January 2024 Medication Administration Record for Resident # 8 revealed the blood glucose testing to determine if Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale was needed was not conducted, was not signed off as administered on 1/28/24 at 6:00 AM. Vitamin C tablet 1000 mg: give one tablet via peg-tube one time a day was not signed off as administered at 6:00 AM on 1/28/24. Record review of the Admission Record revealed that the facility admitted Resident #8 to the facility on 10/17/23 with diagnoses of Type 2 (two) Diabetes, Urinary Tract Infection, and Vitamin deficiency. Record review of the quarterly MDS Section C with an ARD of 11/07/23, revealed that Resident #8 had a BIMS score of 3 which indicated that she was severely cognitively impaired. Resident # 9 Record review of the physician's orders for Resident # 9 revealed orders dated 4/14/21 for Protonix tablet delayed Release 40 mg: give one tablet by mouth one time a day related to Gastro-Esophageal Reflux Disease ...Dantrolene Sodium Capsule 50 mg: give one capsule by mouth three times a day related to contracture ...Baclofen tablet 20 mg: give one tablet by mouth three times a day related to contracture of muscle.	F 600			

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F 600	Continued From page 17 Record review of the January 2024 Medication Administration Record for Resident # 9 revealed Protonix tablet delayed Release 40 mg at 6:00 AM, Dantrolene Sodium Capsule 50 mg: give one capsule by mouth three times a day at 6:00 AM, Baclofen tablet 20 mg at 6:00 AM, to not be signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident # 9 to the facility on 12/18/16 with diagnoses of Contracture of muscle, right upper arm, Muscle Spasms, and Gastro-Esophageal Reflux Disease. Resident #10 Record review of the physician's orders for Resident # 10 revealed orders dated 9/15/21 for Protonix tablet delayed Release 40 mg: give one tablet by mouth one time a day related to Gastrointestinal (GI) bleed. Record review of the January 2024 Medication Administration Record for Resident # 10 revealed Protonix tablet delayed Release 40 mg at 6:00 AM, not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Face Sheet revealed that the facility admitted Resident #10 to the facility on 4/6/21 with a diagnosis of Gastrointestinal Hemorrhage. Resident #11 Record review of the physician's orders for Resident # 11 revealed orders dated 4/27/21 for Sucralfate tablet one gram: give one tablet via peg-tube four times a day for Gastro-Esophageal Reflux Disease.	F 600			

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F 600	Continued From page 18 Record review of the January 2024 Medication Administration Record for Resident # 11 revealed, Sucralfate tablet one gram at 6:30 AM, was not signed off as administered on 1/28/24 at 6:30 AM. Record review of the Admission Record revealed that the facility admitted Resident #11 to the facility on 9/17/20 with diagnoses of Persistent Vegetative State and Gastro-Esophageal Reflux Disease. Resident #12 Record review of the physician's orders for Resident # 12 revealed orders dated 11/29/23 for Lansoprazole tablet delayed release disintegrating 30 mg: give one tablet via peg-tube one time a day for Gastro-Esophageal Reflux Disease. Record review of the January 2024 Medication Administration Record for Resident # 12 revealed, Lansoprazole tablet at 6:00 AM, was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #12 to the facility on 11/29/23 with a diagnosis of Gastro-Esophageal Reflux Disease. Resident #13 Record review of the physician's orders for Resident # 13 revealed orders dated 12/5/23 for Protonix tablet delayed release 40 mg: give one time a day for Gastro-Esophageal Reflux Disease ...Buspirone tablet 5 mg: give one tablet by three times a day related to anxiety disorder started	F 600			

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F 600	Continued From page 19 12/5/23 and revised 2/1/24. Record review of the January 2024 Medication Administration Record for Resident # 13 revealed, Protonix tablet delayed release 40 mg at 6:00 AM, Buspirone tablet 5 mg at 6:00 AM, were not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #13 to the facility on 12/5/23 with diagnoses of Gastro-Esophageal Reflux Disease and Anxiety. Resident #15 Record review of the physician's orders for Resident # 15 revealed orders dated 11/30/23 for Hydralazine 100 mg tablet: give one tablet by mouth three times a day for Hypertension; and an order dated 1/25/24 for Tylenol eight-hour Arthritis pain tablet extended release 650 mg: give 2 tablets by mouth two times a day related to Poly osteoarthritis. Record review of the January 2024 Medication record for Resident #15 revealed, Hydralazine 100 mg tablet at 6:00 AM, Tylenol eight-hour Arthritis pain tablet extended release 650 mg at 6:00 AM, were not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #15 to the facility on 11/30/23 with diagnoses of Poly osteoarthritis and Hypertension. REMOVAL PLAN	F 600			

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F 600	Continued From page 20 The facility submitted an acceptable Removal Plan for the IJ. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ: On 2/2/2024 at 12:20 P.M. State Agency (SA) notified facility Administrator of Immediate Jeopardy (IJ). State Agency Surveyor provided the facility with the Immediate Jeopardy (IJ) templates. Facility respectfully submits this removal plan. Brief Summary of Events On 1/27/2024 the facility did not have a licensed practical nurse from 11:00pm to 7:00 am on Annex cart A. During this time fourteen (14) of twenty-five (25) residents were identified as not receiving the 6 am medication dose. On 1/28/2024 an investigation was initiated by the Director of Nursing. Licensed Practical Nurse #1 assigned to Annex Cart B stated that she rounded on the twenty-five (25) residents that resided on Annex Cart A but did not administer the 6 am medications. As a result of this investigation medication error reports were initiated and orders were received from the Nurse Practitioner to omit the 6 am dose and continue the regular dosing schedule and monitor the fourteen (14) residents for any adverse effects. Corrective Actions 1. On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24.	F 600			

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F 600	Continued From page 21 2. On 1/28/2024 at 9:00 A.M., the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00pm to 7:00 am. 3. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. 4. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. 5. On 1/28/2024 at approximately 1:00 P.M. the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. 6. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. 7. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments,	F 600			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/03/2024
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
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F 600	Continued From page 22 audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 8. On 02/02/2024 at approximately 3:30 P.M. Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. 9. On 02/02/2024 at approximately 4:00 P.M. Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision. No adverse events found. 10. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. 11. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect,	F 600			

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F 600	Continued From page 23 Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff will be allowed to return to work without completing. 12. On 2/2/2024 at 5:15 P.M. Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision. No adverse effects found. 13. On 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 14. On 2/2/2024 at 5:30 P.M. the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. 15. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M.	F 600			

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F 600	Continued From page 24 16. On 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. 17. Beginning 02/02/2024 at approximately 6:00 P.M. the Interim Director of Nursing began Competency skills check offs on licensed nurses regarding the five rights of medication administration. 18. On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. 19. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 20. On 02/02/2024 at 7:00 P.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 held a Quality Assurance Performance Improvement Meeting to include notification of Immediate Jeopardy to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed	F 600			

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F 600	Continued From page 25 in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 21. On 2/2/2024, in-services were initiated, and no staff will be able to work until receiving in-service. 22. Facility is alleging that all activities to remove the Immediate Jeopardy were completed as of 02/02/2024 and the Immediate Jeopardy was removed 02/03/2024. Validation On 2/3/24, the SA surveyor validated through staff interview, resident interview, record review, sign-in sheets, and in-service reviews that the facility had implemented the following measures to remove the Immediate Jeopardy (IJ): The SA verified through record reviews, and staff interviews that on 01/28/2024, The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. The SA verified through record reviews, and staff interviews that on 01/28/2024, at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated	F 600			

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F 600	Continued From page 26 assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications and that adverse events were found. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. The SA verified through record reviews, and staff interviews that on 1/29/2024 the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. The SA verified through record reviews, and staff interviews that on 1/29/2024 a Quality Assurance Performance Improvement meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by	F 600			

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F 600	Continued From page 27 notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, staff, and resident interviews that on 02/02/2024, a Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision with no adverse events found. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on	F 600			

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F 600	Continued From page 28 Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff was allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision with no adverse effects found. The SA verified through record reviews, and staff interviews that on 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that	F 600			

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F 600	Continued From page 29 resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects. The SA verified through record reviews, and staff interviews that on 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. The SA verified through record reviews, and staff interviews that on beginning 02/02/2024. The Interim Director of Nursing began competency skills check offs on licensed nurses regarding the five rights of medication administration. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. The SA verified through record reviews, and staff interviews that on 02/02/2024 a Quality Assurance Performance Improvement Meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist,	F 600			

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F 600	Continued From page 30 Assistant Director of Nursing #1, and Assistant Director of Nursing #2 to address the notification of Immediate Jeopardy and to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, and staff interviews that on, in-services were initiated, and staff on duty has received the in-services. The SA validated on 2/3/24, that all corrective actions had been taken by the facility to remove the IJ during the survey on 2/2/24 and the IJ was removed on 2/3/24. Additional findings that did not rise to the level of IJ: Resident # 27 Record review of a document provided by the Administrator, on facility letter head, revealed on 1/16/24, Certified Nursing Assistant (CNA) #3 told the Registered Nurse Supervisor (RNS) #1 that she heard CNA #4 curse at Resident #27 while removing trays from his room. RNS # 1 immediately informed the Director of Nursing (DON) who then started an investigation. CNA # 4 was suspended pending the results of the investigation. CNA #4 stated that she did not curse at Resident #27. The Administrator and DON both spoke to Resident #27, and he stated that she cursed at him. Resident satisfaction	F 600			

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F 600	Continued From page 31 surveys were conducted in Resident #27's care area with residents who have a Brief Interview for Mental Status (BIMS) score of 13 or higher. One said she is rude, and two others stated that they have heard her cursing with one of those hearing her cursing at Resident #27. Considering the investigation CNA #4 was terminated. In an interview with the Administrator on 1/31/24 at 9:10 AM, she verified that their investigation revealed that CNA # 4 did curse Resident #27 on 1/15/24. She stated that CNA #4 was terminated on 1/19/24. During an interview with Resident # 27 on 1/31/24 at 10:40 AM, he stated that CNA #4 had come into his room while he was on the phone and said, "Are you done with your d**n tray". Resident #27 stated he replied, "Don't take my d**n tray." He stated CNA #4 walked out of the room calling him a "SOB" or something he could not remember exactly what she said, but that she did curse him. Upon interview with RNS #1 on 2/1/24 at 9:45 AM, she stated that on 1/16/24 CNA # 3 informed her that on 1/15/24 she and CNA #4 were picking up trays and went into Resident #27's room. Resident # 27 stated "don't take my d**n tray". Then CNA #4 cursed the resident saying, "I don't have your d**n tray you fat f**k ", as she was leaving the room. During an interview with CNA #3 on 1/31/24 at 12:02 PM, she stated on 1/15/24 she and CNA #4 were picking up trays and went into Resident # 27's room. Resident # 27 stated "don't take my d**n tray" and CNA #4 responded "I don't have your d**n tray you fat f**k" as she was leaving the	F 600			

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F 600	Continued From page 32 room. A record review of the "Face Sheet" of Resident #27 revealed that the Resident was admitted to the facility on 1/7/23 with a diagnosis of Parkinson's Disease. A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/25/23. revealed a Brief Interview for Mental Status (BIMS) a score of 13, indicating that the resident is cognitively intact.	F 600			
F 609 SS=J	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her	F 609			3/15/24

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F 609	Continued From page 33 designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review the facility failed to report to the State Survey Agency that there was no licensed nurse available for 25 residents of 146 residents residing in the facility on the 11:00 to 7:00 shift on 1/27/24. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 1/27/24 when a licensed nurse failed to report for duty and the facility failed to find a replacement. Fourteen residents did not receive their 6:00 AM medications on the 11 PM to 7:00 AM shift on 1/27/24, related to no licensed nurse assigned to the Annex A medication cart. Twenty-five residents did not receive monitoring or supervision. The facility's failure to report the negligent practice, placed the residents at risk, and in a situation which was likely to cause serious injury, serious harm, serious impairment, or death. On 2/2/24 at 12:20 PM, the SA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the IJ Templates. The facility submitted a credible Removal Plan on 2/2/24, in which the facility alleged all corrective actions to remove the IJ were completed on 2/2/24 and the IJ removed as 2/3/24.	F 609	1. On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant		

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F 609	Continued From page 34 The SA validated the Removal Plan on 2/3/24 and determined the IJ was removed prior to exit. Therefore, the scope and severity for CFR(s)483.12(c)(1) - Reporting of Alleged Violations (F609) was lowered from a "J" to a "D" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings Include: Cross Reference F600, F725, F760 Review of the facility policy titled, "Abuse Prohibition Policy", revised 11/7/23, revealed: "...Neglect - failure of the facility, it's employees or service providers to provide goods and services to the resident, necessary to avoid physical harm, mental anguish, or emotional distress. Neglect occurs when the facility is aware of, or should have been aware of, good or services that a resident(s) requires but the facility fails to provide them to the resident ...Reporting, 2. The facility will report all allegations and substantiated occurrences of abuse, neglect, or misappropriation of resident property to the state agency and all other agencies as required by law ..." Interview on 2/2/24 at 10:20 AM, with the Staff Development Coordinator (SDC), she stated that on 1/27/24 at 7:49 PM, she received a text from Licensed Practical Nurse #1 (LPN) notifying her that the night nurse had called in. The SDC stated she texted the Administrator, Director of Nursing (DON), and Assistant Director of Nursing (ADON) at 7:55 PM. She stated that she then	F 609	Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. All concerns will be discussed in daily stand up and any reportable issue will be called in immediately by either the Director of Nursing or the Administrator. 4.Beginning on 2/19/2024 Corporate Clinical Specialist will review all reportable investigations completed by facility to ensure reporting requirements met for the		

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F 609	Continued From page 35 sent a text out to nurses to attempt to get the shift covered, but no one was available, so she notified the Administrator, DON, and ADON. The SDC stated that no one accepted the shift from the agency website. She confirmed she never received a response from the ADON. She verified that she was the Registered Nurse (RN) on call for 1/27/24, but that she is on light duty and cannot push a medication cart. She stated that she was only on call as a supervisor to attempt to find coverage for call ins. SDC further stated she found out at 8:15 AM on 1/28/24 that the residents on the Annex A cart did not receive their 6:00 AM medications. Interview via telephone with the DON on 2/2/24 at 10:45 AM, she stated that she received a phone call at 8:00 PM on 1/27/24 from Respiratory Therapist #1 (RT) notifying her that the 7:00 PM to 7:00 AM nurse for the Annex A hall had called in. The DON stated that she asked the SDC if she had reached out to all the nurses that normally worked and the SDC told her that she had, but no one could pick up the shift. The DON further stated that at 10:55 PM she reached out to the SDC asking what the plan for that cart was. She stated that the SDC told her that no one had responded to the shift posted on the agency website and that LPN #1 had left. The DON stated she reached back out to the SCD around 1:27 AM but there was still no nurse. The DON stated that the agency nurse who was working the other cart on the Annex Hall told her that she had come to the desk and made rounds on the residents but did not administer the 6:00 AM medications. The DON stated that she knew the SDC was the nurse on call and if the on-call nurse cannot find coverage then they are to come in and work the cart. The DON stated that she	F 609	next twelve weeks. Any concerns will be immediately addressed by the Administrator or Director of Nursing for further intervention. A report beginning on 3/13/2024 will be submitted to the Quality Assurance Performance Improvement committee monthly for three (3) months for review and recommendations. The Administrator is responsible for monitoring and compliance.		

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F 609	Continued From page 36 was aware of the SDCs medical restrictions but did not think about the SDCs limitations when she received the call. The DON stated that when she found out the residents had not received their medications, she informed the SDC to instruct the Registered Nurse Supervisor (RNS) to assess the residents, notify the nurse practitioner and the responsible party. Interview with the Administrator on 2/2/24 at 10:00 AM, she stated that she was notified around 7:00 AM on 1/28/24 that there was no nurse for the Annex cart A and that some of the residents did not receive their medications scheduled for 6:00 AM. She stated that she did not report the incident to the State Agency. A record review of the "Job Description: Facility Administrator", dated March 2017, revealed " ...Essential Functions and Responsibilities ...Maintain and guide the implementation of facility policies and procedures in compliance with corporate, state, federal and other regulatory guidelines ...Report incident reports to proper company and agency authorities in accordance with regulatory guidelines." The facility submitted an acceptable Removal Plan for the IJ. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ: Brief Summary of Events On 1/27/2024 the facility did not have a licensed practical nurse from 11:00pm to 7:00 am on Annex cart A. During this time fourteen (14) of twenty-five (25) residents were identified as not receiving the 6 am medication dose. On 1/28/2024 an investigation was initiated by the	F 609			

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F 609	Continued From page 37 Director of Nursing. Licensed Practical Nurse #1 assigned to Annex Cart B stated that she rounded on the twenty-five (25) residents that resided on Annex Cart A but did not administer the 6 am medications. As a result of this investigation medication error reports were initiated and orders were received from the Nurse Practitioner to omit the 6 am dose and continue the regular dosing schedule and monitor the fourteen (14) residents for any adverse effects. Corrective Actions - On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. - On 1/28/2024 at 9:00 A.M., the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00pm to 7:00 am. - On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. - On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications.	F 609			

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F 609	Continued From page 38 5. On 1/28/2024 at approximately 1:00 P.M. the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. 6. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. 7. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 8. On 02/02/2024 at approximately 3:30 P.M. Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. 9. On 02/02/2024 at approximately 4:00 P.M. Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed	F 609			

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F 609	Continued From page 39 administration of medications and the lack of nursing supervision. No adverse events found. 10. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. 11. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff will be allowed to return to work without completing. 12. On 2/2/2024 at 5:15 P.M. Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision. No adverse effects found. 13. On 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing	F 609			

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F 609	Continued From page 40 supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 14. On 2/2/2024 at 5:30 P.M. the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. 15. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 16. On 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. 17. Beginning 02/02/2024 at approximately 6:00 P.M. the Interim Director of Nursing began Competency skills check offs on licensed nurses regarding the five rights of medication administration. 18. On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement.	F 609			

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F 609	Continued From page 41 19. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 20. On 02/02/2024 at 7:00 P.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 held a Quality Assurance Performance Improvement Meeting to include notification of Immediate Jeopardy to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 21. On 2/2/2024, in-services were initiated, and no staff will be able to work until receiving in-service. 22. Facility is alleging that all activities to remove the Immediate Jeopardy were completed as of 02/02/2024 and the Immediate Jeopardy was removed 02/03/2024. On 2/3/24, the SA surveyor validated through staff interview, resident interview, record review, sign-in sheets, and in-service reviews that the facility had implemented the following measures to remove the Immediate Jeopardy (IJ): The SA verified through record reviews, and staff interviews that on 01/28/2024, The Director of	F 609			

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F 609	Continued From page 42 Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. The SA verified through record reviews, and staff interviews that on 01/28/2024, at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications and that adverse events were found. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. The SA verified through record reviews, and staff interviews that on 1/29/2024 the Director of			F 609			

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F 609	Continued From page 43 Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. The SA verified through record reviews, and staff interviews that on 1/29/2024 a Quality Assurance Performance Improvement meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, staff, and resident interviews that on 02/02/2024, a Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision with no adverse events found. The SA verified through record reviews, and staff	F 609			

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F 609	Continued From page 44 interviews that on 02/02/2024, the Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff was allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision with no adverse effects found. The SA verified through record reviews, and staff interviews that on 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and	F 609			

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F 609	Continued From page 45 Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects. The SA verified through record reviews, and staff interviews that on 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. The SA verified through record reviews, and staff interviews that on beginning 02/02/2024. The Interim Director of Nursing began competency skills check offs on licensed nurses regarding the five rights of medication administration. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive	F 609			

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F 609	Continued From page 46 person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. The SA verified through record reviews, and staff interviews that on 02/02/2024 a Quality Assurance Performance Improvement Meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 to address the notification of Immediate Jeopardy and to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, and staff interviews that on, in-services were initiated, and staff on duty has received the in-services. The SA validated on 2/3/24, that all corrective actions had been taken by the facility to remove the IJ during the survey on 2/2/24 and the IJ was removed on 2/3/24.	F 609			
F 656 SS=J	Develop/Implement Comprehensive Care Plan	F 656			3/15/24

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F 656	Continued From page 47 CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.	F 656			

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F 656	Continued From page 48 (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on care plan review, record review, facility policy review, and staff interview, the facility failed to implement a comprehensive care plan related to medication administration for 14 of 25 residents reviewed for care plans. The facility's failure to implement care plans, placed the residents at risk, and in a situation that was likely to cause serious injury, harm, impairment, or death. On 2/2/24, the State Agency (SA) identified an Immediate Jeopardy (IJ) which began on 1/27/2024, with the facility's failure to provide a licensed nurse to implement comprehensive care plans resulted in 14 residents not receiving medications per physician's orders. On 2/02/24 at 12:20 PM, the SA informed the Nursing Home Administrator (NHA) of the IJ and provided the Administrator with the IJ Templates. The facility submitted a credible Removal Plan on 2/2/24 at 9:52 PM, in which the facility alleged all corrective actions to remove the IJ were completed on 2/2/24 and the IJ removed as of 2/03/24. The SA validated the Removal Plan on 2/03/24	F 656	1. On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. On 1/29/2024 at approximately 10:30 A.M. Medical		

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F 656	Continued From page 49 and determined the IJ was removed prior to exit. Therefore, the scope and severity for CFR483.21(b)(1) - Develop/Implement Comprehensive Care Plan (F656) was lowered from a "J" to a "D" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Review of facility policy titled "Care Plans, Comprehensive Person-Centered," reviewed January 2023, revealed, "Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident..." An interview with Licensed Practical Nurse (LPN) #1 on 2/1/24 at 10:50 AM, she confirmed that concerns from there being no nurse to staff the Annex A Hall is the residents missed their medications, the residents plan of care was not followed and that placed residents at risk to have adverse consequences such as Hypo-Hyperglycemia, unrelieved pain, seizures, and potential changes in their status that may not be identified. An interview with the RN Charge Nurse #1 on 2/2/24 at 10:30 AM, she revealed resident's plan of care was not followed when their medications and accu-checks were missed, resulting in the need to assess the resident for possible adverse outcomes.	F 656	Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. Beginning on 2/26/24 Staff Development Coordinator will educate all Registered Nurses and Licensed Practical Nurses on		

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F 656	Continued From page 50 Resident #1 A review a care plan for Resident # 1 titled, "The resident is on anticoagulant therapy (Apixaban) r/t (related to)," last revised 11/27/2023, revealed Interventions/Task: "Administer Anticoagulant medications as ordered by the physician ..." Review of the January 2024 Medication Administration Record for Resident #1 revealed Apixaban Oral Tablet 5 mg (milligram) give one tablet via peg-tube (percutaneous gastrostomy) was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #1 to the facility on 10/12/23 with a diagnosis of Respiratory Failure, Hemiplegia, and Cerebral Infarction. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 1/11/24, revealed that Resident # 1 had a Brief Interview of Mental Status (BIMS) score of 6 which indicated that he was severely cognitively impaired. Resident #2 A review of a care plan for Resident # 2 titled, "The resident has a diagnosis of Diabetes Mellitus... Interventions: Administer medications as ordered by the physician..." A review of the care plan for Resident # 2 titled, "The resident has Hypothyroidism and is at risk for complications," revealed Interventions: "Give thyroid replacement as ordered..."	F 656	implementing a comprehensive person-centered care plan. 4.Beginning 2/19/2024 the Material Data Set Coordinator will review the Medication Administration Audit report weekly for twelve (12) weeks for any missed medications and develop and implement the corresponding care plan needed. A report will be submitted to the Quality Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Material Data Set Coordinator is responsible for monitoring and compliance.		

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F 656	Continued From page 51 Review of the January 2024 Medication record for Resident #2 revealed the blood glucose testing to determine if Novolin R: injection solution 100 unit/ml: "Inject as per sliding scale before meals and bedtime scheduled at 6:00 AM, and Levothyroxine Sodium oral tablet 88 mcg (micrograms) give one tablet by mouth one time daily at 6:00 AM, was not signed off as conducted/administered on 1/28/24 at 6:00 AM. Record review of the Face Sheet revealed that the facility admitted Resident #2 to the facility on 5/06/19 with a diagnosis Diabetes Mellitus (DM). Record review of the Quarterly MDS Section C with an Assessment Reference Date ARD of 11/16/23, revealed that Resident # 2 had a BIMS score of 6 which indicated that she was severely cognitively impaired. Resident #3 A review of a care plan for Resident# 3 titled, "The resident has a seizure disorder," revealed, Interventions: Gabapentin Capsule 100 mg ...Keppra ...Lacosamide as ordered. ... A review of a care plan for Resident # 3 titled, "The resident has Rheumatoid Arthritis," revealed, Interventions: Give analgesics as ordered. ... A review of a care plan for Resident # 3 titled, "The resident has diagnosis of GERD," Interventions: Give medications as ordered. ... Review of the January 2024 Medication Administration Record for Resident #3 revealed	F 656			

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F 656	Continued From page 52 Hydroxychloroquine Sulfate Tablet 200 mg, Lacosamide tablet 100 mg, Keppra tablet 500 mg, Celecoxib Capsule 200 mg, Gabapentin capsule 100 mg, and Pantoprazole Sodium tablet was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #3 to the facility on 6/26/20 with diagnoses of Epilepsy, Rheumatoid Arthritis, and Gastro-Esophageal Reflux Disease. Record review of the Quarterly MDS Section C with an ARD of 12/15/23, revealed that Resident # 3 had a Brief Interview of BIMS score of 15 which indicated that he was cognitively intact. Resident #4 A review of a care plan for Resident #4 titled, "The resident is at risk for pain related to Joint pain, Chronic Respiratory Failure, left sided Hemiplegia, Diabetes Mellitus," revealed, Interventions: Give analgesics as ordered. ... A review of a care plan for Resident # 4 titled, "The resident has diagnosis of GERD," revealed, Interventions: Give medications as ordered. ... Review of the January 2024 Medication Administration Record for Resident #4 revealed, Norco oral tablet 7.5-325 mg, Nexium Oral packet 20 mg was not signed as administered on 1/28/24 at 6:00 AM and 6:30 AM. Record review of the Admission Record revealed that the facility admitted Resident #4 to the facility	F 656			

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F 656	Continued From page 53 on 6/02/23 with diagnoses of Anxiety and Gastro-Esophageal Reflux Disease. Record review of the Quarterly MDS Section C with an ARD of 12/18/23, revealed that Resident # 4 had a BIMS score of 12 which indicated that she was moderately cognitively impaired. Resident #5 A review of a care plan for Resident #5 titled, "The resident has a diagnosis of HTN (hypertension) with Heart failure... Interventions: Give cardiac medications as ordered..." A review of a care plan for Resident # 5 titled, "The resident has diagnosis of Diabetes Mellitus...Interventions: Diabetic medications as ordered by doctor..." A review of a care plan for Resident # 5 titled, "The resident has Hypothyroidism... Interventions: Euthyrox as ordered..." A review of a care plan for Resident # 5 titled, "The resident is at risk for nutritional problems related to vitamin deficiency, DM, morbid obesity, protein calorie malnutrition, history of wanting to lose weight... Interventions: Administer medications as ordered..." Review of the January 2024 Medication Administration Record for Resident # 5 revealed, Multivitamin-Minerals, Euthyrox oral tablet 88 mcg (micrograms), Insulin Glargine Solution 100 units/ml: inject 8 units, Furosemide 40 mg tablet was not signed off as administered on 1/28/24 at 6:00 AM.	F 656			

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F 656	Continued From page 54 Record review of the Admission Record revealed that the facility admitted Resident #5 to the facility on 6/17/22 with diagnoses of Type 2 (two) Diabetes, Hypertensive Heart Disease, and Vitamin Deficiency. Record review of the MDS Section C with an ARD of 11/27/23, revealed that Resident # 5 had a BIMS score of 15 which indicated that she was cognitively intact. Resident #6 A review of a care plan for Resident # 6 titled, "The resident has the potential nutritional problem related to Vitamin Deficiency ...Administer medications as ordered ..." A review of a care plan for Resident # 6 titled, "The resident has impaired circulation ...Interventions: Administer statin medication ..." Review of the January 2024 Medication Administration Record for Resident #6, revealed, "Folic Acid oral tablet give one tablet via peg-tube two times daily at 6:30 AM and Atorvastatin Calcium oral tablet 10 mg was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident # 6 to the facility on 12/27/23 with diagnoses of Persistent Vegetative State and Vitamin Deficiency. Resident #7 A review of a care plan for Resident # 7 titled, "The resident uses psychotropic medications Seroquel related to schizoaffective disorder," revealed Interventions: Administer psychotropic	F 656			

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F 656	Continued From page 55 (Seroquel) as ordered by physician. ... A review of a care plan for Resident # 7 titled, "The resident uses anti-anxiety medications Ativan and Diazepam related to anxiety disorder," revealed Intervention: Administer medications as ordered by physician. ... A review of a care plan for Resident # 7 titled, "The resident has diagnosis of Diabetes Mellitus revealed, Interventions: Diabetic medications as ordered by doctor. Review of the January 2024 Medication Administration Record for Resident # 7, revealed Diazepam tablet 5 mg at 6:00 AM , the blood glucose test to determine if Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale was needed was not conducted, Seroquel tablet 100 mg, and Systane Complete Ophthalmic solution was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident # 7 to the facility on 7/11/19 with diagnoses of Type Two Diabetes Mellitus, Restlessness and Agitation, and Schizophrenia. Record review of the Quarterly MDS Section C with an ARD of 11/27/23, revealed that Resident # 5 had a BIMS score of 10 which indicated that he was moderately cognitively impaired. Resident # 8 A review of a care plan for Resident # 8 titled, "The resident has Vitamin Deficiency... Interventions: Give medications as ordered..."			F 656			

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F 656	Continued From page 56 A review of a care plan for Resident # 8 titled, "The resident has diagnosis of Diabetes Mellitus," revealed, Interventions: Insulin Lispro Solution 100 unit/ml inject as per sliding scale as ordered. Review of the January 2024 Medication record for Resident # 8 revealed the blood glucose test to determine if Novolin R injection solution 100 unit/ml (Insulin Regular Human): Inject as per sliding scale, Vitamin C 1000 mg at 6:00 AM, was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Face Sheet revealed that the facility admitted Resident #8 to the facility on 10/17/23 with diagnoses of Type 2 (two) Diabetes, Urinary Tract Infection, and Vitamin deficiency. Record review of the quarterly MDS Section C with an ARD of 11/07/23, revealed that Resident #8 had a BIMS score of 3 which indicated that she was severely cognitively impaired. Resident # 9 A review of a care plan for Resident # 9 titled, "The resident has chronic pain related to Cerebral Palsy, headaches and muscle spasms, contractures of right and left hand...Interventions: Give medications as per orders..." A review of a care plan for Resident # 9 titled, "The resident has GERD...Interventions: Give medications as ordered ..." Review of the January 2024 Medication Administration Record for Resident # 9 revealed,	F 656			

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F 656	Continued From page 57 for Protonix tablet delayed Release 40 mg. Dantrolene Sodium Capsule 50 mg, and Baclofen tablet 20 mg was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident # 9 to the facility on 12/18/16 with diagnoses of Contracture of muscle, right upper arm, Muscle Spasms, and Gastro-Esophageal Reflux Disease. Record review of the MDS Section C with an ARD of 12/19/23, revealed that Resident #9 had a BIMS score of 9 which indicated that he was moderately cognitively impaired. Resident #10 A review of a care plan for Resident # 10 titled, "The resident has alteration in hematological status related to history of GI bleed... Interventions: Give medications as ordered ..." Review of the January 2024 Medication Administration Record for Resident # 10 revealed, for Protonix tablet delayed Release 40 mg was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Face Sheet revealed that the facility admitted Resident #10 to the facility on 4/6/21 with a diagnosis of Gastrointestinal Hemorrhage. Record review of the MDS Section C with an ARD of 11/29/23, revealed that Resident #10 had a BIMS score of 15 which indicated that she was cognitively intact.	F 656			

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F 656	Continued From page 58 Resident #11 A review of a care plan for Resident # 11 titled, "The resident has GERD (Gastro-Esophageal Reflux Disease) ...Interventions: Sucralfate as ordered ..." Review of the January 2024 Medication Administration Record for Resident # 11 revealed, Sucralfate tablet one gram: give one tablet via peg-tube four times a day at 6:30 AM was not signed off as administered on 1/28/24 at 6:30 AM. Record review of the Admission Record revealed that the facility admitted Resident #11 to the facility on 9/17/20 with diagnoses of Persistent Vegetative State and GERD. Resident #12 A review of a care plan for Resident # 12 titled, "The resident has GERD ...Interventions: Lansoprazole as ordered ..." Review of the January 2024 Medication Administration Record for Resident # 12 revealed, Lansoprazole tablet at 6:00 AM, was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #12 to the facility on 11/29/23 with a diagnosis of Gastro-Esophageal Reflux Disease. Record review of the MDS Section C with an ARD of 12/20/23, revealed that Resident #12 had a Staff Assessment for Mental Status coded as severely cognitively impaired.	F 656			

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F 656	Continued From page 59 Resident #13 A review of a care plan for Resident # 13 titled, "The resident has potential nutritional problem related GERD ... Interventions: Administer medications as ordered ..." A review of a care plan for Resident # 13 titled, "The resident uses anti-anxiety medications (Buspar) related to anxiety disorder ...Interventions: Administer Anti-Anxiety medications as ordered ..." Review of the January 2024 Medication Administration Record for Resident # 13 revealed, Protonix tablet at 6:00 AM ...Buspirone tablet 5 mg at 6:00 AM, was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #13 to the facility on 12/5/23 with diagnoses of Gastro-Esophageal Reflux Disease and Anxiety. Record review of the MDS Section C with an ARD of 12/15/23, revealed that Resident #13 had a BIMS score of 14 which indicated that she was cognitively intact. Resident #15 A review of a care plan for Resident # 15 titled, "The resident has a diagnosis of Hypertension ...Interventions: Administer medications as ordered ..." A review of a care plan for Resident # 15 titled, "The resident is at risk for pain related to GOUT End stage Renal Disease, DM ... Interventions:	F 656			

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F 656	Continued From page 60 Administer analgesics as ordered ..." Review of the January 2024 Medication Administration Record for Resident #15 revealed, Hydralazine 100 mg tablet at 6:00 AM, Tylenol eight-hour Arthritis pain tablet extended release 650 mg at 6:00 AM, was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #15 to the facility on 11/30/23 with diagnoses of Poly osteoarthritis and Hypertension. Record review of the MDS Section C with an ARD of 12/14/23, revealed that Resident #15 had a BIMS score of 11 which indicated that she was moderately cognitively impaired. REMOVAL PLAN The facility submitted an acceptable Removal Plan for the IJ. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ: Corrective Actions 1. On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. 2. On 1/28/2024 at 9:00 A.M., the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00pm to 7:00 am.	F 656			

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F 656	Continued From page 61 3. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. 4. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. 5. On 1/28/2024 at approximately 1:00 P.M. the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. 6. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. 7. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development	F 656			

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F 656	Continued From page 62 Coordinator, Director of Nursing and Administrator. 8. On 02/02/2024 at approximately 3:30 P.M. Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. 9. On 02/02/2024 at approximately 4:00 P.M. Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision. No adverse events found. 10. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. 11. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff will	F 656			

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F 656	Continued From page 63 be allowed to return to work without completing. 12. On 2/2/2024 at 5:15 P.M. Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision. No adverse effects found. 13. On 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 14. On 2/2/2024 at 5:30 P.M. the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. 15. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 16. On 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that	F 656			

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F 656	Continued From page 64 occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. 17. Beginning 02/02/2024 at approximately 6:00 P.M. the Interim Director of Nursing began Competency skills check offs on licensed nurses regarding the five rights of medication administration. 18. On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. 19. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 20. On 02/02/2024 at 7:00 P.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 held a Quality Assurance Performance Improvement Meeting to include notification of Immediate Jeopardy to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 21. On 2/2/2024, in-services were initiated, and	F 656			

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F 656	Continued From page 65 no staff will be able to work until receiving in-service. 22. Facility is alleging that all activities to remove the Immediate Jeopardy were completed as of 02/02/2024 and the Immediate Jeopardy was removed 02/03/2024. Validation On 2/3/24, the SA surveyor validated through staff interview, resident interview, record review, sign-in sheets, and in-service reviews that the facility had implemented the following measures to remove the Immediate Jeopardy (IJ): The SA verified through record reviews, and staff interviews that on 01/28/2024, The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. The SA verified through record reviews, and staff interviews that on 01/28/2024, at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications and that adverse events were found. The SA verified through record reviews, and staff	F 656			

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F 656	Continued From page 66 interviews that on 1/28/2024, the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. The SA verified through record reviews, and staff interviews that on 1/29/2024 the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. The SA verified through record reviews, and staff interviews that on 1/29/2024 a Quality Assurance Performance Improvement meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, staff, and resident interviews that on 02/02/2024, a Resident Council Meeting was held with the	F 656			

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F 656	Continued From page 67 Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision with no adverse events found. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff was allowed to return to	F 656			

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F 656	Continued From page 68 work without completing. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision with no adverse effects found. The SA verified through record reviews, and staff interviews that on 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects. The SA verified through record reviews, and staff interviews that on 2/2/2024 at 5:45 P.M. the	F 656			

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F 656	Continued From page 69 Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. The SA verified through record reviews, and staff interviews that on beginning 02/02/2024. The Interim Director of Nursing began competency skills check offs on licensed nurses regarding the five rights of medication administration. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. The SA verified through record reviews, and staff interviews that on 02/02/2024 a Quality Assurance Performance Improvement Meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 to address the notification of Immediate Jeopardy and to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects,	F 656			

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F 656	Continued From page 70 ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, and staff interviews that on, in-services were initiated, and staff on duty has received the in-services. The SA validated on 2/3/24, that all corrective actions had been taken by the facility to remove the IJ during the survey on 2/2/24 and the IJ was removed on 2/3/24.	F 656			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §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. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (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	F 690			3/15/24

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F 690	Continued From page 71 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. §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, resident and staff interviews, record review and facility policy review the facility failed to ensure residents received appropriate care and services to promote continence for residents requiring assistance with bowel and bladder care for (2) two of 22 residents reviewed. (Resident # 1 and Resident #8) Findings Include: Record review of the facility policy " Urinary Continence and Incontinence- Assessment and Management" revised August 2022, revealed Policy Statement: 1. The staff and the Practitioner will appropriately screen for, and manage, individuals with urinary incontinence...Policy Interpretation and Implementation ...18b. Incontinence care should be individualized at night in order to maintain comfort and skin integrity..." Resident #1	F 690	1.On 2/1/2024, Resident #1 and Resident #8 were immediately provided peri care by Certified Nursing Aide #1. Certified Nursing Assistant #1 was an agency Certified Nursing Assistant and was not allowed to return to the facility. 2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 2/3/2024, Staff Development Coordinator initiated education with all nursing staff to include Certified Nursing Assistants and Licensed Nurses on Incontinent Care. 4.Beginning 2/19/2024 the Registered Nurse Supervisors will observe five (5) residents ensuring they are being provided timely incontinent care three (3) times per week for twelve (12) weeks. A report will be submitted to the Quality		

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F 690	Continued From page 72 An interview with Resident #1 on 1/31/24 at 9:30 AM, revealed they frequently must wait long periods of time for someone to provide incontinent care. Resident #1 stated "It is worse on the night shift because they do not have enough staff." Resident #1 reported that he has set in his bowel movement (BM) for an entire shift. An interview with Anonymous Resident # 2 on 1/31/24 at 11:15 AM revealed the staff does not come in to check or change them at all on the night shift. A phone interview with Anonymous Staff #1 on 1/31/24 at 5:45 PM, stated that there are not enough staff members to take care of the residents on the Annex and they are neglected. Staff #1 also stated that most of the residents are dependent, and it takes two staff members to care for them and some residents do not get changed all night. A phone interview with Anonymous Staff #2 on 1/31/24 at 7:14 PM, stated that the Annex does not have enough staff to take care of residents and the nurses do not help. They also stated that residents stay wet for extended periods of time. During an observation and interview on 2/1/24 at 12:35 AM, upon entering the Annex Hall observed two nurses sitting behind the Annex nursing desk. Two Certified Nurse assistants (CNAs) were standing in front of the desk and one CNA was walking towards the desk. An interview with Licensed Practical Nurse (LPN) #5 revealed she was working on the 11 PM to 7 AM assignment for the CNAs. She stated "We were	F 690	Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Material Data Set Coordinator is responsible for monitoring and compliance.		

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F 690	Continued From page 73 waiting for staff to arrive, we had four CNAs scheduled, one was a no call no show, the other did not arrive until 12:00 AM." An observation of Resident #1 with CNA #1 on 2/1/24 at 12:58 AM, revealed the room had a strong urine odor. Resident #1 was observed lying on his right side covered with a sheet and was observed to be wet with urine from the mid chest area to the bottom of the sheet. CNA #1 pulled back the top sheet from Resident #1 and the bottom sheet was soaked with urine extending down the bottom of the mattress and mid back area with a brown ring at edge of both sides of the bed. CNA #1 confirmed the resident was soaked and laying on sheets with old dried urine noted at the edges of the sheets. Record review of the Admission Record revealed that the facility admitted Resident #1 to the facility on 10/12/23 with diagnoses that included Respiratory Failure, Hemiplegia, and Cerebral Infarction. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 1/11/24, revealed Resident # 1 had a Brief Interview for Mental Status (BIMS) score of 6 which indicated that she was severely cognitively impaired. Section H revealed Resident #1 was always incontinent of bowel and bladder. Resident #8 During an observation and interview of the Annex Hall on 2/1/24 at 12:45 AM, a voice was heard coming from room Resident #8's room. Resident #8 was saying "what took you so long, I'm soaked, I'm soaked wet." An interview with CNA #	F 690			

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F 690	Continued From page 74 1 reported as he exited Resident #8's room that Resident #8 was upset because she was soaking wet. He verbalized he just got his assignment at 12:40 AM and had not made previous rounds, only answered call lights because he did not know which patients he would be assigned. He then stated, "this happens all the time we rarely have enough help and the residents on this hall are bed bound total care residents requiring heavy physical assistance of more than one staff member." An observation of the incontinent brief that was removed from Resident #8 by CNA #1 during perineal care was observed to be extremely saturated with dark yellow urine with a strong urine odor. There was a large bulking noted to the absorbent layer to the diaper lining with saturation noted from the top of the front to the top of the back of the brief. CNA #1 confirmed the brief removed from Resident #8 was very saturated with urine and heavy. Record review of the Admission Record revealed the facility admitted Resident #8 to the facility on 10/17/23 with diagnoses that included Type 2 (two) Diabetes and Vitamin deficiency. Record review of the Quarterly Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 11/07/23, revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 3 which indicated that she was severely cognitively impaired. Section H with an ARD of 1/05/24 revealed she was always incontinent of bowel and bladder. An interview with the Administrator on 2/2/24 at 10:20 AM, revealed on 1/31/24 on the 11 PM-7 PM shift the nurse should have made the assignment for the CNAs at the beginning of the	F 690			

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F 690	Continued From page 75 shift to begin rounds and then adjust the assignments as the other staff came in. She confirmed if the sheets were wet then the resident had probably not changed since previous shift. An interview with the Assistant Director of Nursing (ADON) on 2/2/24 at 10:25 AM, he revealed concerns from not changing resident and leaving them wet is skin concerns such as moisture associated skin damage and urinary tract infections.	F 690			
F 725 SS=J	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under	F 725			3/15/24

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F 725	Continued From page 76 paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on facility policy review, record review, resident and staff interviews, the facility failed to provide: - sufficient qualified nursing staff to provide nursing related services to assure resident safety, as evidenced by failure to ensure a licensed nurse was present to administer medications, and monitoring for 25 of 52 residents on the Annex Hall from 11:35 PM on 1/27/24 to 7:00 AM on 1/28/24. - and - failed to ensure sufficient staff to provide care and services for two (2) of 22 residents reviewed. The Licensed Practical Nurse (LPN) who was scheduled to report at 7:00 PM on 1/27/24 did not arrive for her shift at the facility. Licensed Practical Nurse (LPN) #1 had worked since 7:00 AM and left the facility at 11:35 PM without on-site licensed nurse relief present. At this time, LPN # 2 counted the narcotics on the medication cart for Annex A hall and took the keys to the cart but did not accept responsibility for the twenty (25) residents on the Annex A hall of the facility. The Administrator, Director of Nursing (DON), and Staff Development Coordinator (SDC) were aware that the scheduled LPN did not show up for her shift. Staff and agency nurses did not respond to the call for replacement. No licensed nurse reported to duty on the Annex A hall of the facility between 11:35 PM and 7:00 AM. The facility failed to follow its stated practice for replacing staff in case of call-ins or "no call, no shows". The Administrator, Director of Nursing	F 725	1. On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality		

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F 725	Continued From page 77 (DON), Assistant Director of Nursing (ADON), and Staff Development Coordinator (SDC) were aware of the staffing problem. The On-Call SDC failed to report to duty related to "limitations". The facility's failure to provide a licensed nurse to administer medications, and monitoring for 8 (eight) hours had the likelihood to cause all residents on Annex Cart A serious harm, serious injury, serious impairment, or possible death. The State Agency (SA) identified an Immediate Jeopardy (IJ) on 2/02/24, which began on 1/27/24, when the facility's failure to ensure sufficient licensed nurse was present to provide necessary nursing services. On 2/02/24 at 12:20 PM, the SA informed the Nursing Home Administrator of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ Templates. The facility submitted an acceptable Removal Plan on 2/02/24 at 9:52 PM which the facility alleged all corrective actions to remove the IJ and SQC were completed on 2/02/24 and the IJ was removed as of 2/03/24. The SA validated the Removal Plan on 2/03/24 and determined the IJ was removed on 2/03/24, prior to exit. Therefore, the scope and severity for 42 CFR 483.35(a) Sufficient Staffing was lowered from a "J" to a "D" while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.	F 725	Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. All staff who is calling into the facility will be required to contact the Assistant Director of Nursing, Director of Nursing or Administrator. Either on call nurse or staffing agency will be utilized for replacement in the event of a call in. 4.Beginning 2/19/2024, the Staff Development Coordinator will audit the daily staffing sheets weekly for the upcoming week for twelve (12) weeks to		

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F 725	Continued From page 78 Findings include: Cross Reference F600, F690 and F760 Record review of the facility policy titled, "Staffing, Sufficient and Competent Nursing", reviewed 3/2023, revealed, "Policy Statement: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans ...Minimum staffing requirements imposed by the state ...are not necessarily considered a determination of sufficient and competent staffing." A record review of the "Daily Staffing Sheet" revealed that there were five (5) nurses working from 11:00 PM to 7:00 AM on 1/27/24 with only one nurse assigned on the Annex Hall. A record review of the staff timecards for 1/27/24 through 1/28/24 revealed that there were five (5) Nurses working from 11:00 PM to 7:00 AM on 1/27/24. During an interview with Licensed Practical Nurse (LPN) #1 on 2/1/24 at 10:50 AM, she revealed on 1/27/24, she notified the Staff Development Coordinator (SDC), that she did not have relief for the 7:00 PM-7:00 AM shift because the scheduled nurse did not show up. The SDC stated she would notify the Director of Nursing (DON) and the Administrator and call around to find coverage. LPN #1 stated that the SDC asked her if she would stay and administer the 9:00 PM medications. LPN #1 confirmed she worked until 11:00 PM and then LPN #2 came over to count the Annex A medication cart. She	F 725	monitor for any gaps in qualified nursing staff and will report those gaps to the Administrator and Director of Nursing to ensure proper nursing levels at all times. The Staffing Nurse will monitor staffing levels daily to ensure proper staffing levels are maintained. A report will be submitted to the Quality Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Staff Development Coordinator is responsible for monitoring and compliance.		

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F 725	Continued From page 79 stated she counted the cart with LPN #2 and left the facility. LPN #1 then revealed when she returned to work on 1/28/24 at 7:00 AM there was not a nurse assigned to the Annex A medication cart and she noticed the 6:00 AM medications had not been signed off as administered and stated "I was told by one of the other nurses, not sure which one, that all the administrative nurses were aware that none of the 6:00 AM medications had been administered. LPN #1 stated that , "potential concerns of there being no nurse to staff the Annex A Hall is the residents missed their medications, is the residents plan of care was not followed and that placed residents at risk to have adverse consequences such as Hypo-Hyperglycemia, unrelieved pain, seizures, and potential changes in their status that may not be identified. LPN #1 also revealed the facility consists of the 100 A and B Hall, 200 A and B Hall, and the Annex A Hall and Annex B Hall with each area having two medication carts and a nurse is supposed to be scheduled for each hall. A phone interview with LPN #2 on 1/31/24 at 1:00 PM, confirmed she counted the medication cart with LPN #1 on 1/27/24 at 11:00 PM. She stated she was assigned to the 100 Hall and only counted the narcotics for the Annex A cart until someone came in. LPN #2 confirmed she did not notify anyone that there was not a nurse for the Annex A cart. She stated she thought LPN #1 informed all the administrative staff before she left at 11:00 PM that there was no nurse for that cart. A telephone interview with LPN #3 on 1/31/24 at 2:30 PM, confirmed she worked the Annex B Hall on 1/27/24 from 7:00 PM-7:00 AM but she was unaware that the Annex A cart did not have a	F 725			

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F 725	Continued From page 80 nurse assigned to it. She stated, "I saw LPN #1 count the medication cart with another nurse." LPN # 3 then stated that she is an agency nurse and does not know the staff very well and confirmed she did not monitor any residents on the Annex A hall and did not know they did not get their morning medications. During an interview with the Assistant Director of Nursing (ADON) on 2/1/24 at 4:00 PM, he stated that the "Registered Nurses (RN) take a call rotation and come in and work the medication cart if someone called in and coverage could not be found." During an interview with the Administrator on 2/2/24 at 10:00 AM, she stated that she was not aware that there was no nurse on the Annex A hall from 11:00 PM until 7:00 AM on 1/27/24 until around 7:00 AM on 1/28/24, and that the residents did not receive their 6:00 AM medications for 1/28/24. She then revealed that the SDC was the nurse on call for 1/27/24. During an interview with the ADON on 2/2/24 at 10:05 AM, he revealed that he was not aware that there was no nurse on the Annex Hall from 11:00 PM until 7:00 AM on 1/27/24, and that the residents did not receive their 6:00 AM medications. During an interview on 2/2/24 at 10:20 AM, with the SDC, she stated that on 1/27/24 at 7:49 PM she received a text from LPN #1 notifying her that the night nurse had called in. The SDC stated she texted the Administrator, DON, and ADON at 7:55 PM. The SDC stated that initially she only received a response from the Administrator who told her that she would post the opening on the	F 725			

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F 725	Continued From page 81 agency site. She stated that she then sent a text out to nurses to attempt to get the shift covered, but no one was available, so she notified the Administrator, DON, and ADON. The SDC stated that no one accepted the shift from the agency website. She confirmed she never received a response from the ADON. During a further interview with the SDC she verified that she was the RN on call for 1/27/24, but that she is on light duty and cannot push a medication cart. She stated that she was only on call as a supervisor to attempt to find coverage for call ins. SDC further stated that she did not ask LPN #2 to count the cart with LPN #1 and she found out at 8:15 AM on 1/28/24 that the residents on the Annex A cart did not receive their 6:00 AM medications. During an interview with the RN Charge Nurse #1 on 2/2/24 at 10:30 AM, she stated she was notified by the SDC at 9:10 AM on 1/28/24 that there had been no nurse coverage for the Annex A residents for the 11:00 PM-7:00 AM shift and that the residents had not received 6:00 AM medications or accu-checks and to notify the provider and responsible party, assess the residents, and obtain vital signs. During a telephone interview with the DON on 2/2/24 at 10:45 AM, she stated that she received a phone call at 8:00 PM on 1/27/24 from Respiratory Therapist #1 (RT) notifying her that the 7:00 PM to 7:00 AM nurse for Annex A hall had called in. She stated that at that time she noticed that she had received a text at 7:58 PM from the SDC notifying her of the same thing. The DON stated that she asked the SDC if she had reached out to all the nurses that normally worked and the SDC told her that she had but no one could pick up the shift. The DON then stated	F 725			

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F 725	Continued From page 82 that she had fallen asleep and last talked to the SDC at 10:00 PM. The DON further stated that at 10:55 PM she reached out to the SDC asking what the plan for that cart was. She stated that the SDC told her that no one had responded to the shift posted on the agency website and that LPN #1 had left. The DON stated that at 1:27 AM she reached back out to the SCD around but there was still no nurse. The DON stated that at some point the ADON had informed her that he was out town and could not cover the shift. The DON stated that the agency nurse who was working the other cart on the Annex Hall told her that she had come to the desk and made rounds on the residents but did not administer the 6:00 AM medications. The DON stated that usually if there is no nurse for a certain cart then the nurses who are on duty will administer the medications. The DON stated that when she found out the residents had not received their medications, she informed the SDC to instruct the RN supervisor to assess the residents, notify the nurse practitioner and the responsible party. The DON stated that she knew the SDC was the nurse on call and if the on-call nurse cannot find coverage then they are to come in and work the cart. The DON stated that she was aware of the SDCs medical restrictions but did not think about the SDCs limitations when she received the call. Resident #1 During an interview with Resident #1 on 1/31/24 at 9:30 AM, revealed they frequently must wait long periods of time for someone to provide incontinent care. Resident #1 stated "It is worse on the night shift because they do not have enough staff." Resident #1 reported that he has sat in his bowel movement (BM) for an entire	F 725			

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F 725	Continued From page 83 shift. During an interview with Anonymous Resident # 2 on 1/31/24 at 11:15 AM revealed the staff does not come in to check or change them at all on the night shift. During a phone interview with Anonymous Staff #1 on 1/31/24 at 5:45 PM, stated that there are not enough staff members to take care of the residents on the Annex and they are neglected. Staff #1 also stated that most of the residents are dependent, and it takes two staff members to care for them and some residents do not get changed all night. A phone interview with Anonymous Staff #2 on 1/31/24 at 7:14 PM, stated that the Annex does not have enough staff to take care of residents and the nurses do not help. They also stated that residents stay wet for extended periods of time. During an observation and interview on 2/1/24 at 12:35 AM, upon entering the Annex Hall observed two nurses sitting behind the Annex nursing desk. Two Certified Nurse assistants (CNAs) were standing in front of the desk and one CNA was walking towards the desk. An interview with Licensed Practical Nurse (LPN) #5 revealed she was working on the 11 PM to 7 AM assignment for the CNAs. She stated "We were waiting for staff to arrive, we had four CNAs scheduled, one was a no call no show, the other did not arrive until 12:00 AM." An observation of Resident #1 with CNA #1 on 2/1/24 at 12:58 AM, revealed the room had a strong urine odor. Resident #1 was observed lying on his right side covered with a sheet and	F 725			

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F 725	Continued From page 84 was observed to be wet with urine from the mid chest area to the bottom of the sheet. CNA #1 pulled back the top sheet from Resident #1 and the bottom sheet was soaked with urine extending down the bottom of the mattress and mid back area with a brown ring at edge of both sides of the bed. CNA #1 confirmed the resident was soaked and laying on sheets with old dried urine noted at the edges of the sheets. Record review of the Admission Record revealed that the facility admitted Resident #1 to the facility on 10/12/23 with diagnoses that included Respiratory Failure, Hemiplegia, and Cerebral Infarction. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 1/11/24, revealed Resident # 1 had a Brief Interview for Mental Status (BIMS) score of 6 which indicated that she was severely cognitively impaired. Section H revealed Resident #1 was always incontinent of bowel and bladder. Resident #8 On 2/1/24 at 12:45 AM, during an observation and interview of the Annex Hall , a voice was heard coming from room Resident #8's room. Resident #8 was saying "what took you so long, I'm soaked, I'm soaked wet." An interview with CNA # 1 reported as he exited Resident #8's room that Resident #8 was upset because she was soaking wet. He verbalized he just got his assignment at 12:40 AM and had not made previous rounds, only answered call lights because he did not know which patients he would be assigned. He then stated, "this happens all the time we rarely have enough help and the	F 725			

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F 725	Continued From page 85 residents on this hall are bed bound total care residents requiring heavy physical assistance of more than one staff member." An observation of the incontinent brief that was removed from Resident #8 by CNA #1 during perineal care was observed to be extremely saturated with dark yellow urine with a strong urine odor. There was a large bulking noted to the absorbent layer to the diaper lining with saturation noted from the top of the front to the top of the back of the brief. CNA #1 confirmed the brief removed from Resident #8 was very saturated with urine and heavy. Record review of the Admission Record revealed the facility admitted Resident #8 to the facility on 10/17/23 with diagnoses that included Type 2 (two) Diabetes and Vitamin deficiency. Record review of the Quarterly Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 11/07/23, revealed Resident #8 had a Brief Interview for Mental Status (BIMS) score of 3 which indicated that she was severely cognitively impaired. Section H with an ARD of 1/05/24 revealed she was always incontinent of bowel and bladder. In an interview with the Administrator on 2/2/24 at 10:20 AM, revealed on 1/31/24 on the 11 PM-7 PM shift the nurse should have made the assignment for the CNAs at the beginning of the shift to begin rounds and then adjust the assignments as the other staff came in. She confirmed if the sheets were wet then the resident had probably not been changed since previous shift. In an interview with the Assistant Director of Nursing (ADON) on 2/2/24 at 10:25 AM, he	F 725			

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F 725	Continued From page 86 revealed concerns from not changing resident and leaving them wet is skin concerns such as moisture associated skin damage and urinary tract infections. The facility submitted an acceptable Removal Plan for the IJ. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ: On 2/2/2024 at 12:20 P.M. State Agency (SA) notified facility Administrator of Immediate Jeopardy (IJ). State Agency Surveyor provided the facility with the Immediate Jeopardy (IJ) templates. Facility respectfully submits this removal plan. Brief Summary of Events On 1/27/2024 the facility did not have a licensed practical nurse from 11:00pm to 7:00am on Annex cart A. During this time fourteen (14) of twenty-five (25) residents were identified as not receiving the 6 am medication dose. On 1/28/2024 an investigation was initiated by the Director of Nursing. Licensed Practical Nurse #1 assigned to Annex Cart B stated that she rounded on the twenty-five (25) residents that resided on Annex Cart A but did not administer the 6 am medications. As a result of this investigation medication error reports were initiated and orders were received from the Nurse Practitioner to omit the 6 am dose and continue the regular dosing schedule and monitor the fourteen (14) residents for any adverse effects.	F 725			

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F 725	Continued From page 87 Corrective Actions - On 01/28/2024 at approximately 9:00 AM the Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. - On 1/28/2024 at 9:00 AM, the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. - On 01/28/2024 at approximately 10:42 AM Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. - On 1/28/2024 at approximately 11:35 AM the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. - On 1/28/2024 at approximately 1:00 PM the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. - On 1/29/2024 at approximately 9:30 AM the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 AM.	F 725			

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F 725	Continued From page 88 7. On 1/29/2024 at approximately 10:30 AM Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 8. On 02/02/2024 at approximately 3:30 PM Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 PM to 7:00 AM on Annex Cart A resulting in missed medications. 9. On 02/02/2024 at approximately 4:00 PM Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision. No adverse events found. 10. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will	F 725			

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F 725	Continued From page 89 be allowed to return to work without completing. 11. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff will be allowed to return to work without completing. 12. On 2/2/2024 at 5:15 P.M. Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision. No adverse effects found. 13. On 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 14. On 2/2/2024 at 5:30 P.M. the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision.	F 725			

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F 725	Continued From page 90 15. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 16. On 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. 17. Beginning 02/02/2024 at approximately 6:00 P.M. the Interim Director of Nursing began Competency skills check offs on licensed nurses regarding the five rights of medication administration. 18. On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. 19. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 20. On 02/02/2024 at 7:00 P.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 held a	F 725			

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F 725	Continued From page 91 Quality Assurance Performance Improvement Meeting to include notification of Immediate Jeopardy to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 21. On 2/2/2024, in-services were initiated, and no staff will be able to work until receiving in-service. 22. Facility is alleging that all activities to remove the Immediate Jeopardy were completed as of 02/02/2024 and the Immediate Jeopardy was removed 02/03/2024. Validation On 2/3/24, the SA surveyor validated through staff interview, resident interview, record review, sign-in sheets, and in-service reviews that the facility had implemented the following measures to remove the Immediate Jeopardy (IJ): The SA verified through record reviews, and staff interviews that on 01/28/2024, The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Infection Preventionist initiated facility-based incident	F 725			

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F 725	Continued From page 92 reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. The SA verified through record reviews, and staff interviews that on 01/28/2024, at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications and that adverse events were found. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. The SA verified through record reviews, and staff interviews that on 1/29/2024 the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. The SA verified through record reviews, and staff interviews that on 1/29/2024 a Quality Assurance Performance Improvement meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant	F 725			

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F 725	Continued From page 93 Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, staff, and resident interviews that on 02/02/2024, a Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision with no adverse events found. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing.	F 725			

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F 725	Continued From page 94 The SA verified through record reviews, and staff interviews that on 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff was allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision with no adverse effects found. The SA verified through record reviews, and staff interviews that on 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on	F 725			

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F 725	Continued From page 95 Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects. The SA verified through record reviews, and staff interviews that on 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. The SA verified through record reviews, and staff interviews that on beginning 02/02/2024. The Interim Director of Nursing began competency skills check offs on licensed nurses regarding the five rights of medication administration. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal	F 725			

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F 725	Continued From page 96 regulations by the Corporate Clinical Specialist. The SA verified through record reviews, and staff interviews that on 02/02/2024 a Quality Assurance Performance Improvement Meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 to address the notification of Immediate Jeopardy and to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, and staff interviews that on, in-services were initiated, and staff on duty had received the in-services. The SA validated on 2/3/24, that all corrective actions had been taken by the facility to remove the IJ during the survey on 2/2/24 and the IJ was removed on 2/3/24.	F 725			
F 760 SS=J	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interviews, resident interviews, facility policy review, and record review the facility	F 760	1.On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted	3/15/24	

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F 760	Continued From page 97 failed to ensure significant medications were administered to prevent discomfort or complications for four (4) of 14 residents reviewed with medication errors. This resulted in significant medication errors for Resident #1, Resident #3, Resident #4, and Resident #5. The facility did not have licensed nurse coverage for twenty-five (25) residents on the Annex A Hall of the facility for eight (8) hours from 11:00 PM through 7:00 AM on 1/27/24. Resident #1 Resident #3, Resident #4, and Resident #5 had scheduled medications to be administered at 6:00 AM. The significant medications which were missed included anti-coagulants, anti-seizure, anti-diabetic (insulin), diuretic, and pain management medications. This placed the residents at risk and in a situation which was likely to cause serious injury, harm, impairment, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) on 2/02/24, which began on 1/27/24, when the facility's failure to ensure sufficient licensed nurse was present to provide necessary nursing services. On 2/02/24 at 12:20 PM, the SA informed the Nursing Home Administrator of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ Templates. The facility submitted an acceptable Removal Plan on 2/02/24 at 9:52 PM, in which the facility alleged all corrective actions to remove the IJ and SQC were completed on 2/02/24 and the IJ was removed as of 2/03/24.	F 760	an Audit on all residents residing on Annex Cart A to identify the residents that missed 6am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant		

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F 760	Continued From page 98 The SA validated the Removal Plan on 2/03/24 and determined the IJ and SQC was removed on 2/03/24, prior to exit. Therefore, the scope and severity for CFR 483.45(f)(2) (F760)- Residents are free from any significant medication errors, was lowered from an "J" to a "D" while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Review of the facility policy titled, "Administering Medications," revised April 2019, revealed, "Medications are administered in a safe and timely manner, and as prescribed." ...Policy Interpretation and Implementation: 3.) "Staffing schedules are arranged to ensure that medications are administered without unnecessary interruptions ...4.) Medications are administered in accordance with prescriber's orders, including any required timeframe. ...5.) Medication administration times are determined by the resident need and benefit, not staff convenience." ... Review of the facility policy titled, "Adverse Consequences and Medication Errors," revised February 2023, revealed, Medication Errors: 1.) "A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer guidelines, or accepted professional standards and principles of professionals providing services." ...5.) In the event of a significant medication-related error. Take action, to protect the resident's safety and	F 760	events by notification of Staff Development Coordinator, Director of Nursing and Administrator. On 02/02/2024 at approximately 4:00 P.M. Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision. No adverse events found. 2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. 4.Beginning on 2/19/2024, the Assistant Director of Nursing #1, Assistant Director of Nursing #2, or the Director of Nursing will monitor the electronic health records for ten (10) residents weekly for twelve (12) weeks to ensure all medications have been given. A report will be submitted to the Quality Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Staff Development Coordinator is responsible for monitoring		

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F 760	Continued From page 99 welfare ...6.) Promptly notify the provider of any significant error. ... Record review of the facility schedule/time sheets for 1/27/24 revealed the facility did not have licensed nurse coverage for twenty-five (25) residents on the Annex A Hall of the facility for eight (8) hours from 11:00 PM through 7:00 AM. On 1/31/24 at 1:00 PM, during a phone interview with Licensed Practical Nurse (LPN) #2, she confirmed she counted the medication cart with LPN #1 on 1/27/24 at 11:00 PM so LPN #1 could go home. She revealed she was assigned to the 100 Hall and only counted the narcotics for the Annex A cart until someone came in. She confirmed she did not administer the 6:00 AM medications or monitor the residents on Annex A hall because she was assigned to the 100 Hall and was unable to take care of residents and administer medications for two halls. On 1/31/24 at 2:30 PM, a phone interview with LPN #3 revealed she worked on 1/27/24 from 7:00 PM-7:00 AM but she was unaware that the Annex A cart did not have a nurse assigned to it and confirmed she did not monitor any residents on the Annex A hall and did not know they did not get their morning medications. On 2/1/24 at 10:50 AM, an interview with LPN #1, she revealed when she returned to work on 1/28/24 at 7:00 AM there was not a nurse assigned to the Annex A medication cart and she noticed the 6:00 AM medications had not been signed off as administered. On 2/2/24 at 10:00 AM, in an interview with the Administrator, she stated that she was not aware	F 760	and compliance		

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F 760	Continued From page 100 that there was no nurse for on the Annex A hall from 11:00 PM until 7:00 AM on 1/27/24, and that the residents did not receive their 6:00 AM medications for 1/28/24 until around 7:00 AM. She stated that the residents on Annex A hall were assessed by the RN supervisors on 1/28/24. On 2/2/24 at 10:05 AM, an interview with the Assistant Director of Nursing (ADON) revealed that failure to administer insulin, anticonvulsants, blood thinners and scheduled pain medications could lead to hyperglycemia, seizures, and unrelieved pain. On 2/2/24 at 10:20 AM, during an interview with the Staff Development Coordinator (SDC), she found out at 8:15 AM on 1/28/24 that Residents #1, #3, #4 and #5 did not receive their 6:00 AM medications. Resident #1 Review of the physician order for Resident # 1 revealed an order dated 10/12/23 for Apixaban Oral Tablet 5 mg (milligram) give one tablet by via peg-tube (percutaneous endoscopic gastrostomy) two times daily related to Cerebral Infarction. Review of the January 2024 Medication Administration Record for Resident #1 revealed Apixaban Oral Tablet 5 mg (milligram) was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #1 to the facility on 10/12/23 with diagnoses including Respiratory Failure, Hemiplegia, and Cerebral Infarction. Resident # 3	F 760			

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F 760	Continued From page 101 Review of a physician orders for Resident # 3 revealed an order dated 6/25/20 revealed Lacosamide tablet 100 mg: give one tablet by mouth two times daily related to seizures and.Keppra tablet 500 mg: give one tablet by mouth two times daily related to seizures. Review of the January 2024 Medication Administration Record for Resident #3 revealed. Lacosamide tablet 100 mg and Keppra tablet 500 mg was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #3 to the facility on 6/26/20 with diagnoses including Epilepsy. Resident #4 Review of a physician orders for Resident # 3 revealed an order dated 7/13/23, revealed Norco Oral tablet 7.5-325 mg (Hydrocodone Acetaminophen): give one tablet enterally every eight hours related to pain. Review of the January 2024 Medication Administration Record for Resident #4 revealed, Norco oral tablet 7.5-325 mg was not signed as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #4 to the facility on 6/02/23 with diagnoses including Anxiety and Pain in unspecified joint. . Resident #5 Record review of physician orders for Resident # 5 revealed an order dated 9/11/23, revealed,	F 760			

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F 760	Continued From page 102 Insulin Glargine Solution 100 units/ml: inject 8 units subcutaneously in the morning related to Type 2 (two) Diabetes. Record review of physician orders for Resident # 5 revealed an order dated 1/23/24, revealed, Furosemide 40 mg tablet: take one tablet by mouth twice daily before meals related to Hypertensive Heart Disease. Review of the January 2024 Medication Administration Record for Resident # 5 revealed, Insulin Glargine Solution 100 units/ml: inject 8 units subcutaneously and Furosemide 40 mg tablet, was not signed off as administered on 1/28/24 at 6:00 AM. Record review of the Admission Record revealed that the facility admitted Resident #5 to the facility on 6/17/22 with diagnoses including Type 2 Diabetes and Hypertensive Heart Disease. REMOVAL PLAN On 2/2/2024 at 12:20 P.M. State Agency (SA) notified facility Administrator of Immediate Jeopardy (IJ). State Agency Surveyor provided the facility with the Immediate Jeopardy (IJ) templates. Facility respectfully submits this removal plan. Brief Summary of Events On 1/27/2024 the facility did not have a licensed practical nurse from 11:00pm to 7:00 am on Annex cart A. During this time fourteen (14) of twenty-five (25) residents were identified as not receiving the 6 am medication dose. On	F 760			

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F 760	Continued From page 103 1/28/2024 an investigation was initiated by the Director of Nursing. Licensed Practical Nurse #1 assigned to Annex Cart B stated that she rounded on the twenty-five (25) residents that resided on Annex Cart A but did not administer the 6 am medications. As a result of this investigation medication error reports were initiated and orders were received from the Nurse Practitioner to omit the 6 am dose and continue the regular dosing schedule and monitor the fourteen (14) residents for any adverse effects. Corrective Actions - On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. - On 1/28/2024 at 9:00 A.M., the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00pm to 7:00 am. - On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. - On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen	F 760			

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F 760	Continued From page 104 (14) identified residents with missing medications. 5. On 1/28/2024 at approximately 1:00 P.M. the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. 6. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 AM. 7. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 8. On 02/02/2024 at approximately 3:30 P.M. Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. 9. On 02/02/2024 at approximately 4:00 P.M. Nurse Practitioner (NP) initiated the assessments	F 760			

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F 760	Continued From page 105 of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision. No adverse events found. 10. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. 11. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff will be allowed to return to work without completing. 12. On 2/2/2024 at 5:15 P.M. Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision. No adverse effects found. 13. On 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered	F 760			

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F 760	Continued From page 106 Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 14. On 2/2/2024 at 5:30 P.M. the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. 15. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 16. On 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. 17. Beginning 02/02/2024 at approximately 6:00 P.M. the Interim Director of Nursing began Competency skills check offs on licensed nurses regarding the five rights of medication administration. 18. On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the	F 760			

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F 760	Continued From page 107 Regional Case mix reimbursement. 19. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 20. On 02/02/2024 at 7:00 P.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 held a Quality Assurance Performance Improvement Meeting to include notification of Immediate Jeopardy to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 21. On 2/2/2024, in-services were initiated, and no staff will be able to work until receiving in-service. 22. Facility is alleging that all activities to remove the Immediate Jeopardy were completed as of 02/02/2024 and the Immediate Jeopardy was removed 02/03/2024. The facility submitted an acceptable Removal Plan for the IJ on 2/2/24 at 9:52 PM. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ on 2/02/24:	F 760			

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F 760	Continued From page 108 Validation On 2/3/24, the SA surveyor validated through staff interview, resident interview, record review, sign-in sheets, and in-service reviews that the facility had implemented the following measures to remove the Immediate Jeopardy (IJ): The SA verified through record reviews, and staff interviews that on 01/28/2024, The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. The SA verified through record reviews, and staff interviews that on 01/28/2024, at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications and that adverse events were found. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications.			F 760			

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F 760	Continued From page 109 The SA verified through record reviews, and staff interviews that on 1/28/2024, the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. The SA verified through record reviews, and staff interviews that on 1/29/2024 the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. The SA verified through record reviews, and staff interviews that on 1/29/2024 a Quality Assurance Performance Improvement meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, staff, and resident interviews that on 02/02/2024, a Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications.	F 760			

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F 760	Continued From page 110 The SA verified through record reviews, and staff interviews that on 02/02/2024, the Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision with no adverse events found. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff was allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents	F 760			

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F 760	Continued From page 111 for adverse effects related to lack of nursing supervision with no adverse effects found. The SA verified through record reviews, and staff interviews that on 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects. The SA verified through record reviews, and staff interviews that on 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M.	F 760			

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F 760	Continued From page 112 The SA verified through record reviews, and staff interviews that on beginning 02/02/2024. The Interim Director of Nursing began competency skills check offs on licensed nurses regarding the five rights of medication administration. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. The SA verified through record reviews, and staff interviews that on 02/02/2024 a Quality Assurance Performance Improvement Meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 to address the notification of Immediate Jeopardy and to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator.	F 760			

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F 760	Continued From page 113 The SA verified through record reviews, and staff interviews that on, in-services were initiated, and staff on duty has received the in-services.	F 760			
F 835 SS=J	The SA validated on 2/3/24, that all corrective actions had been taken by the facility to remove the IJ during the survey on 2/2/24 and the IJ was removed on 2/3/24. Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on facility policy review, record review, staff interviews, and resident interviews the facility administration failed to use its resources effectively and efficiently to ensure licensed staff was available to provide care for twenty-five (25) of (53) residents on the Annex Unit with for eight (8) hours on 1/27/24 from 11:00 PM through 7:00 AM on 1/28/24. The Licensed Practical Nurse (LPN) who was scheduled to report at 7:00 PM on 1/27/24 did not arrive for her shift at the facility. LPN #1 had worked since 7:00 AM and left the facility at 11:35 PM on 1/27/24. LPN # 2 counted the narcotic cart for Annex A hall and took the keys to the cart but did not accept responsibility for the twenty (25) residents on the Annex A hall of the facility. The Administrator, Director of Nursing (DON), and Staff Development Coordinator (SDC) were	F 835	1.On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication.	3/15/24	

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F 835	Continued From page 114 aware that the scheduled LPN did not report for her shift. Staff and agency nurses did not respond to the call for replacement. No licensed nurse reported to duty on the Annex A hall of the facility between 11:35 PM and 7:00 AM. The facility failed to follow its stated practice for replacing staff in case of call-ins or "no call, no shows". The Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), and Staff Development Coordinator (SDC) were aware of the staffing problem. The On-Call SDC failed to report to duty related to "limitations". The facility's failure to provide administrative oversight and supervision to ensure sufficient nursing staff to provide supervision, care and services placed residents on the South Unit at risk, and in a situation likely to cause serious injury, serious impairment, serious harm, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) on 2/02/24, which began on 1/27/24, when the facility failed to ensure sufficient licensed nurse was present to provide necessary nursing services. On 2/02/24 at 12:20 PM, the SA informed the Nursing Home Administrator of the Immediate Jeopardy (IJ) and provided the facility with the IJ Templates. The facility submitted an acceptable Removal Plan on 2/02/24 at 9:52 pm, in which the facility alleged all corrective actions to remove the IJ and SQC were completed on 2/02/24 and the IJ was removed as of 2/03/24. The SA validated the Removal Plan on 2/03/24	F 835	Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 2.The facility determined that each of the 146 residents has the potential to be affected. 3.On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the		

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F 835	Continued From page 115 and determined the IJ was removed on 2/03/24, prior to exit. Therefore, the scope and severity for CFR 483.12(a)(1) Abuse and Neglect (F 600), was lowered from a "J" to a "D" while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Record review of the facility policy titled, "Staffing, Sufficient and Competent Nursing", reviewed 3/2023, revealed, "Policy Statement: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans ...Minimum staffing requirements imposed by the state ...are not necessarily considered a determination of sufficient and competent staffing." A record review of the "Job Description: Facility Administrator", dated March 2017, revealed "Basic Function: Responsible for the overall management ...of the facility ...Supervisory Responsibilities: The Administrator supervises the Director of Nursing ...Essential Functions and Responsibilities: Operations ...Ensures that the quality and appropriateness of resident care meets or exceeds company and industry standards and ensures compliance with state and federal legal, regulatory, accreditation and reimbursement guidelines. Record review of facility "Daily Staffing Sheet" revealed no licensed staff was on duty for the	F 835	five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. 4.Beginning 2/19/2024, the Staff Development Coordinator will audit the daily staffing sheets weekly for the upcoming week for twelve (12) weeks to monitor for any gaps in qualified nursing staff and will report those gaps to the Administrator, Director of Nursing, and Regional Nurse Consultant to ensure proper nursing levels at all times. A report will be submitted to the Quality Assurance Performance Improvement on 3/13/2024 for review and recommendations then monthly for three (3) months. The Regional Nurse Consultant is responsible for monitoring and compliance.		

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F 835	Continued From page 116 Annex A hall of the facility from 11:35 PM on 1/27/24 through 7:00 AM on 1/28/24. During an interview with the ADON on 2/1/24 at 4:00 PM, he stated that it is the facilities practice that the "Registered Nurses (RN) take a call rotation and come in and work the medication cart if someone called in and coverage could not be found." In an interview with the Administrator on 2/2/24 at 10:00 AM, she stated that she was not aware that there was no nurse for Annex Cart A from 11:00 PM until 7:00 AM on 1/28/24. In an interview on 2/2/24 at 10:20 AM, with the Staff Development Coordinator she stated that on 1/27/24 at 7:49 PM she received a text from Licensed Practical Nurse #1(LPN) notifying her that the night nurse had called in. The SDC stated she text the Administrator, DON, and ADON at 7:55 PM. She stated that she then sent a text out to nurses to attempt to get the shift covered, but no one was available. The SCD stated that she notified the Administrator, DON, and ADON that there was no coverage. The SDC stated that no one accepted the shift from the agency website. During a further interview with the SDC she verified that she was the RN on call for 1/27/24, but that she is on light duty and cannot push a medication cart. She stated that she was only on call as a supervisor to attempt to find coverage for call ins. In a telephone interview with the DON on 2/2/24 at 10:45 AM, she stated that she received a phone call at 8:00 PM on 1/27/24, notifying her that the 7:00 AM to 7:00 PM nurse for the Annex had called in. The DON stated that she asked the	F 835			

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F 835	Continued From page 117 SCD if she had reached out to all of the nurses that normally worked and the SCD told her that she had but no one could pick up the shift. The DON further stated that she had fallen asleep and reached back out at 10:55 PM to the SCD asking what the plan for that cart was. She stated that the SCD told her that no one had responded to the shift posted on the agency website and that LPN #1 left. The DON stated she reached back out to the SCD around 1:27 AM but there was still no nurse. The DON stated that at some point the ADON had informed her that he was out town and could not cover the shift. The DON stated that she was also out of town and could not cover the shift. The DON stated that she knew the SDC was the nurse on call and if the on-call nurse cannot find coverage then they are to come in and work the cart. The DON stated that she was aware of the SDC's medical restrictions but did not think about the SDC's limitations when she was notified there was no nurse for the Annex A hall. She stated that she did not think about needing someone to cover for her or the ADON due to them being out of town, or the SDC related to her medical restrictions. The facility submitted an acceptable Removal Plan for the IJ. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ: Brief Summary of Events On 1/27/2024 the facility did not have a licensed practical nurse from 11:00 PM to 7:00 AM on Annex cart A. During this time fourteen (14) of twenty-five (25) residents were identified as not receiving the 6:00 AM medication dose. On 1/28/2024 an investigation was initiated by the Director of Nursing. Licensed Practical Nurse #1	F 835			

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F 835	Continued From page 118 assigned to Annex Cart B stated that she rounded on the twenty-five (25) residents that resided on Annex Cart A but did not administer the 6 AM medications. As a result of this investigation medication error reports were initiated and orders were received from the Nurse Practitioner to omit the 6 AM dose and continue the regular dosing schedule and monitor the fourteen (14) residents for any adverse effects. Corrective Actions - On 01/28/2024 at approximately 9:00 A.M. The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 am medications. fourteen (14) residents were identified as missing one or more medications at 6 am on 1/28/24. - On 1/28/2024 at 9:00 A.M., the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00pm to 7:00 am. - On 01/28/2024 at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications. No adverse events were found. - On 1/28/2024 at approximately 11:35 A.M. the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications.	F 835			

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F 835	Continued From page 119 5. On 1/28/2024 at approximately 1:00 P.M. the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. 6. On 1/29/2024 at approximately 9:30 A.M. the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. 7. On 1/29/2024 at approximately 10:30 A.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 held Ad hoc Quality Assurance Performance Improvement Meeting to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 8. On 02/02/2024 at approximately 3:30 P.M. Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. 9. On 02/02/2024 at approximately 4:00 P.M. Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed	F 835			

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F 835	Continued From page 120 administration of medications and the lack of nursing supervision. No adverse events found. 10. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. 11. On 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff will be allowed to return to work without completing. 12. On 2/2/2024 at 5:15 P.M. Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision. No adverse effects found. 13. On 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing	F 835			

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F 835	Continued From page 121 supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 14. On 2/2/2024 at 5:30 P.M. the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. 15. On 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects due to the lack of nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 P.M. 16. On 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. 17. Beginning 02/02/2024 at approximately 6:00 P.M. the Interim Director of Nursing began Competency skills check offs on licensed nurses regarding the five rights of medication administration. 18. On 2/2/2024 at 6:30 P.M. the Minimum Data Set (MDS) nurse received education on developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement.	F 835			

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F 835	Continued From page 122 19. On 2/2/2024 at 6:30 P.M. the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. 20. On 02/02/2024 at 7:00 P.M. Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 held a Quality Assurance Performance Improvement Meeting to include notification of Immediate Jeopardy to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. 21. On 2/2/2024, in-services were initiated, and no staff will be able to work until receiving in-service. 22. Facility is alleging that all activities to remove the Immediate Jeopardy were completed as of 02/02/2024 and the Immediate Jeopardy was removed 02/03/2024. Validation On 2/3/24, the SA surveyor validated through staff interview, resident interview, record review, sign-in sheets, and in-service reviews that the facility had implemented the following measures to remove the Immediate Jeopardy (IJ): The SA verified through record reviews, and staff	F 835			

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NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(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 835	Continued From page 123 interviews that on 01/28/2024, The Director of Nursing conducted an Audit on all residents residing on Annex Cart A to identify the residents that missed 6 AM medications. fourteen (14) residents were identified as missing one or more medications at 6 AM on 1/28/24. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Infection Preventionist initiated facility-based incident reporting on the fourteen (14) residents identified as missing one or more medications on 1/27/2024 from 11:00 PM to 7:00 AM. The SA verified through record reviews, and staff interviews that on 01/28/2024, at approximately 10:42 A.M. Registered Nurse (RN) #1 initiated assessments on the fourteen (14) residents that were missing one or more medications for any adverse events associated with the missing medications and that adverse events were found. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Registered Nurse #1 initiated the notification to the responsible parties and the Nurse Practitioner (NP) of the fourteen (14) residents with missing medication. Orders were obtained from the Nurse Practitioner (NP) for the fourteen (14) identified residents with missing medications. The SA verified through record reviews, and staff interviews that on 1/28/2024, the Staff Development Coordinator reviewed the staffing schedules for licensed nurses to ensure adequate licensed staff was present on each shift to meet resident needs. The SA verified through record reviews, and staff	F 835			

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F 835	Continued From page 124 interviews that on 1/29/2024 the Director of Nursing initiated the medication error reports on fourteen (14) identified residents who missed medications on 1/28/2024 at 6 A.M. The SA verified through record reviews, and staff interviews that on 1/29/2024 a Quality Assurance Performance Improvement meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2, and Registered Nurse Supervisor #1 to include assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, staff, and resident interviews that on 02/02/2024, a Resident Council Meeting was held with the Activity Director, Resident Council President, and 31 total resident members were present to inform them the facility received six (6) Immediate Jeopardies for no nursing supervision on 1/27/2024 from 11:00 P.M. to 7:00 A.M. on Annex Cart A resulting in missed medications. The SA verified through record reviews, and staff interviews that on 02/02/2024, the Nurse Practitioner (NP) initiated the assessments of the twenty (25) residents that resided on Annex Cart A for any adverse events related to missed administration of medications and the lack of nursing supervision with no adverse events found.	F 835			

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F 835	Continued From page 125 The SA verified through record reviews, and staff interviews that on 02/02/2024, the Staff Development Coordinator initiated education with all licensed nurses on the five rights of medication administration with ongoing and off going narcotic counts, obtaining keys and accountability of maintaining those keys, and accepting responsibility of the medication cart. No staff will be allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 02/02/2024 beginning at 4:30 P.M. Staff Development Coordinator initiated education with all staff to include Certified Nursing Assistants, Licensed nurses, housekeeping staff, business office staff, therapy staff, dietary staff, and administrative staff on Abuse and Neglect, Resident Rights, Vulnerable Adult Act, Reporting Requirements, Adequate Staffing, and Notification of the Staff Development Coordinator, Director of Nursing and Administrator when significant events in the facility occur. No staff was allowed to return to work without completing. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Registered Nurse Supervisor #1, Registered Nurse Supervisor #2, and Registered Nurse #3 begin assessing the remaining Eleven (11) of the twenty (25) residents for adverse effects related to lack of nursing supervision with no adverse effects found. The SA verified through record reviews, and staff interviews that on 02/02/2024 at approximately 5:15 P.M. the Assistant Director of Nurses #2 contacted the Nurse Practitioner (NP) and orders for labs were obtained and lab draws were	F 835			

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F 835	Continued From page 126 initiated by Registered Nurse Supervisor #3 and Registered Nurse Supervisor #4 to ensure no abnormalities due to missed medications and lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Interim Director of Nursing and the Assistant Director of Nursing #2 initiated facility-based incident reports on the eleven (11) remaining residents that resided on Annex cart A on 1/27/2024 from 11:00 P.M. to 7:00 A.M. due to lack of nursing supervision. The SA verified through record reviews, and staff interviews that on 02/02/2024 at 5:30 P.M. the Minimum Data Set (MDS) nurse-initiated care plans on the twenty-five (25) residents that resided on Annex Cart A to include monitoring for adverse reactions to missed medication dose and the monitoring of any adverse effects. The SA verified through record reviews, and staff interviews that on 2/2/2024 at 5:45 P.M. the Registered Nurse Supervisor #1 notified the responsible parties for the remaining eleven (11) residents that resided on Annex cart A of the incident that occurred 1/27/2024 relating to the lack of nursing supervision from 11:00 P.M. to 7:00 A.M. The SA verified through record reviews, and staff interviews that on beginning 02/02/2024. The Interim Director of Nursing began competency skills check offs on licensed nurses regarding the five rights of medication administration. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Minimum Data Set (MDS) nurse received education on	F 835			

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F 835	Continued From page 127 developing and implementing a comprehensive person-centered care plan, and the timeliness of the resident person-centered care plan by the Regional Case mix reimbursement. The SA verified through record reviews, and staff interviews that on 2/2/2024 the Administrator and the Director of Nursing received education on proper Abuse and Neglect reporting, investigation guidelines following the state and federal regulations by the Corporate Clinical Specialist. The SA verified through record reviews, and staff interviews that on 02/02/2024 a Quality Assurance Performance Improvement Meeting was held with the Medical Director, Administrator, Director of Nursing, Infection Preventionist, Assistant Director of Nursing #1, and Assistant Director of Nursing #2 to address the notification of Immediate Jeopardy and to review steps initiated to prevent any further reoccurrence including assessments, audits of missed medications, plans to monitor for adverse effects, ensuring adequate staffing, care plan development, timely reporting, and ensuring the proper communication channels are followed in regards to staffing issues or significant events by notification of Staff Development Coordinator, Director of Nursing and Administrator. The SA verified through record reviews, and staff interviews that on, in-services were initiated, and staff on duty has received the in-services. The SA validated on 2/3/24, that all corrective actions had been taken by the facility to remove the IJ during the survey on 2/2/24 and the IJ was removed on 2/3/24.	F 835			