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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 11/3/24 through 11/6/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M 225, M 500, M 610, M 625 and M 1570. The census at the time of the survey was 61 and the facility is licensed for 91 beds.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or	M 225		12/19/24

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M 225	Continued From page 1 more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on staff interviews, record review, and facility policy review, the facility failed to ensure sufficient weekend nursing staffing for the 3rd quarter Payroll-Based Journal (PBJ) report for one (1) of three (3) quarters reviewed and failed	M 225	No residents suffered any adverse effects due to this deficient practice. All residents has the potential to be affected due to this deficient practice. On 11/22/2024 the Administrator will educate Human Resource Director,	

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M 225	Continued From page 2 to ensure sufficient minimum requirements for nursing staff based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours for one (1) of 14 days of staffing numbers reviewed. Findings include: Record review of the facility policy titled "Staffing" with a revised date of April 2007 revealed, " ... 1. Our facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met." Record review of the Staffing Grid for 10/20/24 - 11/3/24 revealed on 10/26/24 the staff to resident ration was 2.66. Record review of "PBJ Staffing Data Report CASPER Report 1705D FY (Fiscal Year) Quarter 3 2024 (April 1-June 30)", revealed "Excessively Low Weekend Staffing-Triggered. Triggered=Submitted Weekend Staffing data is excessively low." An interview on 11/04/24 at 10:00 AM, the Assistant Director of Nurses (ADON) revealed she is responsible for staff development and scheduling. She revealed she was not employed as the ADON during the 3rd quarter dates of April-June 2024 but worked part-time for the facility. She revealed that the facility had an issue maintaining enough staff for the weekends during that time and confirmed that after she reviewed the weekend staffing for the third (3rd) quarter, it was due to low staffing. She revealed that they now have agency staffing to help ensure they are adequately staffed. During an interview on 11/05/24 at 1:45 PM,	M 225	Director of Nursing, and Assistant Director of Nursing on Facility policy on Staffing to ensure facility maintains adequate staffing on each shift to ensure that residents need and services are met. On 11/22/2024 Human Resources Director will conduct 100% audit of all employee payroll hours and agency invoices to ensure hours are calculated and accurate to Payroll Based Journal. Starting on 06/20/2024 The Facility began utilizing two staffing agencies to fill positions with call ins or for time off requests. Starting 11/25/2024, the Assistant Director of Nursing and Director of Nursing will review schedule to ensure adequate staffing levels are obtained. This will be completed two times per week for twelve weeks. On 11/20/2024 staff will be educated on Facility's Time and Attendance Policy, the facility has a Policy to issue disciplinary actions when employees call out without sufficient notice or documentation. Those disciplinary actions can be write ups and or termination. On 11/25/2024 and going forward the Human Resources Director will email the Administrator, DON, and ADON with staffing PPD levels to ensure we are adhering to state guidelines. On 11/25/2024, Human Resources Director will conduct audit of payroll hours monthly times three months to ensure hours are correct. Starting on 11/25/2024 The Administrator will verify findings to ensure accuracy times twelve weeks. Any adverse findings will be presented to the facility Quality Assurance meeting on 12/18/2024 for review and action as indicated times twelve weeks.	

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M 225	Continued From page 3 Human Resources (HR) confirmed the PBJ for the third quarter of 2024 was entered accurately. She revealed we were running low on staffing due to excessive call-ins and staff either clocking in late or out early. She stated that she is responsible for inputting the direct care hours into the dashboard and then submits to the corporate office. In an interview on 11/06/24 at 9:25 AM, the Administrator revealed she became the Administrator at the end of May 2024, and started working on ensuring they were adequately staffed to care for their residents. She revealed that they now have agency staff on board while actively trying to hire staff and feels like the staffing issue has improved with the help of the agency staff.	M 225		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;	M 500		12/19/24

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M 500	Continued From page 4 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff	M 500		

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M 500	Continued From page 5 and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic	M 500		

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M 500	Continued From page 6 purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.	M 500		

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M 500	Continued From page 7 This Statute is not met as evidenced by: Based on record reviews, observations, and staff interviews, the facility failed to protect resident's rights for three (3) of 22 sampled residents. Resident #16, #44, and #58. Findings Include: Record review of facility policy titled, " Residents' Rights" revealed "Residents Rights Under Federal Law. The facility shall protect and promote the rights of each resident, including each of the following rights: 1. The resident has a right to a dignified existence, self-determination, communication with an access to persons and services incident and outside the facility...The resident has a right to be free from any physical restraints imposed or psychoactive drugs administered for the purpose of discipline or convenience and not required to treat the resident's medical symptoms." Record review of the facility policy titled "Advanced Directives" with a revision date of 8/11 revealed under, "Policy Interpretation and Implementation: 1. Prior to or upon admission of a resident to our facility, the Social Services Director or designee will provide written information to the resident concerning his/her right to make decisions concerning medical care including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives." Resident #16 On 11/3/24 at 5:28 PM, during a continuous observation, Resident #16 was observed in bed as Certified Nursing Assistant (CNA) #8 delivered	M 500	Resident #16 suffered no ill effects from this deficient practice. On 11/22/2024 Certified Nursing Assistant #8 will be provided an in-service/education by the Director of Nursing to ensure that each resident that requires assistance with eating will have their meals delivered and assistance provided at the same time their room-mate that requires no assistance receives their meal tray. Resident #58 suffered no ill effects from this deficient practice. On 11/02/2024 the Social Worker and Director of Nursing immediately went to Resident #58 and interviewed him regarding his decision on his advanced directive. Resident #58 decided to remain a full code.Resident #44 suffered no ill effects from this deficient practice. On 11/15/2024, Hospice Representative removed the full bed rails from resident #44 bed. On 11/07/2024 the Director of Nursing contacted Resident #44 Responsible Party to get permission to add half bed rails. The care plan was then updated to reflect this change and the Maintenance Director added Resident #44 to the bed rail inspection checklist. All residents that require asssistance with their meal tray have the potential to be affected by this deficient practice. On 11/20/2024, the Assistant Director of Nursing educated all nursing staff on ensuring that the dignity of all residents that require assistance with meals is maintained and that their meal trays will be delivered and they will be assisted at	

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M 500	Continued From page 8 a meal tray to his room, placing it on the overbed table positioned against the wall and out of the resident's reach. The tray remained covered as CNA #8 exited the room without assisting Resident #16. She then delivered the meal tray to Resident #16's roommate, setting it up for the roommate to eat before leaving the room. Upon exiting, she informed Resident #16 that someone would be in shortly to assist him. Nursing staff were observed walking past the room but did not enter to assist Resident #16. At 5:34 PM on 11/3/24, Registered Nurse (RN) #1 entered the room and began assisting Resident #16 with his meal. She confirmed that Resident #16 could not feed himself and required assistance from the staff. She agreed that CNA #8 should have assisted Resident #16 when she brought the meal tray into the room, rather than leaving it and setting up the roommate's meal. She acknowledged that this could make the resident feel that his needs were not being prioritized. In an interview with CNA #8 on 11/3/24 at 5:40 PM, she explained that as long as the food remains covered, they usually leave the tray in the room and wait for someone to assist the resident. She mentioned that she was assigned to the room but was not specifically tasked with assisting Resident #16 with eating assistance, stating that no one is assigned specifically to assist residents; instead, staff members assist residents as they see the need. She confirmed she was aware that Resident #16 required assistance with eating. An interview on 11/4/24 at 2:00 PM, with Licensed Practical Nurse (LPN) #2 indicated that the facility has a list of residents who require assistance with	M 500	the same time as their roommate or table mate. All residents that have advanced directives could be affected by this deficient practice. On 11/22/2024 the Administrator will educate the Social Worker and Admissions Nurse on ensuring that all cognitive residents have the opportunity to participate in and sign their own advanced directives. All residents that require bed rails could be affected by this deficient practice.A 100% review of all residents that have restraint orders will be conducted by the facility Assistant Director of Nursing on 11/22/2024 to ensure that all bed rails used are appropriate for the resident and all assessments, orders and consents are in place. The Assistant Director of Nursing will educate all nursing staff on Resident Rights ensuring that all residents that have side rails have a restraint assessment conducted and consents signed and care planned. A 100% review of all residents care plans for bed side rails will be conducted by the Director of Nursing on 11/22/2024. A 100% review of all residents that require assistance with eating was conducted by the Assistant Director of Nursing on 11/05/2024. Starting on 11/22/2024, The Assistant Director of Nursing will monitor meal times two times per week for twelve weeks to ensure that all residents that require assistance with eating have their meal trays delivered at the same time as their roommate or table mate. A 100% review of all residents that have advanced directives will be conducted by the facility Social Worker on 11/22/2024. Starting on	

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M 500	Continued From page 9 eating to inform staff. She stated that while no staff member is specifically assigned to assist residents with eating, all nursing staff are responsible for passing trays and assisting residents requiring help when delivering the tray. In a follow-up interview on 11/4/24 at 2:05 PM, the Director of Nursing (DON) verified that all nursing staff are responsible for passing trays and, when bringing a tray into the room of a resident who requires assistance, they are expected to assist the resident at that time rather than leaving the tray unattended. She agreed that CNA #8 should not have set up the roommate's meal while leaving Resident #16's tray without assistance, acknowledging this as a dignity concern. Record review of the "Admission Record" revealed that the facility admitted Resident #16 on 6/6/14 with a diagnosis of Multiple Sclerosis. Record review of the Quarterly Minimum Data Set Assessment (MDS) with an Assessment Reference Date of 9/25/24 revealed, under Section GG Functional Abilities and Goals, Resident # 16 is dependent for eating. Resident # 44 During an observation on 11/03/24 at 3:35 PM, Resident #44 was observed in bed with full side rails (side rails extending the length of the bed) on both sides. In an interview on 1/4/24 at 1:12 PM, Certified Nursing Assistant (CNA) #3 stated that she did not know why Resident #44 had full side rails on his bed.	M 500	11/22/2024 The Social Worker will monitor all cognitive residents advanced directives once per week for twelve weeks to ensure the cognitive residents was provided the opportunity to participate in and sign their own advanced directives.Starting on 11/25/2024 The Director of Nursing will monitor all residents two times per week for twelve weeks to ensure all residents are free from restraints or have restraint assessments conducted and signed. Starting on 11/22/2024, The Director of Nursing will monitor meal times one time per week for twelve weeks to ensure residents that require assistance with eating have their dignity maintained during meal times. Any adverse findings will be brought to the facility Quality Assurance meeting on 12/18/2024 for review and action as indicated times twelve weeks. Starting 11/22/2024, the Care Plan Nurse will monitor one resident per week for twelve weeks to ensure the cognitive resident has participated in and signed their own advanced directives and it is care planed. Any adverse findings will be brought to the facility Quality Assurance meeting on 12/18/2024 for review and action as indicated times twelve weeks.Starting on 11/25/2024 The Care Plan Nurse will monitor one resident per week for twelve weeks to ensure all restraint orders are care planned. Any adverse findings will be brought to the facility Quality Assurance meeting on 12/18/2024 for review and action as indicated times twelve weeks.	

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M 500	Continued From page 10 During an interview on 1/4/24 at 1:17 PM, with a Licensed Practical Nurse (LPN) #1, she stated that Resident #44 has had full side rails for approximately two weeks. She noted that the full side rails were implemented to prevent the resident from getting out of bed, as he had previously used half (1/2) side rails but was climbing out. She mentioned that she contacted hospice to request full side rails, which have been in place since then. In an interview on 1/4/24 at 2:12 PM, the Director of Nursing (DON) verified that Resident #44's bed had full side rails extending the length of the bed on both sides and confirmed that the resident has a history of attempting to get out of bed. She acknowledged that the side rails act as a restraint, preventing the resident from getting out of bed. A review of Resident #44's "Order Summary" revealed an order for "Bilateral 1/2 Side Rails to Assist with Turning and Positioning" with an onset date of 6/10/24. A review of the "Assessments" for Resident #44 revealed no documentation of a side rail or restraint assessment. A review of Resident #44's medical record indicated no consent for the use of the full side rails on the resident's bed. In a follow-up interview with the DON on 11/5/24 at 8:05 AM, she confirmed that Resident #44 did not have a side rail or restraint assessment, consent, or physician orders for full side rails on both sides of the bed. She stated that consent should have been obtained from the resident's representative and that education regarding side	M 500		

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M 500	Continued From page 11	M 500		

rail use should have been provided. Additionally, she acknowledged that an assessment should have been conducted to ensure the full side rails were safe for the resident.

Record review of the "Admission Record" revealed that the facility admitted Resident #44 on 7/12/22 with a diagnosis of Dementia.

Resident # 58

Record review of the "Advanced Directive Form" for Resident #58 revealed a family member signed the form dated 4/23/24, with no signature from the resident.

An interview with Resident #58 on 11/4/24 at 1:20 PM revealed, when he admitted to the facility, he did sign his advanced directives form and explained that no one had spoken to him regarding his code status. He revealed he felt it was important that he make his own decisions because he might not feel the same way as his family members.

An interview with Social Services (SS) #1 on 11/4/24 at 1:40 PM confirmed, Resident #58 did not sign his own advanced directive form. She revealed if a resident was cognitive and able to sign it, they should because the residents have a right to self-determination.

An interview with the Director of Nursing (DON) on 11/5/24 at 7:59 AM revealed Resident#58 was cognitive and could make his own health care decisions. She confirmed he should have been allowed to sign his own advanced directive form, ensuring his wishes were honored.

Record review of the Quarterly Minimum Data Set

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M 500	Continued From page 12 (MDS) with an Assessment Reference Date (ARD) of 10/14/24 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #58 was cognitively intact. Record review of the "Admission Record" revealed the facility admitted Resident #58 on 4/23/24 with a medical diagnosis that included Nontraumatic Intracranial Hemorrhage.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews and record review, the facility failed to provide assistance with Activities of Daily Living (ADL) care to maintain hygiene as evidenced by: Resident # 9, # 17, #58 were observed with long jagged fingernails and Resident #12 was observed with unkept and greasy hair and an unkept beard for four (4) of 61 residents reviewed for ADL care. Residents #9, #12, #17 and #58.	M 610	Residents #9, #12, #17, and #58 suffered no ill effects from this deficient practice. On 11/04/2024 Residents #9, #17, and #58 nails were trimmed by the Treatment Nurse with assistance from Certified Nursing Assistant. The Care Plan Nurse added PRN nail care to care plan for residents #9, #17 and #58. On 11/04/2024 the Treatment Nurse also assessed those residents and all other residents with weekly skin audits. On 11/04/2024 Resident #12 was transferred from bed to	12/19/24

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M 610	Continued From page 13 Findings Included: Record review of a statement on facility letterhead, undated, and signed by the Administrator revealed "We do not have a direct policy ADLs." Resident #9 An observation on 11/03/24 at 2:30 PM revealed, Resident #9 lying in bed with long jagged nails on both hands, measuring approximately three-eighths (3/8) inch in length past the tips of the fingers with a brown substance underneath. An observation and interview with the Director of Nursing (DON) on 11/4/24 at 1:10 PM, confirmed Resident #9's nails were long and had a brown substance underneath. She revealed the treatment nurse was responsible for cutting and cleaning the residents' nails. She explained the facility did not have a task set up for the residents to get nail care on a routine basis. The DON revealed the long nails, and the brown substance underneath could cause an infection if the resident scratched herself. Record review of the "Admission Record" revealed the facility admitted Resident #9 on 12/13/13 with medical diagnoses that included Dementia, unspecified. Resident #12 An observation on 11/03/24 at 3:15 PM, revealed Resident #12's hair was unkept and greasy in appearance and his beard/facial hair was unkept and disheveled. An observation on 11/04/24 at 8:00 AM, revealed	M 610	wheelchair and received shower, shampoo, and shave. All residents could be affected by this deficient practice. A 100% review of all residents nails to be trimmed, facial hair groomed, showers, and hair to be shampooed, will be conducted by the Assistant Director of Nursing on 11/22/2024. On 11/22/2024 the Assistant Director of Nursing will educate all Nursing staff on proper hygiene care for all residents to maintain the dignity of each resident. Starting 11/22/2024, the Treatment Nurse will monitor all residents two times per week for twelve weeks to ensure all residents are receiving the proper hygiene care to maintain the dignity of each resident. Starting 11/25/2024, the Director of Nursing will monitor one resident per week for twelve weeks to ensure all residents are receiving the proper hygiene care to maintain the dignity of each resident. Any adverse findings will be brought to the facility Quality Assurance meeting on 12/18/2024 for review and action as indicated times twelve weeks.	

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M 610	Continued From page 14 Resident #12's appearance was the same as the previous observation on 11/3/24 at 3:15 PM. In an observation of Resident #12 with Licensed Practical Nurse (LPN) #1 on 11/04/24 at 12:55 PM, she revealed that Resident # 12's hair appeared very oily and unkept, his face appeared oily, and his facial hair appeared unkept, and he needed to be shaved. She also revealed that Resident #12 had a strong body odor that was related to the need for a bath and good personal hygiene care. She stated that concerns from not bathing/shaving the resident could lead to dandruff build-up and skin concerns. In an interview with the DON on 11/05/24 at 7:15 AM, she revealed that staff failing to provide needed ADL care like bathing and grooming could lead to skin issues. Review of the "Admission Record" revealed the facility admitted Resident #12 on 12/15/21 with diagnoses that included Epilepsy. Record review of Resident #12's Section GG: Self-Care of the MDS with an ARD of 9/25/24 was coded as dependent for personal hygiene. Resident #17 An observation on 11/03/24 at 2:44 PM, revealed Resident #17 fingernails were untrimmed and approximately (one) 1 inch in length past the tips of the fingers and jagged in appearance. In an observation of Resident #17 with LPN #1 on 11/04/24 at 12:50 PM, she confirmed Resident #17's fingernails on both hands were long and jagged. She stated that the nails being long and jagged could cause skin concerns such as	M 610		

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M 610	Continued From page 15	M 610		

breakdown.

In an interview with the DON on 11/05/24 at 3:20 PM, she revealed staff not cutting the resident's nails could lead to skin concerns.

Review of the "Admission Record" revealed the facility admitted Resident #17 on 9/11/15 with diagnoses that included Contractures to right and left hands.

Record review of Resident #17's Section GG: Self-Care of the MDS with an ARD of 8/22/24 was coded as dependent for personal hygiene.

Resident #58

An observation and interview on 11/03/24 at 3:11 PM, with Resident #58 revealed, long nails on both hands that measured approximately one-half (1/2) inch in length. The resident stated he was a diabetic and would like to have his nails cut because he does not like them long.

An observation and interview with LPN #1 on 11/4/24 at 1:04 PM, confirmed Resident #58 had long fingernails. She revealed the resident was a diabetic and his nails must be cut by a nurse. LPN #1 revealed the nail care task was not set up to prompt staff to cut nails, and explained the facility did not have anyone who went around regularly to do nail care. She confirmed the resident could scratch himself or the staff.

Record review of the "Admission Record" revealed Resident #58 was admitted to the facility on 4/23/24 with diagnoses that included Type 2 Diabetes Mellitus.

Record review of the Quarterly MDS with an ARD

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M 610	Continued From page 16 of 10/14/24 revealed, under section C, a Brief Interview for Mental for Status (BIMS) summary score of 15, which indicated Resident #58 was cognitively intact.	M 610		
M 625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review and facility policy review, the facility failed to provide the services needed for a resident to maintain and/or improve their level of range of motion (ROM) and mobility for four (4) of 32 residents reviewed for positioning and mobility. (Resident #17, # 19, #22, and #39). Findings include: Record review of facility policy titled " Resident Mobility and Range of Motion" with a revision date of 7/2017 revealed "Policy Statement, 1. Residents will not experience an avoidable reduction in range of motion (ROM). 2. Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM. 3. Residents with limited will receive appropriate services, equipment and assistance to maintain or improve mobility unless a reduction in mobility is unavoidable." Resident #17	M 625	On 11/04/2024 the Occupational Therapist evaluated residents #17, #19, #22 and #39 for passive range of motion to prevent worsening of contractures. On 11/05/2024 the Care Plan Nurse updated the care plans for residents #17, #19, #22, and #39 to reflect Range of Motion for contractures. All residents with limited range of motion have the potential to be affected by this deficient practice. On 11/26/2024, the Director of Clinical Services will provide in-service education to the Certified nursing assistants and nurses regarding providing the services needed for a resident to maintain and or improve their level of range of motion. The Assistant Director of Nursing starting on 11/26/2024 will check off Nurses and CNA's on range of motion to ensure we are providing range of motion for residents who require said service. Starting on 11/25/2024 The Care Plan nurse will monitor Physician orders five times a	12/19/24

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M 625	Continued From page 17 An observation on 11/03/24 at 2:44 PM revealed Resident #17 to have a right and left-hand contracture with no device in place. In an observation of Resident #17 with Licensed Practical Nurse (LPN) #1 on 11/04/24 at 12:50 PM, she confirmed that Resident #17's left and right hands were contracted. A record review of the "Order Summary Report" for Resident # 17 revealed there were no orders for services for the right- and left-hand contractures. A record review of the "Task Report" for November 2024 for Resident # 17 revealed there was no documentation of services to be provided to the right and left-hand contractures. In an interview with the Occupational Therapist (OT) on 11/4/24 at 3:04 PM, he verified Resident #17 had contractures to bilateral hands. He stated that Resident #17 would benefit from ROM exercises to possibly prevent worsening of the contractures. In an interview with Certified Nurse Assistant (CNA) #1 on 11/04/24 at 3:13 PM, she revealed she was assigned to Resident #17, and confirmed she did not do any exercises or range of motion to his contracted hands. An interview with the Director of Nursing (DON) on 11/05/24 at 3:30 PM, revealed that staff not providing ROM to the contracted hands could lead to worsening of the contractures. In an interview with CNA #2 on 11/05/24 at 8:15 AM, she revealed she was assigned to Resident #17, and confirmed she did not do any exercise	M 625	week for twelve weeks to ensure care plans are developed for range of motion in an effort to prevent contractures. Starting on 11/25/2024, The Director of Nursing will monitor three residents three times a week times twelve weeks for signs and symptoms of developing contractures, range of motion, and to ensure care plans have been developed for range of motion. Any adverse findings will be brought to the facility Quality Assurance meeting on 12/18/2024 for review and action as indicated times twelve weeks.	

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M 625	Continued From page 18	M 625		

or ROM to his hands. She revealed they used to have a restorative program, but no longer have it right now.

Record review of the "Admission Record" revealed the facility admitted Resident #17 on 9/11/15 with a diagnosis of Contracture to Right and Left Hand.

Record review of Resident #17's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/22/24 Section GG: 0115 functional limitation in range of motion was coded impairment on both sides of the upper and lower extremities

Resident #19

On 11/3/24 at 4:00 PM, an observation and interview with Resident # 19 revealed that the resident had limited ROM to first through fourth fingers of the left hand at the first finger joints. Resident #19 stated he did not receive ROM exercises or braces.

Record review of Resident #19's Electronic Medical Record (EMAR) revealed no documentation of that Resident #19 received ROM exercises or bracing.

On 11/4/24 at 3:00 PM, an interview with OT verified Resident #19 had contractures at first finger joints of 1st through 4th fingers of left hand. He stated that the resident would benefit from ROM exercises and could have possibly prevented the contractures.

During an interview with CNA #10 on 11/4/23 at 3:23 PM, she stated that Resident #19 is dependent for all care and cannot help at all. She

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stated that Resident #19 has contractures to his fingers and his legs, but she does not perform any type of ROM on the resident.

Record review of the "Admission Record" revealed the facility admitted Resident #19 on 1/14/19 with a diagnosis of Multifocal Motor Neuropathy.

Record review of the Quarterly MDS with an ARD of 9/24/24, section GG, Functional Limitation in ROM revealed Resident # 19 had impairments to upper and lower extremities on one side.

Resident #39

On 11/03/24 at 4:07 PM, an observation of Resident # 39, revealed Resident #39 had limited ROM of both arms with no braces or splints in use.

Record review of "OT Plan of Care", dated 11/4/24 for Resident #39 revealed "Exacerbation of BUE (bilateral upper extremity) AROM (Active Range of Motion).

During an interview on 11/4/24 at 8:51AM, Resident #39's Representative stated the resident did not have contractures on admission and he had never received therapy and/or bracing.

In an interview on 11/4/24 at 3:02 PM, the OT verified Resident #39 had contractures of his bilateral elbows. He stated that the resident would benefit from ROM exercises and bracing elbows and that ROM could have possibly prevented the contractures.

On 11/4/23 at 3:24 PM, during interview CNA #10 stated that Resident # 39 is dependent for all care

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and cannot help at all. She stated that Resident #39 had contractures to his arms and his legs, but she does not perform any type of ROM on the resident.

Record of the "Admission Record" revealed the facility admitted Resident #39 on 3/18/22 with a diagnosis of Disorders of Bone Density and Structure.

Record review of the Annual MDS with an ARD of 8/22/24, section GG, Functional Limitation in ROM revealed Resident # 39 had impairment to upper and lower extremities on both sides.

Resident #22

An observation of Resident #22 on 11/03/24 at 3:15 PM, revealed the resident lying in bed with his left arm drawn toward his chest. The resident was observed to be unable to move it on command.

An interview with the OT on 11/4/24 at 2:50 PM, revealed Resident #22 was not receiving any therapy services related to the contracture and explained that he knew it had been a year since he had. He revealed the resident would benefit from passive range of motion (PROM) to prevent worsening of the contracture.

An interview with the DON on 11/4/24 at 3:10 PM, revealed that the facility did not have a restorative nursing program.

An interview with CNA #9 on 11/4/24 at 3:25 PM, revealed Resident #22 was able to move his arms by himself, so she did not do any exercises with him. She revealed the resident kept one of his legs bent and would holler out when it was

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M 625	Continued From page 21 moved. An interview with the DON on 11/05/24 at 3:20 PM, revealed that not providing PROM to Resident #22 could lead to worsening contractures. An interview with CNA #7 on 11/6/24 at 9:25 AM, revealed that she did not perform exercises with Resident #22 during daily care and confirmed it was not set up on the task for them to do. Record review of the "Resident Care Kardex" for Resident #22 revealed there was not a task set up for PROM. Record review of the MDS with an ARD of 8/30/24 revealed under, section GG, Resident #22 had upper and lower extremity impairment on one side. Record review of the "Admission Record" revealed the facility admitted Resident #22 on 6/29/23 with a medical diagnosis that included Hemiplegia and hemiparesis following Cerebral Infarction affecting the left non-dominant side. .	M 625		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an	M1570		12/19/24

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M1570	Continued From page 22 effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, record review, staff interview and facility policy review the facility failed to prevent the possibility of the spread of infection during wound care for one (1) of two (2) treatments observed. Resident # 11. Findings Included: Record review of facility policy titled, " Enhanced Barrier Precautions Checklist" revised January 2012 revealed " ...Policy Interpretation and Implementation 1. Staff shall apply Enhanced Barrier Precautions to the care of all residents in high contact care activities regardless of	M1570	On 11/11/2024, the Treatment Nurse was educated by the Director of Clinical Services on the facility policy of Pressure Ulcer Treatment and Enhanced Barrier Precautions procedures. No residents suffered any ill effects from this deficient practice. On 11/05/2024 Resident #11 was assessed by Registered Nurse with no ill effects noted. All residents with wounds have the potential to be affected by this deficient practice. Starting 11/22/2024, Assistant Director of Nursing educated Treatment Nurse on the	

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M1570	Continued From page 23 suspected or confirmed presence of infectious disease ..." Record review of facility policy titled "Pressure Ulcer Treatment" revised September 2013, revealed " ... Steps in the Procedure 1. Clean bedside stand. Establish a clean field. 2. Place the clean equipment on the clean field ...7. Put on clean gloves. Loosen tape and remove soiled dressing. 8. Pull glove over dressing and discard into plastic or biohazard bag. 9. Wash and dry your hands thoroughly ...14. Put on clean gloves .... 16. Cleanse the wound with the ordered cleanser. Use a syringe to irrigate the wound, if ordered. If using gauze, use a clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward) ..." Record review of November 2024 Electronic Treatment Record (ETAR) revealed Resident # 11 had a Stage four (4) pressure ulcer to the right heel with a treatment to clean with wound cleanser, pat dry, apply Collagen with non-boarded super absorbent dressing and wrap with Kerlix and secure with tape daily. Observation of wound care for Resident #11 on 11/5/24 at 10:15 AM, performed by the Treatment Nurse (TN) revealed she failed to perform hand hygiene before gathering wound care supplies after propelling another resident down the hall in a wheelchair. The TN placed the wound care supplies (gloves, dermal wound cleanser bottle, scissors, collagen powder, abdominal pad and gauze packages) on top of the treatment cart without a barrier or cleaning the top of the cart. After entering the resident's room, the TN placed the wound care supplies and open gloves on an overbed table noted to be soiled with a clear	M1570	facility policy of Pressure Ulcer Treatment and Enhanced Barrier Precautions to ensure proper barriers and proper hand hygiene are utilized. All staff will be in-serviced on Infection Control and Enhanced Barrier Precautions on 11/26/2024. Starting on 11/25/2024, the Assistant Director of Nursing will observe Wound Care Nurse completed treatments two times a week times twelve weeks to ensure all residents with wounds have proper barrier, gloves, and proper hand hygiene during treatment. Any adverse findings will be brought to the facility Quality Assurance meeting on 12/18/2024 for review and action as indicated times twelve weeks.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	42PM	A. BUILDING: _____ B. WING _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M1570	Continued From page 24 substance without cleaning the table or placing a barrier on the table. The TN washed her hands and applied the gloves that had been sitting on the soiled overbed table. She then removed the old dressing and discarded it and began cleaning the wound without performing hand hygiene or changing gloves. She cleaned the wound by wiping over the wound bed with the same four by fours (4x4) four (4) times in a circular motion. Next, she discarded the soiled 4x4's and used a clean 4x4 to pat wound dry and began applying collagen to wound bed using a clean 4x4 , applied a clean 4x4, abdominal pad , gauze and secured the dressing with tape without removing soiled gloves or perform hand hygiene. The TN also failed to follow Enhanced Barrier Precautions (EBP) during wound care. Upon exiting the resident's room, the TN placed the contaminated dermal wound cleanser bottle and scissors on top of the treatment cart then placed them inside cart without sanitizing them. During an interview on 11/5/24 at 10:20 AM, the TN agreed that she contaminated wound care supplies by placing them on top of treatment cart and on the soiled overbed table without cleaning them or providing a barrier. She agreed that she used gloves that had been contaminated by the soiled overbed table, cleaned wound by wiping over the wound bed with the same 4x4 four (4) times, failed to remove soiled gloves and perform hand hygiene after removing the old dressing and before applying collagen & dressing, placed the dermal wound cleanser and scissors on top of the treatment cart then placed them inside cart without sanitizing them and did not follow EBP while performing wound care. She verified that this failure placed the resident at risk for infection. An interview with the Assistant Director of	M1570		

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M1570	Continued From page 25 Nursing/Infection Preventionist (ADON/IP) on 11/5/24 at 10:25 AM, she verified that the treatment nurse's failure to follow infection control practices during wound care placed the resident at risk for infection. Record review of the "Admission Record" revealed that the facility admitted Resident # 11 on 3/19/14 with a diagnoses that included Pressure ulcer of right heel, Stage 4 and Hemiplegia and Hemiparesis following Cerebral Infarction affecting the right dominant side.	M1570		