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	255271	A. BUILDING _____ B. WING _____	02/02/2023

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility on 1/30/23 through 2/2/23. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F-679 and F-849. The facility held a license for 80 beds with a census of 71.	F 000		
F 679 SS=E	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and interviews, the facility failed to implement an ongoing resident centered activities program that engages the residents in meaningful activities that are individualized and customized for 13 of the 13 residents on the Memory Care Unit. Findings include: A review of the facility's policy titled, "Life Connections Program," policy, with revision date of May 04,2021, revealed, "Policy: The Life	F 679	1. On 2/15/23, the Activities Director was educated by the Assistant Administrator/Administrator regarding resident centered activities program that engages the residents in meaningful activities that are individualized and customized for 13 of the 13 residents on the Memory Care Unit. The Activities Director was also educated on the importance of posting the monthly calendar with appropriate activities for the Memory Care Unit. All residents on the	3/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/20/2023

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F 679	Continued From page 1 Connections Program is based on the comprehensive assessment (Life Story), care plan, and the preferences of each resident to support his or her choice of activities both facility sponsored group and individual activities as well as independent activities. It is designed to meet the interest of and support the physical, mental, and psychosocial well-being of each resident encouraging both independence and interaction in the community ...Procedures: Life Connections Program should be designed as an ongoing resident centered activities program that incorporates the resident's interests, hobbies, and cultural preferences which is fundamental to maintaining and/or improving a resident's physical, mental, and psychosocial well-being and independence ... Specialized activities will be available for residents with cognition impairment and/or intellectual disabilities that are meaningful, failure free, and meets their interests ..." The State Agency (SA) made morning observations on 1/30/23, 1/31/23, and 2/1/23 between 8 AM and 10 AM and in the afternoon between 1 PM and 3 PM of residents on the Memory Care Unit (MCU). During the observations, the SA did not observe individual, or group activities being conducted on the unit. Residents were observed walking back and forth on the unit hallway, sitting in chairs or wheelchairs in the day room slumped over with their heads and necks toward the floor, sitting in the dayroom with their backs toward the television, and lying in their beds. Observation and interview on 1/31/23 at 1:00 PM,with Certified Nurse Aide (CNA) #5 as she was coming out of a resident room, she commented that one of the resident's had told her	F 679	Memory Care Unit Care Plans were assessed and updated with correct person centered activities on 2/15/23. The Interdisciplinary Team (IDT) met and discussed the updated person-centered activities Care Plans on 2/16/23. 2. All residents without person centered Care Plans on the Memory Care Unit have the potential to be affected by the deficit practice cited. 3. An audit was initiated on 2/15/23 by the Minimum Data Set (MDS) nurses for all residents' activities Care Plans for the Memory Care Unit. Any necessary revisions were reported to the Activities Director and were updated on 2/16/23. The Assistant Administrator performed an audit on the Memory Care Unit residents Care Plans on 2/20/23 to ensure person centered activities Care Plans were up-to-date, in place, and the appropriate calendar posted in the Memory Care Unit. Any findings were corrected and addressed with the Activities Director for further education. 4. The Activities Director will audit two Memory Care Unit residents Activities Care Plans weekly beginning 2/15/23 for accuracy and timeliness times four weeks. The Administrator or Assistant Administrator shall review the Memory Care Unit calendar monthly beginning 2/24/23. Any of the following Assistant Administrator, Administrator, MDS nurses, social services director, human resources manager/business office manager, customer relations/admissions director, medical records director, director of nursing, assistant director of nursing, or	

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F 679	Continued From page 2 that she had been bird watching out the window and it had been amazing. The CNA stated that the Activity staff had not been on the unit for bird watching or any other activities today. Record review of a copy of the Activity Calendar, provided by the Activity Director, revealed on 1/31/23, at 1:00 PM, Smokers/Leg Steps were scheduled and at 2:00 PM, the Month Birthday Party was scheduled. There were no activities taking place on the MCU at these times. On 1/31/23 at 2:00 PM, during an interview with the Activities Director, she explained that she tries to do activities on the MCU about four (4) times a day, seven (7) days a week. The Director stated that she gives the residents options to choose from and tries to do different crafts. On 2/1/23 at 10:00 AM, during an interview with CNA #3, she revealed that the Activities Director had been on the MCU changing the Activity Board that morning. The CNA explained she has rarely seen activities done on the unit. In an interview with Registered Nurse (RN) #3 on 2/1/23 at 11:00 AM, she explained she has not seen activities done with any of the residents on the MCU this morning. The nurse revealed occasionally, someone from the Activities Department will take some of the resident outside, but activities on the unit are not consistent. On 2/1/23 at 1:20 PM, during an observation and interview with the Activity Director, residents were observed in the day room with the Activity Director. She stated that residents had just played Bingo. Review of the January Activity	F 679	Memory Care Unit nurse will observe activities on the Memory Care Unit daily, beginning on 2/15/23 times four weeks. The IDT will review two Memory Care Unit resident's Care Plan's weekly beginning 2/16/23 for appropriate resident centered activities, updates, revisions, and completeness times four weeks. This will be an ongoing process. Findings shall be presented monthly beginning 3/9/23 to Quality Assurance Performance Improvement (QAPI) for review, revision, or resolution of the plan times three months.	

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Calendar provided by the Activity Director had "Happy Hour" scheduled for 1:00 PM and "Bingo" scheduled for 2:00 PM. The Activity Director explained that "Happy Hour" is when residents have cocktails and snacks. However, no residents were observed drinking or eating snacks.

On 02/2/23 at 1:10 PM, during an interview with Activity Assistant #2, she revealed that she has only been on the MCU for a little while on 02/01/23 and today. She explained "Heavenly Hash" was on the calendar for today, but she didn't know what that was and just painted some of the resident's fingernails. The Assistant revealed that on 1/31/23, the facility had the monthly birthday party on the long term care (LTC) area of the facility and three (3) female residents from the MCU attended, but no activities were provided on the MCU for the other residents.

On 2/2/23 at 2:00 PM, during an interview with Director of Nursing (DON), she reported she has never received an Activity Calendar for the facility. She explained she has observed activities in the LTC dining room including Bingo, Music, Bands, and Dance Groups. She explained sometimes some of the residents on the MCU will come off the unit and attend the big activities in the LTC dining room, but not all residents on the MCU unit are able to attend. Hospice companies will also come and do activities in the LTC dining room but not the MCU unit. She confirmed the activities have not been consistent on the MCU. The DON confirmed the activities on the MCU unit should be appropriate for the MCU residents and not the same activities as the LTC unit.

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F 679	Continued From page 4 On 2/2/23 at 02:40 PM, during an interview with Assistant Administrator, he confirmed the facility had only one (1) Activity Calendar for the month of January 2023. He revealed that the MCU did not have its own Activity Calendar and he is concerned the activity needs for the residents on the MCU unit have not been met. He confirmed the activities should be appropriate for Alzheimer's and Dementia residents and should not be the same activities as the residents of LTC.	F 679		
F 849 SS=D	Hospice Services CFR(s): 483.70(o)(1)-(4) §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of	F 849		3/10/23

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the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:
(A) The services the hospice will provide.
(B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter.
(C) The services the LTC facility will continue to provide based on each resident's plan of care.
(D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.
(E) A provision that the LTC facility immediately notifies the hospice about the following:
(1) A significant change in the resident's physical, mental, social, or emotional status.
(2) Clinical complications that suggest a need to alter the plan of care.
(3) A need to transfer the resident from the facility for any condition.
(4) The resident's death.
(F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.
(G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.
(H) A delineation of the hospice's responsibilities, including but not limited to, providing medical

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direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.
(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.
(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.
(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.

§483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State

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scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.
The designated interdisciplinary team member is responsible for the following:
(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.
(ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.
(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.
(iv) Obtaining the following information from the hospice:
(A) The most recent hospice plan of care specific to each patient.
(B) Hospice election form.
(C) Physician certification and recertification of the terminal illness specific to each patient.
(D) Names and contact information for hospice personnel involved in hospice care of each patient.
(E) Instructions on how to access the hospice's 24-hour on-call system.
(F) Hospice medication information specific to each patient.
(G) Hospice physician and attending physician (if any) orders specific to each patient.
(v) Ensuring that the LTC facility staff provides

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F 849	Continued From page 8 orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents. §483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews, and facility policy review, the facility failed to ensure that the facility's designated Hospice Coordinator coordinated care that was provided by the hospice service and the facility for one (1) of one (1) sampled hospice residents. Resident #9 Findings include: A record review of the facility's policy titled, "Hospice," dated January 5, 2004, revealed "Policy Statement: It is the policy of this facility to ensure that all aspects of the hospice resident's care are coordinated to ensure that needs are met, and to ensure that resident and/or family have adequate end-of-life care provided ... 5. Resident's care will be coordinated between facility's staff, hospice staff, resident's physician, and hospice medical director (as indicated)." On 1/31/23 at 9:00 AM, during an interview with Certified Nurse Aide (CNA) #1, she explained she has been Resident #9's hospice CNA for several	F 849	1. On 2/17/23, the Hospice Coordinator/Social Services Director (HC/SS) was educated by the administrator/assistant administrator to ensure that coordinated care is provided by "local hospice company" and then communicated to the proper facility staff. The HC/SS communicated with "local hospice company" supervisory staff providing education to their staff members servicing Liberty Community Living Center (LCLC) residents for proper/accurate documentation; placed timely in the resident's hospice chart located at LCLC. The HC/SS communicated to "local hospice company" supervisory staff to ensure "local hospice company" staff members communicate with LCLC Administrator, Director of Nursing, Assistant Director of Nursing, HC/SS director, floor nurse responsible for resident receiving hospice services, to ensure continuity of care for LCLC residents.	

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F 849	Continued From page 9 months. The CNA revealed (Formal Name) Hospice is considering discharging the resident from hospice services next week, as the resident has not had a decline in health since being admitted to hospice services. On 2/1/23 at 3:00 PM, during an interview with the interim Director of Nursing (DON), she explained she does not know who the Hospice Coordinator is for the facility, as she has only been in her position at the facility since October 2022. Record review of the Hospice chart for Resident #9 revealed there has been no documentation regarding hospice visits since 12/7/22. Record review of the information gathered during the Entrance Conference revealed, Social Services was the designated Hospice Coordinator. On 2/1/23 at 03:15 PM, during an interview with Social Services #1, she explained she has been at the facility since March 2022, and has helped with hospice by making referrals once the physician and family decide that a referral is appropriate for a resident. She commented that she was not familiar with the hospice information regarding Resident #9, as the resident was sent to the hospital and returned to the facility receiving hospice services. Social Services #1 revealed Hospice staff does not report to her when they visit hospice residents, and she has never received information regarding hospice care provided to residents. She stated that Hospice has been invited to Resident #9's care plan meetings, but they have never attended. As far as being the facility Hospice Coordinator,	F 849	2. Resident #9 has the potential for harm due to the deficient practice cited. 3. Weekly audits were initiated on 2/15/23 by the HC/SS for all hospice residents' charts located at LCLC. Any missing documentation will be requested and placed on the resident's charts at LCLC upon next hospice visit or sent via email/fax to the HC/SS and placed in hospice chart. 4. The HC/SS will audit one hospice chart weekly beginning 2/15/23 for accuracy and timeliness of documentation times four weeks. This will be an ongoing process. Findings presented to Quality Assurance Performance Improvement (QAPI) monthly beginning 3/9/23 for review, revision, or resolution of the plan times three months.	

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Social Services #1 stated that she was unaware that she was responsible for coordinating care provided by the hospice service and the facility for residents receiving hospice care.

On 2/1/23 at 4:00 PM, during an interview with the Assistant Administrator, he explained he was aware there was a lack communication between the facility and Hospice staff regarding Resident #9. However, he revealed he didn't realize that Hospice had neglected to ensure their nurses notes were up to date and that they were considering discharging Resident #9 from their services until today when the State Agency (SA) mentioned it to him. The Assistant Administrator confirmed the Social Services employee is the facility's designated Hospice Coordinator, however, the facility doesn't have a job description for the Hospice Coordinator that lists the specific job responsibilities. He also revealed that evidently Hospice isn't aware of whom they are supposed to communicate with, as he has learned that when the Hospice Nurse/Registered Nurse (RN) #1 visited Resident #9 today, she had a facility CNA sign off on her visit. He stated that was unacceptable, as the Hospice staff must report to management.

On 2/2/23 at 11:00 AM, during a phone interview with RN #1, she explained she has been working with Resident #9 since the end of November 2022. The nurse revealed when she has seen Resident #9, she would see a nurse or CNA who takes care of the resident and would report any changes she had identified to them, prior to leaving the facility. She confirmed she had seen Resident #9 yesterday and saw a CNA who signed her visit form. She also confirmed that Resident #9 is being discharged from Hospice

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services, as she no longer meets criteria for hospice services. RN #1 stated yesterday afternoon following her visit with Resident #9, she informed the Assistant Administrator that Hospice had decided to discharge the resident from their services.

A record review of the "Admission Record" for Resident #9 revealed, the facility admitted the resident to the facility on 11/12/21, with diagnoses that included of Type 2 Diabetes Mellitus, Acute Kidney Failure, Hypertension, and Dementia.

A record review of the Quarterly Minimum Data Set (MDS,) with an Assessment Reference Date (ARD) of 12/2/22, of Resident #9 Section O revealed, the resident had received Hospice Care.

A record review of the "Order Summary Report," for Resident #9 revealed, "... active orders as of 2/2/23 ... Clarification order: resident admitted to (Formal Name of Hospice Service) services 07/08/2022..."