

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

PRINTED: 01/26/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/19/2022
NAME OF PROVIDER OR SUPPLIER KAW RIVER CARE AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 750 BLAKE STREET EDWARDSVILLE, KS 66111		
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F 000	INITIAL COMMENTS	F 000			
F 582 SS=D	The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 01/26/22. Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the	F 582			

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

TITLE

(X6) DATE

01/26/2022

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 582	Continued From page 1 facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents with three reviewed for Beneficiary Notices. Based on record review and interview, the facility failed to provide a completed "Centers for Medicare Services" (CMS) "Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage" (SNF ABN) 10055 form to include estimated daily skilled service cost for three of three samples residents (or their representatives), Resident (R) 2, R8, and R17. This placed the residents (or representatives) at risk to make uninformed decisions for their Medicare skilled services. Findings included: - The "Medicare Advanced Beneficiary Notice (ABN)" informed the beneficiary that Medicare may not pay future skilled therapy services and	F 582			

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F 582	Continued From page 2 provided a cost estimate of continued services. The form included option for the beneficiary to (1) receive specified therapy listed, and bill Medicare for an official decision on payment. I understand if Medicare does not pay, I am responsible for payment, but can appeal Medicare. (2) receive therapy listed, but do not bill Medicare, I am responsible for payment for services. (3) I do not want the listed therapy services. The facility lacked documentation R2 had been provided with "CMS-10055" form when the resident skilled services ended 07/22/21, which informed the resident (or representative) the estimated cost of skilled services if an appeal to Medicare was denied, leaving the resident responsible for payment of skilled services. The facility lacked documentation R8 had been provided with "CMS-10055" form when the resident skilled services ended 11/02/21, which informed the resident (or representative) the estimated cost of skilled services if an appeal to Medicare was denied, leaving the resident responsible for payment of skilled services. The facility lacked documentation R17 had been provided with "CMS-10055" form when the resident skilled services ended 12/20/21, which informed the resident (or representative) the estimated cost of skilled services if an appeal to Medicare was denied, leaving the resident responsible for payment of skilled services. On 01/19/22 at 12:04 PM, Administrative Nurse E verified she provided R2, R8, and R17 and/or their representatives the CMS-10055 form, which lacked estimated daily skilled services amount.	F 582			

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F 582	Continued From page 3 On 01/19/22 at 01:15 PM, Administrative Nurse D verified the CMS-10055 form should include the estimated cost of daily Medicare Skilled Services. The facility failed to provide a "Beneficiary Notice Requirement" policy upon request. The facility failed to provide R2, R8, and R17 "CMS-10055" form which lacked estimated daily Medicare Skilled services cost upon discharge, placing the residents (or representatives) at risk to make uninformed decisions for their Medicare skilled services.	F 582			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a	F 655			

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F 655	Continued From page 4 comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 40 residents, with one reviewed for baseline care plan. Based on observation, record review, and interview, the facility failed to develop a baseline care plan for one sampled resident, Resident (R) 89, who was a new admission. This placed R89 at risk for inappropriate care. Findings included: - The "Electronic Medical Record (EMR)" for R89 recorded diagnoses of hypertension (high blood pressure) and hypothyroidism (condition characterized by hyperactivity of the thyroid gland).	F 655			

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F 655	Continued From page 5 R89's "EMR" recorded the resident was admitted to the facility on 01/10/22. R89's "EMR" lacked documentation a baseline care plan was developed upon admission to the facility. On 01/13/22 at 03:30 PM, observation revealed R89 lying in bed watching television. On 01/18/22 at 10:00 AM, Administrative Nurse D verified a baseline care plan had not been developed for R89 at time of admission and stated the admitting charge nurse was responsible to complete the baseline care plan. On 01/19/22 at 08:45 AM, Licensed Nurse (LN) M stated when the facility received a new admission the Minimum Data Set Coordinator was responsible for developing the baseline care plan. On 01/19/22 at 10:32 AM, Certified Nurse Aide (CNA) N stated she asked the nurse how to care for the resident when there was a new admission and had not looked at a care plan. The facility's "Care Plan Baseline" policy, dated April 2021 documented a baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight hours of admission. The baseline care plan would be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary care plan. The facility failed to develop a baseline care plan for R89, placing her at risk for inappropriate care.	F 655			
F 661 SS=D	Discharge Summary	F 661			

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F 661	Continued From page 6 CFR(s): 483.21(c)(2)(i)-(iv) §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). (iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 12 residents, with one resident reviewed for discharge. Based on observation, record review, and interview, the facility failed to complete a discharge summary for Resident (R) 36 that included a recapitulation (a concise summary of the resident's stay and course of	F 661			

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F 661	Continued From page 7 treatment in the facility) summary of the resident's stay in the facility. This placed R36 at risk for miscommunication or interruption in the continuum of care. Findings included: - R36's medical record revealed the resident admitted to the facility on 09/29/21. The "Admission Minimum Data Set" (MDS), dated 10/12/21, documented R36 had intact cognition and required limited assistance of one staff for bed mobility, transfers, toileting and extensive assistance of one staff for personal hygiene. The MDS documented ambulation did not occur during the lookback period and R36 expected to be discharged to the community. The "Discharge Care Plan," dated 10/04/21, directed staff to make arrangements with required community resources to support independence, establish a pre-discharge plan with R36 and her family, evaluate progress and revise the plan when changes occurred. The "Admission Nurse's Note," dated 09/29/21 at 11:41 AM, documented R36 was admitted due to a recent incident with her lumbar spine (part of the spine from the chest to the sacrum), had therapy orders, and was alert and oriented. The "Nurse's Note," dated 11/06/21 at 02:21 PM, documented R36 was discharged from the facility. The "Nursing Discharge Instructions," dated 11/06/21, lacked a summary of R36's overall wellness, to include significant changes identified	F 661			

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F 661	Continued From page 8 throughout the assessment process, and current condition at the time of discharge. On 01/18/22 at 03:28 PM, Administrative Staff A verified a recapitulation summary was not completed for R36. The facility's "Discharge Summary and Plan" policy, dated May 2021, documented a discharge summary and post discharge plan would be developed to assist the resident to adjust to his/her new living environment. The policy further stated the discharge summary would include a recapitulation of the resident's stay at the facility. The facility failed to develop a discharge summary for R36 that included a recapitulation summary of the resident's stay in the facility.	F 661			
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 12 residents, with six reviewed for activities of daily living (ADLs). Based on observation, record review, and interview, the facility failed to provide bathing services for six sampled residents, Resident (R)9, R21, R30, R137, R33, and R17. This placed the residents at risk for poor hygiene. Findings included:	F 677			

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F 677	Continued From page 9 - The "Electronic Medical Record (EMR)" for R9 recorded diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), psychosis (any major mental disorder characterized by a gross impairment in reality testing), and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness). R9's "Five Day Minimum Data Set" (MDS), dated 10/30/21, documented R9 had intact cognition and required limited assistance of one staff for transfers, personal hygiene, and toileting. The MDS further documented R9 required extensive assistance of one staff for bathing. The "ADL Care Area Assessment" (CAA), dated 07/30/21, documented the resident required supervision to extensive assistance of one staff for ADLs and was able to make his needs known. The "ADL Care Plan," dated 10/29/21, directed staff to provide the resident with a sponge bath when a full bath or shower could not be tolerated, provide the resident with short, simple instructions, and required one staff assistance for bathing and prefers that his daughter bathes him. The "November 2021 Bathing Record" documented R9 requested showers twice a week and documented the resident without a bath or shower during the following days: 11/17/21 -11/27/21 (11 days) The "December 2021 Bathing Record" documented R9 requested showers twice a week and documented the resident without a bath or shower during the following days:	F 677			

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F 677	Continued From page 10 12/1/21-12/31/21 (31 days) The "January 2022 Bathing Record" documented R9 requested showers twice a week and documented the resident without a bath or shower during the following days: 01/03/22-01/16/22 (14 days) On 01/13/22 at 12:51 PM, observation revealed R9 had on a jacket and red pants that had dried food stains on them. On 01/13/22 at 02:00 PM, R9 stated he had not received his showers as requested and would like for this surveyor to investigate this problem. On 01/18/22 at 09:00 AM, Certified Nurse Aide (CNA) M stated if the resident refused three times, the charge nurse talked to the resident and the resident signed a refusal sheet. CNA M further stated sometimes there were not enough staff to assist with showers. On 01/19/22 at 08:34 AM, Licensed Nurse (LN) M stated if the resident refused, she would talk with the resident to see if there was anything that could be done to change the resident's mind and if the resident refused three times, the sheet was given to the Director of Nursing for documentation in the resident's chart. On 01/19/22 at 01:00 PM, Administrative Nurse D verified the facility did not have a bath aide but if a resident had not received a shower on their assigned day, the resident would be placed on a list and given to the restorative aide to complete. Administrative Nurse D further stated the resident received showers and felt there was a lack of documentation.	F 677			

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F 677	Continued From page 11 The facility's "Quality of Life, Activities of Daily Living" policy, dated November 2017, documented the staff assisted the residents in maintaining and or achieving independent functioning, dignity, and well-being. The policy further documented a resident who was unable to carry out adls received the necessary care and services to maintain good nutrition, grooming, and personal hygiene. The facility failed to provide bathing for R9, placing the resident at risk for poor hygiene. - R21's "Physician Order Sheet" (POS), dated 11/29/21, documented the resident had diagnoses of mood disorder (a category of mental health problems, feeling sadness, helplessness, and guilt), vascular dementia (a decline in thinking skills caused by conditions that block or reduce blood flow to various regions of the brain), delusional disorder (a belief or altered reality that is persistently held despite evidence or agreement to the contrary), and hemiplegia (paralysis of one side of the body). R21's "Quarterly Minimum Data Set" (MDS), dated 11/23/21, documented the resident had moderately impaired cognition and required limited assistance of one staff for transfers, dressing and ambulation. The MDS further documented bathing did not occur during the look back period. The "Activities of Daily Living (ADL) Care Plan," dated 11/09/21, directed staff to trim the resident's nails on bath day, provide short simple instructions, required extensive assistance of one to two staff for bathing, and preferred his family to	F 677			

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F 677	Continued From page 12 assist with shaving. The "November 2021 Bathing Record" documented R21 without a bath or shower during the following days: 11/11/21-11/21/21 (11 days) The "December 2021 Bathing Record" documented R21 without a bath or shower during the following days: 12/07/21-12/31/21 (25 days) The "January 2022 Bathing Record" documented R21 without a bath or shower during the following days: 01/01/22-01/17/22 (17) On 01/13/22 at 10:30 AM, observation revealed the resident in bed with his eyes closed. On 01/18/22 at 09:00 AM, Certified Nurse Aide (CNA) M stated if the resident refused three times, the charge nurse talked to the resident and the resident signed a refusal sheet. CNA M further stated sometimes there were not enough staff to assist with showers. On 01/19/22 at 08:34 AM, Licensed Nurse (LN) M stated if the resident refused, she would talk with the resident to see if there was anything that could be done to change the resident's mind and if the resident refused three times, the sheet was given to the Director of Nursing for documentation in the resident's chart. On 01/19/22 at 01:00 PM, Administrative Nurse D verified the facility did not have a bath aide but if a resident had not received a shower on their assigned day, the resident would be placed on a	F 677			

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F 677	Continued From page 13 list and given to the restorative aide to complete. Administrative Nurse D further stated the resident received showers and felt there was a lack of documentation. The facility's "Quality of Life, Activities of Daily Living" policy, dated November 2017, documented the staff assisted the residents in maintaining and or achieving independent functioning, dignity, and well-being. The policy further documented a resident who was unable to carry out adls received the necessary care and services to maintain good nutrition, grooming, and personal hygiene. The facility failed to provide bathing for R21, placing the resident at risk for poor hygiene. - R30's "Physician Order Sheet" (POS), dated 11/29/21, documented the resident had diagnoses of schizophrenia (a psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness). The "Annual Minimum Data Set" (MDS), dated 12/16/21, documented the resident had moderately impaired cognition and required supervision of one staff for dressing and personal hygiene. The MDS further documented bathing did not during the look back period. The "Activities of Daily Living (ADL) Care Area	F 677			

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F 677	Continued From page 14 Assessment" (CAA), dated 12/16/21, documented the resident was alert and oriented, could make his needs known, and required supervision to limited assistance with ADLs. The "ADL Care Plan," dated 12/16/21, directed staff to encourage the resident to take showers or baths and use positive reinforcement by offering snacks, treats, and soda. The "November 2021 Bathing Record" documented R30 without a bath or shower during the following days: 11/07/21-11/30/21 (24 days) The "December 2021 Bathing Record" documented R30 without a bath or shower during the following days: 12/09/21-12/31/21 (23 days) The "January 2022 Bathing Record" documented R30 without a bath or shower during the following days: 01/01/22-01/17/22 (17 days) On 01/13/22 at 10:15 AM, observation revealed R30 had on jeans and a jacket with stains on it. On 01/18/22 at 09:00 AM, Certified Nurse Aide (CNA) M stated if the resident refused three times, the charge nurse talked to the resident and the resident signed a refusal sheet. CNA M further stated sometimes there was not enough staff to assist with showers. On 01/19/22 at 08:34 AM, Licensed Nurse (LN) M stated if the resident refused, she would talk with the resident to see if there was anything that could be done to change the resident's mind and	F 677			

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F 677	Continued From page 15 if the resident refused three times, the sheet was given to the Director of Nursing for documentation in the resident's chart. On 01/19/22 at 01:00 PM, Administrative Nurse D verified the facility did not have a bath aide but if a resident had not received a shower on their assigned day, the resident would be placed on a list and given to the restorative aide to complete. Administrative Nurse D further stated the resident received showers and felt there was a lack of documentation. The facility's "Quality of Life, Activities of Daily Living" policy, dated November 2017, documented the staff assisted the residents in maintaining and or achieving independent functioning, dignity, and well-being. The policy further documented a resident who was unable to carry out adls received the necessary care and services to maintain good nutrition, grooming, and personal hygiene. The facility failed to provide bathing for R30, placing the resident at risk for poor hygiene. - R137's "Physician Order Sheet" (POS), dated 01/03/22, documented diagnoses of fracture of part of neck of right femur, mild cognitive impairment, muscle weakness and generalized anxiety disorder. The "Minimum Data Set" (MDS), dated 01/10/21, was in progress and had not been completed due to the recent admission date of 01/03/22. The "Baseline Care Plan," dated 01/04/22,	F 677			

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F 677	Continued From page 16 documented the resident would have their bath at their preferred time and type. The care plan documented R137 preferred an evening shower. The "Progress Note," dated 01/05/22, documented R137 preferred to be bathed before bed so had been added to the shower schedule on Tuesday and Friday evening shift. Review of the "Bathing Record" from 01/03/22 to 01/18/22 revealed R137 received a shower on 01/17/22, 15 days after admission to the facility. On 01/18/22 at 02:36 PM, observation revealed R137 sat in his wheelchair and he stopped several staff and requested something to drink. On 01/19/22 at 08:56 AM, Licensed Nurse (LN) G stated the nurse was to notify the charge nurse if a resident refused bathing. LN G stated the charge nurse would assess why the resident had refused bathing and try to find ways to make the bathing more comfortable for the resident. If the resident continued to refuse to bathe, the Director of Nursing (DON) was to be notified of the refusal. On 01/19/22 at 01:29 PM, Administrative Nurse D verified the nurse aides gave the baths. She stated if a resident refused to bathe, the nurse aides were to approach the resident again about bathing and notify the charge nurse if the resident continued to refuse. Administrative Nurse D stated the charge nurse would assess why the resident refused bathing and tried to find a solution for bathing the resident. The facility's "Activities of Daily Living" policy, dated May 2021, documented residents whom	F 677			

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F 677	Continued From page 17 are unable to carry out activities of daily living receive necessary care and services to maintain good nutrition, grooming and personal and oral hygiene. The resident or representative refuse care are informed and/or educated of the benefits and risks of not accepting such interventions. The policy further directs staff to document substitute intervention that were tried with consent or refused. The facility failed to provide R137 with his preferred two evening showers a week, placing the resident at risk for poor hygiene. - R33's "Physician Order Sheet" (POS), dated 11/29/21, documented diagnoses of bipolar polar disorder (major mental illness that caused people to have episodes of severe high and low moods), dementia (progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance, major depressive disorder (major mood disorder), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) disorder. The "Quarterly Minimum Data Set" (MDS), dated 12/23/21, documented R33 had moderately impaired cognition, and required physical help by one staff with part of bathing. The "Activity of Daily Living (ADL) Care Area Assessment" (CAA), dated 06/23/21, documented R33 required supervision to limited assistance with ADLs. The "Care Plan," dated 12/01/21, documented R33 was at risk for ADL self-care performance deficit related to dementia (progressive mental	F 677			

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F 677	Continued From page 18 disorder characterized by failing memory, confusion). The "Care Plan" directed staff to provide R33 with access to a bathroom and he could bathe independently. The "Care Plan" further directed staff to monitor ADL's for assistance and provide care as needed. Review of the "Bathing Record" from 11/20/21 to 01/18/22 revealed R33 bathed on the following dates: 11/20/21 12/04/21 (12 days between showers) 12/08/21 01/07/22 (29 days between showers) On 01/19/22 at 08:56 AM, Licensed Nurse (LN) G stated the nurse was to notify the charge nurse if a resident refused bathing. LN G stated the charge nurse would assess why the resident had refused bathing and try to find ways to make the bathing more comfortable for the resident. If the resident continued to refuse to bathe, the Director of Nursing (DON) was to be notified of the refusal. On 01/19/22 at 01:29 PM, Administrative Nurse D verified the nurse aides gave the baths. She stated if a resident refused to bathe, the nurse aides were to approach the resident again about bathing and notify the charge nurse if the resident continued to refuse. Administrative Nurse D stated the charge nurse would assess why the resident refused bathing and tried to find a solution for bathing the resident. The facility's "Activities of Daily Living" policy, dated May 2021, documented residents whom are unable to carry out activities of daily living receive necessary care and services to maintain	F 677			

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F 677	Continued From page 19 good nutrition, grooming and personal and oral hygiene. The resident or representative refuse care are informed and/or educated of the benefits and risks of not accepting such interventions. The policy further directs staff to document substitute intervention that were tried with consent or refused. The facility failed to bathe R33, placing the resident at risk for poor hygiene. - R17's "Physician Order Sheet" (POS), dated 01/05/22, documented diagnosis of pain, kidney failure, obesity, general weakness, mild cognitive impairment and need for assistance with personal care. The "Quarterly Minimum Data Set" (MDS), dated 11/27/21, documented the resident had moderately impaired cognition, required extensive to total dependency of one to two staff for activities of daily living (ADL). The "ADL Care Area Assessment" (CAA), dated 09/29/21, documented R17 required extensive to total assistance with personal hygiene and was at risk for ADL decline due to requiring extensive to total assistance with ADLs. The "ADL Care Plan," dated 12/16/21, documented R17 had an ADL self-care performance deficit related to activity intolerance and above the left knee amputation, dementia and fatigue. The care plan further documented the resident required extensive assistance of one to two staff for bathing and to provide a sponge bath when a full bath or shower was not wanted or could not be tolerated.	F 677			

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F 677	Continued From page 20 Review of the "Bathing Record" from 11/06/21 through 01/18/22 revealed R17 received a bath on the following dates: 11/06/21 11/16/21 (9 days between bath/shower) 11/27/21 (10 days between bath/shower) 12/04/21 (6 days between bath/shower) 12/14/21 (9 days between bath/shower) 12/25/21 01/01/22 (6 days between bath/shower) 01/18/22 (16 days between bath/shower) On 01/19/22 at 08:56 AM, Licensed Nurse (LN) G stated the nurse was to notify the charge nurse if a resident refused bathing. LN G stated the charge nurse would assess why the resident had refused bathing and try to find ways to make the bathing more comfortable for the resident. If the resident continued to refuse to bathe, the Director of Nursing (DON) was to be notified of the refusal. On 01/19/22 at 01:29 PM, Administrative Nurse D verified the nurse aides gave the baths. She stated if a resident refused to bathe, the nurse aides were to approach the resident again about bathing and notify the charge nurse if the resident continued to refuse. Administrative Nurse D stated the charge nurse would assess why the resident refused bathing and tried to find a solution for bathing the resident. The facility's "Activities of Daily Living" policy, dated May 2021, documented residents whom are unable to carry out activities of daily living receive necessary care and services to maintain good nutrition, grooming and personal and oral hygiene. The resident or representative refuse care are informed and/or educated of the benefits	F 677			

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F 677	Continued From page 21 and risks of not accepting such interventions. The policy further directs staff to document substitute intervention that were tried with consent or refused.	F 677			
F 726 SS=D	The facility failed to bathe R17, placing the resident at risk for poor hygiene. Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services 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)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents'	F 726			

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F 726	Continued From page 22 needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to ensure staff possessed the necessary skills and competencies necessary to assure the highest level of resident care when staff failed to assess or test Resident (R) 18 who had a change of condition and exhibited signs and symptoms of Covid (highly contagious and potentially fatal respiratory virus). This placed R18 at risk for unmet needs. Findings Included: - R18's "Physician Order Sheet" (POS), dated 11/26/21, included diagnoses of chronic respiratory failure with hypoxia (inadequate supply of oxygen), congested heart failure (a condition with low heart output and the body becomes congested with fluid), cardiac arrhythmia (rapid irregular heart beat), hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following cerebral infarction ((CVA) (stroke) - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) affecting right dominate hand, anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) disorder, and major depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness).	F 726			

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F 726	Continued From page 23 The "Quarterly Minimum Data Set" (MDS), dated 11/16/21, documented the resident had intact cognition, had physical behavioral symptoms directed toward other, had functional range of motion impairment of upper and lower extremities of one side, loss of liquids/solids from mouth when eating, and coughing and choking during meal time. The MDS further documented R18 received an antipsychotic (class of medications used to treat psychosis (any major mental disorder characterized by a gross impairment in reality testing) and other mental emotional conditions), antianxiety (- class of medications that calm and relax people with excessive anxiety, nervousness, or tension), antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression), and diuretic (medication to promote the formation and excretion of urine) daily. The "Care Area Assessment" (CAA), dated 03/29/21, recorded R18 was alert and orient, able to make his needs known, and required extensive to total care assistance of one to two staff. The "Care Plan," dated 11/26/21, documented R18 had altered cardiovascular status related to arrhythmia. The "Care Plan" directed staff to monitor, document, and report changes in lung sounds, chest pain, shortness of breath, and abnormal readings. The "Physician Order," dated 11/26/21, directed staff to monitor R18's temperature and oxygen saturation every day, and to evaluated for shortness of breath, cough, and sore throat every shift. The order further instructed staff to isolate R18 immediately and notify his physician if his temperature was greater than 100.4.	F 726			

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F 726	Continued From page 24 The "Progress Note," dated 01/06/22 at 03:58 PM, recorded R18's responsible party was informed that one staff and one resident tested positive for Covid on 01/05/22. On 01/12/22 at 11:31 AM, observation revealed R18 in the commons area, in a wheelchair. His eyes were closed, and he had a procedure mask half covering his lower lip and chin. R18 had moist secretions that rattled in the back of his throat while breathing, audible without a stethoscope. His skin color was pale. On 01/12/22 at 11:49 AM, Certified Nurse Aide (CNA) N, sat next to R18 in the dining room. CNA N attempted to wake R18 several times to eat his meal. R18 continued with moist secretions in his throat. CNA N reported R18 was very sleepy and had moist secretions in the back of his mouth which was new for the resident. CNA N then reported the change to the Licensed Nurse (LN) J. On 01/12/22 at 12:38 PM, observation reveal LN J came to the dining room with a stethoscope and listened to R18's anterior lung sounds. LN J stated R18 lungs sounded clear, and she would call the physician. On 01/13/22 at 10:22 AM, R18 sat in the dining room with his eyes closed, and a facial mask below his chin. He leaned over the left side of the arm rest. On 01/13/22 at 10:50 AM, observation revealed staff removed R18 from the dining room and wheeled him to his room.			F 726			

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NAME OF PROVIDER OR SUPPLIER KAW RIVER CARE AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 750 BLAKE STREET EDWARDSVILLE, KS 66111		
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F 726	Continued From page 25 On 01/13/22 at 12:38 PM, R18 sat in his wheelchair, in his room. He had his eyes closed and a facial mask half covering his mouth. Staff reported R18 had tested positive for Covid. On 01/18/22 at 03:05 PM, observation revealed R18 on the Covid unit. He sat in his wheelchair, slumped over the side the left side of the chair. He coughed loudly. Review of R18's clinical record revealed the medical record lacked documentation LN J notified the physician of R18 condition on 01/12/22. The medical record further lacked a respiratory or Covid focused assessment note for 01/14/22 and 01/16/22. On 01/18/22 at 08:53 AM, Administrative Staff A stated the residents should be tested if experiencing Covid symptoms which consisted of increased temperature, sore throat, decreased oxygen levels, any flu like symptoms, headache, cough or lethargy. She reported the staff were trained on the symptoms of Covid. On 01/19/22 at 11:30 AM, Administrative Nurse D verified LN J should have tested R18 when reported a change in the resident's condition as reported to her by CNA N on 01/12/22. The facility's "Staff Competency," policy dated May 2021, documents nursing staff will demonstrate competency in skills and techniques necessary to care for the resident's need as identified through residents' assessments, and resulting plans of care. Staff competency in change of condition will be provided for RN (Registered Nurse), LPN (Licensed Practical Nurse), and Nurse Aides, which includes an	F 726			

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F 726	Continued From page 26 understanding of how to identify, report and intervene based upon licensure category. The facility failed to ensure staff possessed the necessary skills and competencies necessary to assure the highest level of resident care when staff failed to assess or test R18 who had a change of condition and exhibited signs and symptoms of Covid.	F 726			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse	F 732			

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F 732	Continued From page 27 staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to post the actual scheduled hours worked for nursing staff directly responsible for resident care per shift. Findings included: - On 01/12/22 at 07:30 AM, during initial tour, the nursing schedule for the day was not posted and available for visitors and residents. On 01/13/22 at 07:30 AM, observation revealed the nursing schedule for the day was not posted and available for visitors and residents. On 01/18/22 at 09:00 AM, observation revealed the nursing schedule for the day was not posted and available for visitors and residents. On 01/19/22 at 07:30 AM, observation revealed the nursing schedule for the day was not posted and available for visitors and residents. On 01/19/22 at 08:45 AM, Licensed Nurse (LN) M stated the staffing for the day is kept in the			F 732			

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F 732	Continued From page 28 schedule book and if a resident or family member wanted to know who was working that day, they can ask the staff. On 01/19/22 at 01:00 PM, Administrative Nurse D stated the nursing schedule should be posted daily for visitors and residents. The facility's "Posting Direct Care Daily Staffing Numbers" policy, dated May 2021, documented the facility would post on a daily basis for each shift the number of nursing personnel responsible for providing direct care to residents. The policy further documented the posting would show the number of licensed nurses, and the number of unlicensed nursing personnel within two hours of the beginning of the shift. The staffing would be posted in a prominent location accessible to residents and visitors and in a clear and readable format. The facility failed to post the daily staffing schedule with the nursing personnel directly responsible for residents' care per shift.	F 732			
F 744 SS=D	Treatment/Service for Dementia CFR(s): 483.40(b)(3) §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 12 residents with one reviewed for behaviors. Based on observation, record review, and interview, the facility failed to provide	F 744			

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F 744	Continued From page 29 resident specific care for behaviors related to dementia and documenting of behaviors for Resident (R) 33, placing the resident at risk for impaired psychosocial and physical wellbeing. Finding included: - R33's "Physician Order Sheet" (POS), dated 11/29/21, documented diagnoses of bipolar polar disorder (major mental illness that caused people to have episodes of severe high and low moods), dementia (progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance, major depressive disorder (major mood disorder), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) disorder. The "Quarterly Minimum Data Set" (MDS), dated 12/23/21, documented the resident had moderately impaired cognition, required supervision of one staff for activities of daily living (ADLs), exhibited no behaviors, and received an antianxiety (class of medications that calm and relax people with excessive anxiety, nervousness, or tension) and antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) daily. The "Behavioral Symptoms Care Area Assessment" (CAA), dated 06/23/21, documented R33 had been displaying behaviors of yelling/screaming and hitting the wall to get attention of staff and had interventions in place to assist with behaviors. The "Behavior Care Plan," dated 12/01/21, documented R33 had behaviors which included	F 744			

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F 744	Continued From page 30 becoming angry with staff and other residents, displayed verbal aggression toward residents, had a history of physical aggression towards family/staff/peers, and pounded on the shower room door while other residents were in the shower room. The "Care Plan" directed staff to help R33 avoid situations or people who upset him, let the physician know if behaviors interfered with his ADLs, and redirect R33 away from other residents to prevent resident to resident altercations. The "Care Plan" lacked specific interventions for the staff to use with R33's behaviors. The "POS," dated 11/03/21, stated there must be an "Interdisciplinary Progress Note" (IPN) for all behaviors with documentation for non-pharmacological interventions every day and night shift for behavior monitoring. The "Behavior" electronic record located on the "Medication Administration Record" (E-MAR) lacked documentation on the day shift (06:00 AM to 06:00 PM) for January 8 and 9, 2022, and night shift (06:00 PM to 06:00 AM) on 01/04/22. On 01/19/22 R33's E-MAR were reviewed for behavior monitoring and non-pharmacologic interventions for behaviors exhibited on 01/18/22. The E-MAR lacked documentation of behaviors or non-pharmacologic interventions for behaviors observed on 01/18/22. On 01/18/22 at 03:32 PM, observation revealed R33 standing in the doorway of his room yelling "Is there a nurse or nurse aide here? Is it time for dinner?" and knocked loudly on the door with his hand. Observation further revealed two nurse aides walked past R33's room and did not	F 744			

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F 744	Continued From page 31 address his questions. On 01/18/22 at 03:37 PM, observation revealed staff enter R33's room and informed him it was not time for supper. On 01/18/22 at 03:45 PM, observation revealed R33 yelling "Is it time for supper?" and banging the wall in his room with his hands. Further observation revealed staff did not respond to the resident. On 01/18/22 at 04:25 PM, observation revealed the resident standing in the doorway to his room without a shirt on yelling "Can anyone get me a shirt?" and banging on the wall in his room with his hands. Further observation revealed staff did not respond to the resident. On 01/19/22 at 08:56 AM, Licensed Nurse (LN) G stated it was the nurse's responsibility for monitoring and documenting behaviors. The Certified Nurse Aide (CNA) are to notify the nurse of the behaviors so the nurse can lay eyes on and assess the resident to see what the particular issue was with the behavior. LN G stated the behaviors should be documented in the electronic record. On 01/19/22 at 12:40 PM, Administrative Nurse D stated she expected the nursing staff to monitor behaviors and the behaviors and interventions provided should be documented in the electronic record. The facility's "Behavior Assessment and Monitoring" policy, dated August 2021, documented if a resident is being treated for problematic behaviors or mood will be identified	F 744			

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F 744	Continued From page 32 and managed appropriately. The staff will document either in a progress notes, behavior assessment form or other comparable approaches about specific problem behaviors and interventions attempted and out comes associated with interventions The facility failed to provide R33 specific care for behaviors related to dementia and document the behaviors, placing the resident at risk for impaired psychosocial and physical wellbeing.	F 744			
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified	F 756			

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F 756	Continued From page 33 irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 22 residents, with 5 reviewed for unnecessary medications. Based on observation, record review and interview, the facility failed to follow the facility's Consultant Pharmacist's recommendation regarding charting of behaviors and side effects of psychotropic medication for four sampled residents, Resident (R) 9, R21, R25, and R27. Findings included: - The "Electronic Medical Record (EMR)" for R9 recorded diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), psychosis (any major mental disorder characterized by a gross impairment in reality testing), and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness). R9's "Five Day Minimum Data Set" (MDS), dated 10/30/21, documented R9 had intact cognition	F 756			

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F 756	Continued From page 34 and required limited assistance of one staff for transfers, ambulation, dressing, and toileting. The MDS further documented R9 had delusions (untrue persistent belief or perception held by a person although evidence show it was untrue), verbal behaviors one to three days during the look back period, and received antipsychotic (medication used to treat mental emotional conditions) and antianxiety medications (medications that calm and relax people with excessive anxiety, nervousness, or tension). The "Behavior Care Plan," dated 10/29/21, directed staff to assess R9 for side effects from medications and notify the physician as indicated, document behaviors in the chart, and notify the social worker and physician if incidents escalated. The "Physicians Order," dated 11/14/19, directed staff to observe R9 closely for significant side effects for Buspar (an antidepressant medication), 5 milligrams (mg), by mouth, twice a day, for the diagnosis of anxiety. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored the resident for side effects of the Buspar medication for the following days: 11/23/21- 06:00 AM-06:00 PM 11/30/21- 06:00 AM-06:00 PM 12/10/21- 06:00 AM-06:00 PM 12/24/21- 06:00 AM-06:00 PM 12/27/21- 06:00 AM-06:00 PM 12/28/21- 06:00 AM-06:00 PM 01/04/22- 06:00 AM-06:00 PM 01/08/22- 06:00 AM-06:00 PM 01/11/22- 06:00 AM-06:00 PM 01/13/22- 06:00 AM-06:00 PM	F 756			

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F 756	Continued From page 35 The "Physicians Order," dated 01/24/20, directed staff to monitor R9's verbal aggression and anxiety and directed staff to document in the progress notes the behaviors and nonpharmacological interventions. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R9's behaviors for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 AM - 06:00 PM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 AM - 06:00 PM 01/13/22- 06:00 AM - 06:00 PM The "Physicians Order," dated 04/10/20, directed staff to monitor R9 for side effects of Seroquel (an antipsychotic medication) 50 mg, by mouth, at bedtime for the diagnosis of psychosis. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R9's side effects for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 AM - 06:00 PM 01/08/22- 06:00 AM - 06:00 PM	F 756			

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F 756	Continued From page 36 01/11/22- 06:00 AM - 06:00 PM 01/13/22- 06:00 AM - 06:00 PM The "Physicians Order," dated 04/10/20, directed staff to monitor R9 for impulse control (a condition in which a person has trouble controlling emotions or behaviors), agitation (feeling of aggravation or restlessness brought on by a provocation or a medical condition), and anxiety. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R9's behaviors for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 AM - 06:00 PM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 AM - 06:00 PM 01/13/22- 06:00 AM - 06:00 PM The "Medication Regimen Review," dated 11/03/21, 12/03/21, and 01/05/22 documented the MAR showed significant blanks in side effect and behavior monitoring. On 01/19/22 at 08:45 AM, observation revealed R9 self propelled himself down the hall and he pleasantly asked the surveyor how she was doing. On 01/19/22 at 08:34 AM, Licensed Nurse (LN) G stated if the resident exhibited behaviors or side effects from medications, she documented those in the resident's chart.	F 756			

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F 756	Continued From page 37 On 01/19/22 at 01:00 PM, Administrative Nurse D stated staff documented resident's behaviors in the MAR and progress notes and documented if the resident exhibited any side effects from the medication. Administrative Nurse D stated she would provide education to the staff regarding documentation in the MAR and verified the staff had not followed the pharmacist recommendations. On 01/20/22 at 03:30 PM, the surveyor was unable to contact the Consultant Pharmacist. The "Pharmacy Services Committee" policy, dated March 2012, documented the pharmacy services committee consists of the administrator, Medical Director, Consultant Pharmacist, and the Director of Nursing. The duties of the committee review the reports of the Consultant Pharmacist and review a summary of the monthly review of each resident's drug regimen review, including irregularities, and update on previously noted irregularities, reviews changes in the drug laws and recommendations for methods of compliance, The facility failed to follow the Consultant Pharmacist's recommendations for documentation of R9 behaviors and side effects of medications, placing him at risk for increased behaviors and adverse effects from psychotropic medications. - The "Electronic Medical Record (EMR)" for R21 documented the resident had diagnoses of mood disorder (a category of mental health problems, feeling sadness, helplessness, and guilt), vascular dementia (a decline in thinking skills	F 756			

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F 756	Continued From page 38 caused by conditions that block or reduce blood flow to various regions of the brain), delusional disorder (a belief or altered reality that is persistently held despite evidence or agreement to the contrary), and hemiplegia (paralysis of one side of the body). R21's "Quarterly Minimum Data Set" (MDS), dated 11/23/21, documented R21 had moderately impaired cognition and required limited assistance of one staff for transfers, dressing and ambulation. The MDS further documented R21 had no behaviors and received antidepressant medications (medications used to treat mood disorders and relieve symptoms of depression). The "Adverse Reactions Care Plan," dated 10/21/21, documented R21 was at risk for adverse reactions related to medication with black box warnings (BBW) and directed staff to monitor closely for worsening or unusual behaviors and side effects. The "Physicians Order," dated 11/17/16, directed staff to monitor R21's behaviors of tearfulness, compulsiveness, (a behavior in which someone does something too much and is unable to stop doing it), and if the resident becomes withdrawn. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R21's behaviors for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM	F 756			

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F 756	Continued From page 39 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 AM 01/13/22- 06:00 AM - 06:00 PM 01/14/22- 06:00 AM - 06:00 PM The "Physicians Order," dated 04/12/18, directed staff to monitor R21's behaviors of physical aggression (hostile or violent). The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R21's behaviors for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 AM 01/13/22- 06:00 AM - 06:00 PM 01/14/22- 06:00 AM - 06:00 PM The "Physicians Order," dated 11/13/19, directed staff to monitor for the side effects for Seroquel (a medication used to treat mental emotional conditions), 25 milligrams (mg), give 12.5 mg by mouth, at bedtime for the diagnosis of delusional disorder. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R21 for side effects for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM	F 756			

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F 756	Continued From page 40 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 AM 01/13/22- 06:00 AM - 06:00 PM 01/14/22- 06:00 AM - 06:00 PM The "Physicians Order," dated 11/15/19, directed staff to monitor for the side effects for trazadone, (an antidepressant medication used for depression [abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, and emptiness]), 60 mg, give 75 mg, by mouth, at bedtime for the diagnosis of depression. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R21 for side effects for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 AM 01/13/22- 06:00 AM - 06:00 PM 01/14/22- 06:00 AM - 06:00 PM The "Medication Regimen Review," dated 11/03/21, 12/03/21, and 01/07/22 documented the MAR showed significant blanks for behaviors and side effects of medication monitoring.	F 756			

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F 756	Continued From page 41 On 01/13/22 at 10:30 AM, observation revealed R21 lying in bed with his eyes closed. On 01/19/22 at 08:34 AM, Licensed Nurse (LN) G stated if the resident exhibited behaviors or side effects from medications, she documented those in the resident's chart. On 01/19/22 at 01:00 PM, Administrative Nurse D stated staff documented resident's behaviors in the MAR and progress notes and documented if the resident exhibited any side effects from the medication. Administrative Nurse D stated she would provide education to the staff regarding documentation in the MAR and verified the staff had not followed the pharmacist recommendations. On 01/20/22 at 03:30 PM, the surveyor was unable to contact the Consultant Pharmacist. The "Pharmacy Services Committee" policy, dated March 2012, documented the pharmacy services committee consists of the administrator, Medical Director, Consultant Pharmacist, and the Director of Nursing. The duties of the committee review the reports of the Consultant Pharmacist and review a summary of the monthly review of each resident's drug regimen review, including irregularities, and update on previously noted irregularities, reviews changes in the drug laws and recommendations for methods of compliance, The facility failed to follow the Consultant Pharmacist's recommendations for documentation of R21's behaviors and side effects of medications, placing him at risk for			F 756			

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F 756	Continued From page 42 increased behaviors and adverse effects from psychotropic medications. - The "Electronic Medical Record (EMR)" for R25 recorded diagnoses of depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, and emptiness) and delusional disorder (a belief or altered reality that is persistently held despite evidence or agreement to the contrary). R25's "Quarterly Minimum Data Set" (MDS), dated 12/13/21, documented the resident had intact cognition and required limited assistance for dressing and personal hygiene. The MDS further documented the resident did not have behaviors and received antipsychotic (medication used to treat psychosis and other mental emotional conditions), antidepressant (antidepressant medications (medications used to treat mood disorders and relieve symptoms of depression), and antianxiety medications (medication that calm and relax people). The "Adverse Reactions Care Plan," dated 12/13/21, documented R25 was at risk for adverse reactions related to medication with black box warnings (BBW) and directed staff to monitor closely for worsening or unusual behaviors and side effects. The "Physicians Order," dated 11/13/19 directed staff to monitor R25 for side effects for Seroquel (a medication used to treat mental emotional conditions), 25 milligrams (mg), give 12.5 mg, by mouth, in the morning, for the diagnosis of delusional disorder. The "Medication Administration Record" (MAR),	F 756			

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F 756	Continued From page 43 dated January 2022, lacked documentation staff monitored R25 for side effects for the following days: 01/04/22- 06:00 PM- 06:00 AM 01/08/22- 06:00 AM- 06:00 PM 01/09/22- 06:00 AM- 06:00 PM 01/11/22- 06:00 PM- 06:00 PM 01/13/22- 06:00 AM- 06:00 PM 01/17/22- 06:00 AM- 06:00 PM, 06:00 PM - 06:00 AM The "Physicians Order," dated 12/05/19, directed staff to monitor R25's behavior of physical aggression (hostile or violent). The "Medication Administration Record" (MAR), dated January 2022, lacked documentation staff monitored R25's behavior for the following days. 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/09/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 PM 01/13/22- 06:00 AM - 06:00 PM 01/17/22- 06:00 AM - 06:00 PM, 06:00 PM - 06:00 AM The "Physicians Order," dated 11/15/19, directed staff to monitor R25 for side effects for Zoloft (a medication used to treat depression), 50 milligrams (mg), by mouth, daily, for the diagnosis of depression. The "Medication Administration Record" (MAR), dated January 2022, lacked documentation staff monitored R25 for side effects for the following days: 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/09/22- 06:00 AM - 06:00 PM	F 756			

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F 756	Continued From page 44 01/11/22- 06:00 PM - 06:00 PM 01/13/22- 06:00 AM - 06:00 PM 01/17/22- 06:00 AM - 06:00 PM, 06:00 PM - 06:00 AM The "Medication Regimen Review," dated 01/07/22 documented the MAR showed significant blanks for behaviors and side effects of medication monitoring. On 01/13/22 at 03:18 PM, observation revealed R25 in the commons area watching a movie with other residents. On 01/19/22 at 08:34 AM, Licensed Nurse (LN) G stated if the resident exhibited behaviors or side effects from medications, she documented those in the resident's chart. On 01/19/22 at 01:00 PM, Administrative Nurse D stated staff documented resident's behaviors in the MAR and progress notes and documented if the resident exhibited any side effects from the medication. Administrative Nurse D stated she would provide education to the staff regarding documentation in the MAR and verified the staff had not followed the pharmacist recommendations. On 01/20/22 at 03:30 PM, the surveyor was unable to contact the Consultant Pharmacist. The "Pharmacy Services Committee" policy, dated March 2012, documented the pharmacy services committee consists of the administrator, Medical Director, Consultant Pharmacist, and the Director of Nursing. The duties of the committee review the reports of the Consultant Pharmacist and review a summary of the monthly review of	F 756			

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F 756	Continued From page 45 each resident's drug regimen review, including irregularities, and update on previously noted irregularities, reviews changes in the drug laws and recommendations for methods of compliance, The facility failed to follow the Consultant Pharmacist recommendations for documentation of R25 behaviors and side effects of medications, placing him at risk for increased behaviors and adverse effects from psychotropic medications. - R27's "Physician Order Sheet" (POS), dated 11/29/21, documented diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) disorder, dementia (progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance, psychosis (any major mental disorder characterized by a gross impairment in reality testing) not due to a substance or physiological condition, and major depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness). The "Significant Change Minimum Data Set" (MDS), dated 12/16/21, documented the resident had severe cognitive impairment, rejected care and wandered one to three days intruding on the privacy of others one to three days during the look back period. The MDS further documented R27 had a condition or chronic disease that may result in a life expectancy of less than six months, received an antipsychotic (class of medications used to treat psychosis and other mental emotional conditions) and antidepressant (class	F 756			

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F 756	Continued From page 46 of medications used to treat mood disorders and relieve symptoms of depression) on a routine basis daily, and had not attempted a gradual dose reduction or documentation to support as clinically contraindicated. The "Psychotropic Drug Use Care Area Assessment" (CAA), dated 12/20/21, documented the resident could express her needs and wants, directed staff to anticipate her needs, she wandered frequently, and asked repetitive questions often. The "Psychotropic Medication Care Plan," dated 12/12/21, documented R27 took psychotropic medication related to behavior management, to consult with pharmacy, and the physician to consider dosage reductions when clinically appropriate. The "Physician Order," dated 11/29/21, directed staff to administer the following psychotropic medications: Trazodone (antidepressant) 50 milligrams (mg) daily at bedtime for major depressive disorder Alprazolam (anxiety medication) 0.25 mg two times a day for anxiety disorder Buspirone (anxiety medication) 5 mg three times a day for anxiousness Trazodone (antidepressant) 12.5 mg three times a day for anxiety disorder The "Physician Order" also directed staff to monitor for side effects of psychotropic medications. The "Pharmacy Review," dated 09/02/21, documented charting for side effects and behaviors on the "Medication Administration Record" (MAR) had blanks and directed the	F 756			

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F 756	Continued From page 47 facility to remind staff to document appropriately. The "Medication Administration Record" (MAR), dated December 2021, lacked documentation staff monitored R27 for side effects for the following days: 12/10/21 06:00 AM - 06:00 PM 12/19/21 06:00 PM - 06:00 AM 12/24/21 06:00 AM - 06:00 PM 12/27/21 06:00 AM - 06:00 PM 12/28/21 06:00 AM - 06:00 PM 12/30/21 06:00 AM - 06:00 PM 01/08/22 06:00 AM - 06:00 PM 01/04/22 06:00 PM - 06:00 AM 01/14/22 06:00 AM - 06:00 PM On 01/18/22 at 02:58 PM, observation revealed the resident walked out of her room independently and sat in a chair by her door. On 01/19/22 at 08:56 AM, Licensed Nurse (LN) G stated it was the nurse's responsibility to monitor residents for side effects and document in the medical record. On 01/19/22 at 01:00 PM, Administrative Nurse D stated staff documented resident's behaviors in the MAR and progress notes and documented if the resident exhibited any side effects from the medication. Administrative Nurse D stated she would provide education to the staff regarding documentation in the MAR and verified the staff had not followed the pharmacist recommendations. The "Pharmacy Services Committee" policy, dated March 2012, documented the pharmacy services committee consists of the administrator, Medical Director, Consultant Pharmacist, and the	F 756			

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F 756	Continued From page 48 Director of Nursing. The duties of the committee review the reports of the Consultant Pharmacist and review a summary of the monthly review of each resident's drug regimen review, including irregularities, and update on previously noted irregularities, reviews changes in the drug laws and recommendations for methods of compliance, The facility failed to follow the Consultant Pharmacist's recommendations for documentation of R27 behaviors and side effects of medications, placing her at risk for increased behaviors and adverse effects from psychotropic medications.	F 756			
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;	F 758			

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F 758	Continued From page 49 §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 12 residents, with five reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to monitor behaviors and side effects for four sampled residents who received psychotropic medications (medications that affect mental function and behaviors), Resident (R) 9, R21, R25, and R27. This placed the residents at risk for adverse effects and increased behaviors.	F 758			

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NAME OF PROVIDER OR SUPPLIER KAW RIVER CARE AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 750 BLAKE STREET EDWARDSVILLE, KS 66111		
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F 758	Continued From page 50 Findings included: - The "Electronic Medical Record (EMR)" for R9 recorded diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), psychosis (any major mental disorder characterized by a gross impairment in reality testing), and depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness). R9's "Five Day Minimum Data Set" (MDS), dated 10/30/21, documented R9 had intact cognition and required limited assistance of one staff for transfers, ambulation, dressing, and toileting. The MDS further documented R9 had delusions (untrue persistent belief or perception held by a person although evidence show it was untrue), verbal behaviors one to three days during the look back period, and received antipsychotic (medication used to treat mental emotional conditions) and antianxiety medications (medications that calm and relax people with excessive anxiety, nervousness, or tension). The "Behavior Care Plan," dated 10/29/21, directed staff to assess R9 for side effects from medications and notify the physician as indicated, document behaviors in the chart, and notify the social worker and physician if incidents escalated. The "Physicians Order," dated 11/14/19, directed staff to observe R9 closely for significant side effects for Buspar (an antidepressant medication), 5 milligrams (mg), by mouth, twice a day, for the diagnosis of anxiety. The "Medication Administration Record" (MAR),	F 758			

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F 758	Continued From page 51 dated November, December 2021, and January 2022, lacked documentation staff monitored the resident for side effects of the Buspar medication for the following days: 11/23/21- 06:00 AM-06:00 PM 11/30/21- 06:00 AM-06:00 PM 12/10/21- 06:00 AM-06:00 PM 12/24/21- 06:00 AM-06:00 PM 12/27/21- 06:00 AM-06:00 PM 12/28/21- 06:00 AM-06:00 PM 01/04/22- 06:00 AM-06:00 PM 01/08/22- 06:00 AM-06:00 PM 01/11/22- 06:00 AM-06:00 PM 01/13/22- 06:00 AM-06:00 PM The "Physicians Order," dated 01/24/20, directed staff to monitor R9's verbal aggression and anxiety and directed staff to document in the progress notes the behaviors and nonpharmacological interventions. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R9's behaviors for the following days: 11/23/21- 06:00 AM-06:00 PM 11/30/21- 06:00 AM-06:00 PM 12/10/21- 06:00 AM-06:00 PM 12/24/21- 06:00 AM-06:00 PM 12/27/21- 06:00 AM-06:00 PM 12/28/21- 06:00 AM-06:00 PM 01/04/22- 06:00 AM-06:00 PM 01/08/22- 06:00 AM-06:00 PM 01/11/22- 06:00 AM-06:00 PM 01/13/22- 06:00 AM-06:00 PM The "Physicians Order," dated 04/10/20, directed staff to monitor R9 for side effects of the Seroquel (an antipsychotic medication) 50 mg, by mouth, at	F 758			

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F 758	Continued From page 52 bedtime for the diagnosis of psychosis. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R9's side effects for the following days: 11/23/21- 06:00 AM-06:00 PM 11/30/21- 06:00 AM-06:00 PM 12/10/21- 06:00 AM-06:00 PM 12/24/21- 06:00 AM-06:00 PM 12/27/21- 06:00 AM-06:00 PM 12/28/21- 06:00 AM-06:00 PM 01/04/22- 06:00 AM-06:00 PM 01/08/22- 06:00 AM-06:00 PM 01/11/22- 06:00 AM-06:00 PM 01/13/22- 06:00 AM-06:00 PM The "Physicians Order," dated 04/10/20, directed staff to monitor R9 for impulse control (a condition in which a person has trouble controlling emotions or behaviors), agitation (feeling of aggravation or restlessness brought on by a provocation or a medical condition), and anxiety. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored R9's behaviors for the following days: 11/23/21- 06:00 AM-06:00 PM 11/30/21- 06:00 AM-06:00 PM 12/10/21- 06:00 AM-06:00 PM 12/24/21- 06:00 AM-06:00 PM 12/27/21- 06:00 AM-06:00 PM 12/28/21- 06:00 AM-06:00 PM 01/04/22- 06:00 AM-06:00 PM 01/08/22- 06:00 AM-06:00 PM 01/11/22- 06:00 AM-06:00 PM 01/13/22- 06:00 AM-06:00 PM	F 758			

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F 758	Continued From page 53 On 01/19/22 at 08:45 AM, observation revealed R9 self propelled himself down the hall and he pleasantly asked the surveyor how she was doing. On 01/19/22 at 08:34 AM, Licensed Nurse (LN) G stated if the resident exhibited behaviors or side effects from medications, she documented those in the resident's chart. On 01/19/22 at 01:00 PM, Administrative Nurse D stated staff documented resident's behaviors in the MAR and progress notes and documented if the resident exhibited any side effects from the medication. The facility's "Behavior Assessment and Monitoring" policy, dated August 2021, documented problematic behavior would be identified and managed appropriately and residents would have minimal complications associated with the management of problematic behavior. The staff would identify, document and inform the physician of the behavior and cognition. If the resident was being treated for problematic behavior or mood, the staff would obtain and document ongoing reassessments of changes positive or negative in the individuals' behavior, mood, and function. The staff would document either in the progress notes or behavior assessment forms or other comparable approaches the following information about specific behaviors, and interventions attempted. The facility failed to monitor R9 for behaviors and side effects of medications, placing him at risk for increased behaviors and adverse effects from psychotropic medications.	F 758			

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F 758	Continued From page 54 - The "Electronic Medical Record (EMR)" for R21 documented the resident had diagnoses of mood disorder (a category of mental health problems, feeling sadness, helplessness, and guilt), vascular dementia (a decline in thinking skills caused by conditions that block or reduce blood flow to various regions of the brain), delusional disorder (a belief or altered reality that is persistently held despite evidence or agreement to the contrary), and hemiplegia (paralysis of one side of the body). R21's "Quarterly Minimum Data Set" (MDS), dated 11/23/21, documented R21 had moderately impaired cognition and required limited assistance of one staff for transfers, dressing and ambulation. The MDS further documented R21 had no behaviors and received antidepressant medications (medications used to treat mood disorders and relieve symptoms of depression). The "Adverse Reactions Care Plan," dated 10/21/21, documented R21 was at risk for adverse reactions related to medication with black box warnings (BBW) and directed staff to monitor closely for worsening or unusual behaviors and side effects. The "Physicians Order," dated 11/17/16, directed staff to monitor R21's behaviors of tearfulness, compulsiveness, (a behavior in which someone does something too much and is unable to stop doing it), and if becomes withdrawn. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored the resident's behavior for the following days: 11/23/21- 06:00 AM - 06:00 PM	F 758			

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F 758	Continued From page 55 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 AM 01/13/22- 06:00 AM - 06:00 PM 01/14/22- 06:00 AM - 06:00 PM The "Physicians Order," dated 04/12/2018, directed staff to monitor R21's behaviors of physical aggression (hostile or violent). The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored the resident's behavior for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 AM 01/13/22- 06:00 AM - 06:00 PM 01/14/22- 06:00 AM - 06:00 PM The "Physicians Order," dated 11/13/19, directed staff to monitor for the side effects for Seroquel (a medication used to treat mental emotional conditions), 25 milligrams (mg), give 12.5 mg by mouth, at bedtime for the diagnosis of delusional disorder. The "Medication Administration Record" (MAR),	F 758			

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F 758	Continued From page 56 dated November, December 2021, and January 2022, lacked documentation staff monitored the resident for side effects for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 AM 01/13/22- 06:00 AM - 06:00 PM 01/14/22- 06:00 AM - 06:00 PM The "Physicians Order," dated 11/15/19, directed staff to monitor for the side effects for trazadone, (an antidepressant medication used for depression [abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, and emptiness]), 60 mg, give 75 mg, by mouth, at bedtime for the diagnosis of depression. The "Medication Administration Record" (MAR), dated November, December 2021, and January 2022, lacked documentation staff monitored the resident for side effects for the following days: 11/23/21- 06:00 AM - 06:00 PM 11/30/21- 06:00 AM - 06:00 PM 12/10/21- 06:00 AM - 06:00 PM 12/24/21- 06:00 AM - 06:00 PM 12/27/21- 06:00 AM - 06:00 PM 12/28/21- 06:00 AM - 06:00 PM 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 AM 01/13/22- 06:00 AM - 06:00 PM 01/14/22- 06:00 AM - 06:00 PM	F 758			

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F 758	Continued From page 57 On 01/13/22 at 10:30 AM, observation revealed the resident in bed, eyes closed. On 01/19/22 at 08:34 AM, Licensed Nurse (LN) G stated if the resident exhibited behaviors or side effects from medications, she documented those in the resident's chart. On 01/19/22 at 01:00 PM, Administrative Nurse D stated staff documented resident's behaviors in the MAR and progress notes and documented if the resident exhibited any side effects from the medication. The facility's "Behavior Assessment and Monitoring" policy, dated August 2021, documented problematic behavior would be identified and managed appropriately and residents would have minimal complications associated with the management of problematic behavior. The staff would identify, document and inform the physician of the behavior and cognition. If the resident was being treated for problematic behavior or mood, the staff would obtain and document ongoing reassessments of changes positive or negative in the individuals' behavior, mood, and function. The staff would document either in the progress notes or behavior assessment forms or other comparable approaches the following information about specific behaviors, and interventions attempted. The facility failed to monitor R21 for behaviors and side effects of medications, placing him at risk for increased behaviors and adverse effects from psychotropic medications. - The "Electronic Medical Record (EMR)" for R25	F 758			

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F 758	Continued From page 58 recorded diagnoses of depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, and emptiness) and delusional disorder (a belief or altered reality that is persistently held despite evidence or agreement to the contrary). R25's "Quarterly Minimum Data Set" (MDS), dated 12/13/21, documented the resident had intact cognition and required limited assistance for dressing and personal hygiene. The MDS further documented the resident did not have behaviors and received antipsychotic (medication used to treat psychosis and other mental emotional conditions), antidepressant (antidepressant medications (medications used to treat mood disorders and relieve symptoms of depression), and antianxiety medications (medication that calm and relax people). The "Adverse Reactions Care Plan," dated 12/13/21, documented R25 was at risk for adverse reactions related to medication with black box warnings (BBW) and directed staff to monitor closely for worsening or unusual behaviors and side effects. The "Physicians Order," dated 11/13/19 directed staff to monitor R25 for side effects for Seroquel (a medication used to treat mental emotional conditions), 25 milligrams (mg), give 12.5 mg, by mouth, in the morning, for the diagnosis of delusional disorder. The "Medication Administration Record" (MAR), dated January 2022, lacked documentation staff monitored the resident for side effects for the following days: 01/04/22- 06:00 PM - 06:00 AM	F 758			

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F 758	Continued From page 59 01/08/22- 06:00 AM - 06:00 PM 01/09/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 PM 01/13/22- 06:00 AM - 06:00 PM 01/17/22- 06:00 AM - 06:00 PM, 06:00 PM - 06:00 AM The "Physicians Order," dated 12/05/19, directed staff to monitor R25's behavior of physical aggression (hostile or violent). The "Medication Administration Record" (MAR), dated January 2022, lacked documentation staff monitored the resident's behavior for the following days. 01/04/22- 06:00 PM - 06:00 AM 01/08/22- 06:00 AM - 06:00 PM 01/09/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 PM 01/13/22- 06:00 AM - 06:00 PM 01/17/22- 06:00 AM - 06:00 PM, 06:00 PM- 06:00 AM The "Physicians Order," dated 11/15/19, directed staff to monitor R25 for side effects for zoloft (a medication used to treat depression), 50 milligrams (mg), by mouth, daily, for the diagnosis of depression. The "Medication Administration Record" (MAR), dated January 2022, lacked documentation staff monitored the resident for side effects for the following days: 01/04/22- 06:00 AM - 06:00 PM 01/08/22- 06:00 AM - 06:00 PM 01/09/22- 06:00 AM - 06:00 PM 01/11/22- 06:00 PM - 06:00 PM 01/13/22- 06:00 AM - 06:00 PM 01/17/22- 06:00 AM - 06:00 PM, 06:00 PM -	F 758			

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F 758	Continued From page 60 06:00 AM On 01/13/22 at 03:18 PM, observation revealed the resident in the commons area watching a movie with other residents. On 01/19/22 at 08:34 AM, Licensed Nurse (LN) G stated if the resident exhibited behaviors or side effects from medications, she documented those in the resident's chart. On 01/19/22 at 01:00 PM, Administrative Nurse D stated staff documented resident's behaviors in the MAR and progress notes and documented if the resident exhibited any side effects from the medication. The facility's "Behavior Assessment and Monitoring" policy, dated August 2021, documented problematic behavior would be identified and managed appropriately and residents would have minimal complications associated with the management of problematic behavior. The staff would identify, document and inform the physician of the behavior and cognition. If the resident was being treated for problematic behavior or mood, the staff would obtain and document ongoing reassessments of changes positive or negative in the individuals' behavior, mood, and function. The staff would document either in the progress notes or behavior assessment forms or other comparable approaches the following information about specific behaviors, and interventions attempted. The facility failed to monitor R25 for behaviors and side effects of medications, placing him at risk for increased behaviors and adverse effects from psychotropic medications.			F 758			

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NAME OF PROVIDER OR SUPPLIER KAW RIVER CARE AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 750 BLAKE STREET EDWARDSVILLE, KS 66111		
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F 758	Continued From page 61 - R27's "Physician Order Sheet" (POS), dated 11/29/21, documented diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) disorder, dementia (progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance, psychosis (any major mental disorder characterized by a gross impairment in reality testing) not due to a substance or physiological condition, and major depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness). The "Significant Change Minimum Data Set" (MDS), dated 12/16/21, documented the resident had severe cognitive impairment, rejected care and wandered one to three days intruding on the privacy of others one to three days during the look back period. The MDS further documented R27 had a condition or chronic disease that may result in a life expectancy of less than six months, received an antipsychotic (class of medications used to treat psychosis and other mental emotional conditions) and antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) on a routine basis daily, had not attempted a gradual dose reduction or documentation to support as clinically contraindicated. The "Psychotropic Drug Use Care Area Assessment" (CAA), dated 12/20/21, documented the resident could express her needs and wants, directed staff to anticipate her needs, she wandered frequently, and asked repetitive questions often.	F 758			

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F 758	Continued From page 62 The "Psychotropic Medication Care Plan," dated 12/12/21, documented R27 took psychotropic medication related to behavior management, to consult with pharmacy, and the physician to consider dosage reductions when clinically appropriate. The "Physician Order," dated 11/29/21, directed staff to administer the following psychotropic medications: Trazodone (antidepressant) 50 milligrams (mg) daily at bedtime for major depressive disorder Alprazolam (anxiety medication) 0.25 mg two times a day for anxiety disorder Buspirone (anxiety medication) 5 mg three times a day for anxiousness Trazodone (antidepressant) 12.5 mg three times a day for anxiety disorder The "Physician Order" also directed staff to monitor for side effects of psychotropic medications. The "Pharmacy Review," dated 09/02/21, documented charting for side effects and behaviors on the "Medication Administration Record" (MAR) had blanks and directed the facility to remind staff to document appropriately. Review of "MAR" for December 2021 revealed lack of documentation of side effect monitoring for the use of psychotropic medication for the following days: 12/10/21 06:00 AM - 06:00 PM 12/19/21 06:00 PM - 06:00 AM 12/24/21 06:00 AM - 06:00 PM 12/27/21 06:00 AM - 06:00 PM 12/28/21 06:00 AM - 06:00 PM 12/30/21 06:00 AM - 06:00 PM	F 758			

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F 758	Continued From page 63 01/08/22 06:00 AM - 06:00 PM 01/04/22 06:00 PM - 06:00 AM 01/14/22 06:00 AM - 06:00 PM On 01/18/22 at 02:58 PM, observation revealed the resident walked out of her room independently and sat in a chair by her door. On 01/19/22 at 08:56 AM, Licensed Nurse (LN) G stated it was the nurse's responsibility to monitor residents for side effects and document in the medical record. On 01/19/22 at 01:22 PM, Administrative Nurse D verified she expected the nurses to document behaviors and side effects for R17's use of psychotropic medication. The facility's "Behavior Assessment and Monitoring" policy, dated August 2021, documented residents will have minimal complications associated with the management of problematic behavior. The "Inter Disciplinary Team" (IDT) will monitor for side effects and complications related to psychoactive medications. The facility failed to monitor R27 for side effects of medication, placing the resident at risk for adverse effects from psychotropic medications.	F 758			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal,	F 812			

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F 812	Continued From page 64 state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to obtain food temperatures at meal times, placing the residents at risk for food borne illness. Findings included: - On 01/18/22 at 10:35 AM, during meal services, record review revealed the January temperature logs lacked documentation staff were obtaining food temperatures at meal times for the following days: 01/01/22-temperature log not provided 01/02/22-no temperatures taken of all three meals 01/03/22-no temperatures taken of all three meals 01/04/22-the supper meal temperature was not taken 01/05/22-no temperatures taken of all three meals	F 812			

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F 812	Continued From page 65 01/07/22-the supper meal temperature was not taken 01/08/22-the supper meal temperature was not taken 01/09/22-the supper meal temperature was not taken 01/10/22-no temperatures taken of all three meals 01/11/22-no temperatures taken of all three meals 01/12/22-the supper meal temperature was not taken 01/14/22-the supper meal temperature was not taken 01/15/22-the supper meal temperature was not taken 01/16/22-the supper meal temperature was not taken 01/17/22-no temperatures taken of all three meals On 01/18/22 at 11:00 AM, observation revealed Dietary Staff BB obtaining food temperatures of the noon meal and documenting on the temperature log. On 01/18/22 at 11:15 AM, Dietary Staff BB stated she documented food temperatures when she worked. On 01/19/22 at 11:15 AM, Dietary Consultant GG stated staff should document temperatures prior to serving the meal and verified the lack of food temperatures on the January 2022 temperature logs. The facility's "Food Preparation and Service" policy, dated December 2021, documented residents are provided with meals that are	F 812			

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F 812	Continued From page 66 prepared by methods that conserve value, flavor, and appearance. Residents are provided with foods that are palatable, attractive and at a safe and appetizing temperature and the temperature of foods held in steam tables would be monitored by food service staff. The facility failed to obtain meal temperatures prior to meal service, placing the residents at risk for food borne illness.	F 812			
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 the hospice and an authorized representative of	F 849			

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F 849	Continued From page 67 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 direction and management of the patient; nursing;	F 849			

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F 849	Continued From page 68 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 scope of practice act, and have the ability to	F 849			

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F 849	Continued From page 69 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 orientation in the policies and procedures of the	F 849			

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F 849	Continued From page 70 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: The facility had a census of 40 residents. The sample included 12 residents with one reviewed for hospice (care provided for the terminally ill). Based on observation, record review, and interview, the facility failed to collaborate care with the hospice provider for Resident (R) 27. This placed R27 at risk for unmet palliative (therapy designed to relieve or reduce intensity of uncomfortable symptoms) care needs. Findings included: - R27's "Physician Order Sheet" (POS), dated 11/29/21, documented diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) disorder, atrial fibrillation (rapid, irregular heart beat), dementia (progressive mental disorder characterized by failing memory, confusion) with behavior disturbance, personal history of transient ischemic attack (TIA episode of cerebrovascular insufficiency), and major depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and	F 849			

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F 849	Continued From page 71 hopelessness). The "Significant Change Minimum Data Set" (MDS), dated 12/16/21, documented the resident had severe cognitive impairment, rejected evaluation or care, wandered which intruded on the privacy of others, and required limited assistance with activities of daily living (ADLs). The MDS further documented R27 had a condition or chronic disease that may result in a life expectancy of less than six months and received hospice services. The "Cognitive Loss/Dementia Care Area Assessment" (CAA), dated 10/20/21, documented a diagnosis of dementia and anxiety. The CAA further documented R27 was able to express her needs and wants and staff were to anticipate her needs and wants. The "Care Plan," dated 12/12/21, documented R27 required palliative care due to the end of life processes, to monitor symptoms, and communicate to practitioners on an as needed basis. The "Physician Order," dated 11/30/21, recorded an order for hospice to evaluate and treat R27. The "Progress Note," dated 11/30/21 at 04:48 PM, recorded a care plan meeting which included R27's responsible party. The note recorded staff suggested hospice care due to R27's cognitive decline, swollen legs and restlessness. The "Progress Note," dated 12/08/21 at 06:04 PM, recorded R27 received a physician's order for hospice.	F 849			

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F 849	Continued From page 72 The facility failed to provide any documentation of communication between the hospice agency and the facility, which included a hospice care plan, a description of services, medications, and equipment provided to the resident. On 01/18/22 at 03:38 PM, observation revealed R27 sat in a chair, in the hallway. R27 asked an unidentified staff to take her to the bathroom and staff complied with the request . On 01/18/22 at 04:09 PM, License Nurse (LN) stated it was her first day working at the facility and she was contracted/agency staff. She stated she checked through the electronic medication and treatment and asked the nurse aides to find the type of care needed to care for the residents. She was not aware R27 was on hospice services. On 01/19/22 at 12:10 PM, Administrative Nurse E reported residents who received hospice services had binders/book that contained hospice documentation related to care and services. Administrative Nurse E verified the lack of a binder/book with hospice service information regarding care and services for R27. The facility's "Hospice Program" policy, dated June 2021, recorded the facility provided coordination of services with hospice to promote continuity of care, collaboration with hospice with the nursing home and resident/representative. A coordinated care plan notes in the medical record. The document further recorded the community retains the ultimate responsibility for the plan of care with hospice provider, community staff, and resident/family. The facility failed to ensure collaboration of care	F 849			

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F 849	Continued From page 73 with the hospice provider for R27, placing the resident at risk for unmet palliative care needs.	F 849			
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 880			

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F 880	Continued From page 74 (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents with seven Covid (highly contagious and potentially fatal respiratory disease) positive residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to implement core principles of infection control practices concerning Covid when	F 880			

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F 880	Continued From page 75 the facility failed to ensure staff were screened for signs and symptoms of Covid prior to reporting to duty in resident care areas. The facility further failed to ensure multi-use equipment was cleaned between use and failed to ensure availability of hand hygiene at screening station used by staff and visitors. The facility failed to ensure staff practiced acceptable hand hygiene measure when passing ice and delivering linens to residents' rooms. This placed the residents who resided at the facility at risk for infections. Finding included: - On 01/12/22 at 07:45 AM, upon entering the facility for health services resurvey, Social Services X greeted surveyor team at the front door. Social Services X guided survey team to the Covid screening area at the nurses' station. Certified Medication Aide (CMA) R pointed at the Covid screening forms and thermometer on the table. CMA R stated, with a whispered voice, she could not talk due "a throat problem." CMA R had a rapid Covid test in her hand. Social Services X denied CMA R was ill and stated CMA R had "a throat issue." CMA R indicated she felt ill and was self-testing for Covid at that time, at the nurses' station. During this time, an unidentified resident sat in a wheelchair at the nurses' station. Review of the "Employee Screening" log revealed CMA R did not complete the self-screen or report signs and symptoms of Covid upon reporting for duty at 06:00 AM on 01/12/22. The log further lacked evidence CMA self-screened prior to her shift on 01/04/22, 01/07/22 and 01/08/22. Further review of "Employee Screening" log revealed the following:	F 880			

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F 880	Continued From page 76 Administrative Nurse E did not complete the self-screen or report signs and symptoms of Covid upon reporting for duty on 01/04/22. Administrative Nurse E tested positive for Covid on 01/05/22. CMA S did not complete the self-screen or report signs and symptoms of Covid upon reporting for duty on 01/07/22. CMS S tested positive for Covid on 01/08/22. CMA T did not complete the self-screen or report signs and symptoms of Covid upon reporting for duty on 01/06/22. CMA T tested positive for Covid on 01/10/22. Certified Nurse Aid (CNA) O did not complete the self-screen or report signs and symptoms of Covid upon reporting for duty on 01/05/22 and 01/06/22. CNA O tested positive for Covid on 01/10/22. Licensed Nurse (LN) I did not complete the self-screen or report signs and symptoms of Covid upon reporting for duty on 01/06/22. LN I tested positive for Covid on 01/10/22. CNA P did not complete the self-screen or report signs and symptoms of Covid upon reporting for duty on 01/05/22 and 01/06/22. CNA P tested positive for Covid on 01/10/22. On 01/12/22 at 08:05 AM, in an interview with Administrative Staff A and Administrative Nurse E, Administrative Nurse E reported she sent CMA R home because CMA R did not feel well. Administrative Nurse E stated CMA R had not tested herself for COVID-19 at the beginning of	F 880			

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F 880	Continued From page 77 her shift which began at 06:00 AM. Administrative Nurse E confirmed CMA R worked two hours before reporting her signs and symptoms and testing for Covid. On 01/12/22 at 02:32 PM Administrative Nurse E verified she forgot to screen on 01/04/22 due to having a headache. She confirmed she tested positive for Covid the next day, 01/05/22. On 01/18/22 at 08:53 AM, Administrative Staff A stated staff were tested twice a week and should not come to work if ill. On 01/19/22 at 08:30 AM, Administrative Staff A stated staff and visitors are to screen when they enter the facility, and staff could do screening anytime during their shift. She stated staff were to screen each time they work. The facility's "Emergency Procedure: COVID-19 Pandemic Testing of Staff and Residents" policy, dated December 2021, documented staff, vaccinated and unvaccinated, who exhibit signs or symptoms must be tested. The facility will actively screen all staff each shift and each resident daily. Staff with signs or symptoms of COVID 19 will be tested and are expected to be restricted from the facility pending the results of COVID-19 testing. The facility will actively screen all staff each shift, each resident daily and all persons entering the facility. The facility failed to ensure staff completed the required Covid screen prior to the start of duty which placed the residents at increased risk for contracting Covid. - On 01/12/22 at 07:30 AM, observation revealed	F 880			

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F 880	Continued From page 78 the Covid screening station for staff and visitors lacked sanitizing wipes or hand gel/alcohol to sanitize hands and the multi-use thermometer and writing tools. On 01/13/22 at 07:30 AM observation revealed the Covid screening station for staff and visitors lacked sanitizing wipes or hand gel/alcohol to sanitize hands and the multi-use thermometer and writing tools. On 01/19/22 at 08:30 AM observation revealed the Covid screening station for staff and visitors lacked sanitizing wipes or hand gel/alcohol to sanitize hands and the multi-use thermometer and writing tools. On 01/19/22 at 02:54 PM Administrative Nurse D verified hand sanitizer and/or disinfectant wipes should be available at the screening table/station The facility's "Infection Prevention and Control Program F880" policy, revised March 2020 recorded hand hygiene was a component of the program but the provided policy did not list specifics regarding hand hygiene. The facility did not provide a policy regarding cleaning of multi-use equipment. The facility failed to sanitize multi use thermometer, writing tools, and provide hand hygiene solutions at the staff and visitor screening station which placed the residents at increased risk of Covid. - On 01/12/22 at 09:28 AM observation revealed Certified Nurse Aide (CNA) N delivered linens and ice to water pitches in three resident rooms. CNA N wore the same pair of gloves from room	F 880			

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F 880	Continued From page 79 to room. CNA N did not change gloves and/or perform hand hygiene after handing residents' water pitchers, using the ice scoop, or pushing the cart handle from room to room. On 01/19/22 at 11:00 AM, Administrative Nurse D verified CNA N should have changed her gloves from room to room or used alcohol-based hand sanitizer. The facility's "Infection Prevention and Control Program F880" policy, revised March 2020 recorded hand hygiene was a component of the program but the provided policy did not list specifics regarding hand hygiene. The facility failed to provide infection control standards during the task of passing water and linens from room to room, potentially exposing residents to cross contamination of illness processes.	F 880			
F 883 SS=E	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative	F 883			

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F 883	Continued From page 80 has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.	F 883			

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F 883	Continued From page 81 This REQUIREMENT is not met as evidenced by: The facility had a census of 40 residents. The sample included 12 residents. Based on record review and interview, the facility failed to administer a pneumococcal immunization for four of six residents, Resident (R) 18, R27, R14, and R33, and failed to review and document immunization status for one of six residents, R137, reviewed for immunization status placing the residents at increased risk for infections. Findings included: - R18 received the influenza vaccine on 10/12/21. R18 completed the COVID-19 vaccine series 11/30/21. On 09/17/21 R18 signed an authorization consenting to the pneumococcal vaccine. On 01/18/22 R18 had not yet received a pneumococcal immunization. - R27 received the influenza vaccine on 10/12/21. R27 completed the COVID-19 vaccine series on 11/30/21. On 09/20/21 R27 signed an authorization consenting to the pneumococcal vaccine. On 01/18/22 R27 had not yet received a pneumococcal immunization. - R14 received the influenza vaccine on 10/12/21. R14 received the second COVID-19 vaccine on 11/12/21. On 09/16/21 R14 signed an authorization consenting to the pneumococcal vaccine. On 01/18/22 R14 had not yet received a pneumococcal immunization. - R33 received the influenza vaccine on 10/12 21. R33 completed the COVID-19 vaccine on 11/20/21. R33 signed an an authorization (undated) consenting to a pneumococcal	F 883			

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F 883	Continued From page 82 immunization. On 01/18/22 R33 had not yet received a pneumococcal immunization. R137's medical record lacked documentation of immunization status of influenza and pneumococcal vaccinations. R137 had received a second COVID-19 vaccine on 01/03/22. On 01/20/22 at 11:00 AM, Administrative Nurse E verified she was responsible for the residents' immunizations. Administrative Nurse E stated the facility had ordered the pneumococcal vaccines but was not able to obtain the vaccine through the facility pharmacy. Administrative Nurse E verified she had not checked other sources to obtain the pneumococcal vaccine. The facility's "Pneumococcal Vaccine" policy, dated November 2016, documented the residents will be offered the pneumococcal vaccine to aid in preventing pneumococcal infections. Assessments of pneumococcal vaccination status will be conducted within five working days of the resident's admission if not conducted prior to admission. The facility failed to obtain immunization status for R137, and provide pneumococcal immunization for R18, R27, R14, R33, placing the residents at increased risk for infections.			F 883			