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F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigations KS00159773, KS00159783, KS00159873, KS00160452, KS00160633, KS00160643, and KS00160695. The 2567 was electronically sent on 03/24/21.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F 550		

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

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

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F 550	Continued From page 1 §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: The facility census totaled 48 residents, with # residents included in the sample, and # residents reviewed for restorative services. Based on observation, interview, and record review the facility failed to provide restorative nursing services to R1, R3, and R4 specific to their needs and preferences. Findings included: - Review of R1's pertinent diagnoses from the "Physician's Order Summary Report" dated 03/01/21 revealed multiple sclerosis (MS, a progressive disease of the nerve fibers of the brain and spinal cord) and muscle weakness. Review of the Annual "Minimum Data Set" (MDS) dated 11/13/20 revealed a brief interview for mental status (BIMS) score of 15, indicating intact cognition. The MDS documented R1 with no rejection of care and R1 required extensive two-person assistance for transfers and limited two-person assistance for walking. R1 did not receive restorative during the seven-day review period.	F 550		

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Review of the Quarterly "MDS" dated 02/05/21 revealed a BIMS of 15, indicating intact cognition and documented no rejection of care. He required extensive two-person assistance for transfers and walking and did not receive restorative during the seven-day review period.

Review of the "Activities of Daily Living (ADL) Care Area Assessment" (CAA) revealed R1 required extensive assistance with ADLs.

Review of 07/08/19 "Care Plan" revealed a revision dated 04/17/20 which indicated the resident received restorative services. He participated in a restorative program related to weakness secondary to multiple sclerosis. The restorative plan indicated he required NuStep (exercise machine) 10-15 minutes as tolerated for strengthening to bilateral (both sides) upper and lower extremities (BUE/BLE) with active range of motion (AROM, when opposing muscles contract and relax) for strengthening. Staff assisted R1 to complete the NuStep at least two to three times per week.

Review of 02/09/21 to 03/10/21 "Restorative-NuStep 10-15 as tolerated for strengthening BUE AROM for maintenance BLE AROM for strengthening" revealed no restorative completed.

Observation of R1 on 03/10/21 at 10:13 AM revealed he sat in his room, seated in his wheelchair, and watched television.

Interview with R1 on 03/10//21 at 10:13 AM revealed he had not received restorative "for a while", but he did know that he required restorative services.

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Interview with Restorative Aide D on 03/10/21 at 12:16 PM revealed she had strictly been transport staff for the last three to six months and had not been able to complete restorative for residents as ordered. When she raised concern, administration told her that she would continue to be expected to complete restorative for all residents. She stated, "transport is the bulk of what I do, that is why the restorative has not been completed" and she notified Administrative staff A last year that restorative had been lacking.

Interview with Administrative Nurse B on 03/15/21 at 09:19 AM revealed restorative should be completed as ordered. The facility offered daily exercises, but if a residents orders included the NuStep for restorative maintenance, and the resident specifically wanted to complete this exercise, then that should be completed.

Review of 11/28/17 "Restorative Nursing" policy revealed the restorative nursing program is based on the individual needs of the resident. The goals are determined by the resident and should be to prevent avoidable declines, maintain function, or improve function.

The facility failed to provide restorative nursing services to R1 specific to his needs and preferences.

- Review of R3's pertinent diagnoses from the "Physician's Order Summary Report" dated 03/01/21 revealed chronic (long-term) atrial fibrillation (a rapid, irregular heart beat).

Review of 08/14/20 "Annual Minimum Data Set" (MDS) dated 08/14/20 revealed a brief interview for mental status (BIMS) score of 15, indicating

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intact cognition. The MDS documented R3 with no rejection of care, the resident required extensive two-person assistance with transfers and noted R3 did not receive restorative during the seven-day review period.

Review of 01/29/21 "Quarterly MDS" revealed a brief interview for mental status (BIMS) of 15, indicating intact cognition, no rejection of cares, R3 required extensive two-person assistance with transfers and did not receive restorative during the seven-day review period.

Review of the 08/14/20 "ADL Care Area Assessment (CAA)" revealed R3 continued to need assistance with all activities of daily living (ADLs) that involved his lower extremities. He continued on a restorative program for strengthening.

Review of 10/28/19 "Care Plan" revealed a revision dated 03/06/20 that indicated the resident received restorative for balance issues, transfers, and ambulation. A revision on 04/17/20 revealed the restorative plan indicated he required NuStep (exercise machine) 10-15 minutes as tolerated for general strengthening, endurance, and gait training. Staff assisted R3 to complete the NuStep at least two to three times per week.

Review of 02/10/21 to 03/10/21 task "Restorative-NuStep for 10-15 min as tolerated for general strengthening and endurance strengthening" documentation revealed no restorative completed.

Observation of resident on 03/09/21 at 12:30 PM revealed the resident seated in wheelchair at the dining table, dressed with shoes in place.

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Interview with R3 on 03/09/21 at 11:27 AM revealed staff should be assisting him with restorative two to three days a week after his physical therapy ended last year, and he went for a large period of time with no restorative at all. The restorative aide also completed transportation of residents to appointments as well, and she could not complete the restorative he needed. He stated, "it is frustrating because the physical therapy money ran out and the restorative was supposed to be done to keep him strong".

Interview with R3 on 3/10/21 at 08:33 AM revealed the last day he completed any restorative was once in February 2021 and stated that he "has declined because of no restorative services and now, the "straps" (tendons) on the back of his knees shortened which caused an inability to stand". He also stated that when he "tells Administrative staff A about these issues, he always states he cannot do anything and that it has to go through corporate".

Interview with Restorative Aide D on 03/10/21 at 12:16 PM revealed she had strictly been transport for the last three to six months and had not been able to complete restorative for residents as ordered. When she raised concern, administration told her that she would continue to be expected to complete restorative for all residents. She stated, "transport is the bulk of what I do, that is why the restorative has not been completed". She indicated that two or three times in the past few months she had been able to complete restorative with this resident but "that was all".

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Interview with Administrative Nurse B on 03/15/21 at 09:19 AM revealed restorative should be completed as ordered. The facility offered daily exercises, but if a residents orders included the NuStep for restorative maintenance, and the resident specifically wanted to complete this exercise, then that should be completed.

Review of 11/28/17 "Restorative Nursing" policy revealed the restorative nursing program is based on the individual needs of the resident. The goals are determined by the resident and should be to prevent avoidable declines, maintain function, or improve function.

The facility failed to provide restorative nursing services to R3 specific to his needs and preferences.

- Review of R4's pertinent diagnoses from the "Physician's Order Summary Report" dated 01/07/21 revealed: Chronic Obstructive Pulmonary Disease (COPD, a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing) and hypertension (high blood pressure).

Review of the 07/10/20 "Annual Minimum Data Set" (MDS) revealed a brief interview for mental status (BIMS) score of 15, indicating intact cognition and no rejections of care noted. R4 noted as independent with transfers and walking, with a walker or cane, and did not receive restorative during the seven-day review period.

Review of the 12/25/20 "Quarterly MDS" revealed a BIMS score of 15, indicating intact cognition with no rejections of care noted. The MDS

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documented R4 as independent with transfers and walking with a walker or cane, and R3 did not receive restorative during the seven-day review period.

Review of 08/14/19 "Care Plan" with revision dated 04/17/20 that indicated the resident received restorative. She participated in a restorative program due to right-sided arthritic (joint) pain. The restorative plan indicated she required NuStep (exercise machine) 10-15 minutes as tolerated for maintenance, endurance, and general strengthening to bilateral (both sides) lower extremities (BLE) with active range of motion (AROM, when opposing muscles contract and relax) as tolerated for maintenance. Staff assisted R4 to complete the NuStep at least two to three times per week.

Review of 02/08/21 to 03/09/21 "Restorative-NuStep 10-15 minutes as tolerated for maintenance, endurance, and general strengthening to bilateral upper extremities (BUE) and BLE with AROM as tolerated for maintenance" revealed no restorative completed.

Interview with R4 on 03/10/21 at 07:37 AM revealed she completed physical therapy 18 months ago, and staff should have assisted her with restorative. R4 stated the actual restorative aide completed transports instead of restorative, and R4 stated she wanted her restorative, and she wanted to complete it as ordered and with the correct person so she could get the most benefit. She said the facility completed group exercise daily, but she cannot attend due to a medication that required frequent bathroom use. She stated she "had not gotten any restorative for a very long while".

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Interview with CNA V on 03/10/21 at 08:23 AM revealed the only restorative aide in the facility was Restorative Aide/CNA D, but most of the time she transported residents out of the building, so she cannot complete restorative appropriately. She then stated, "the CNA's do not have time to complete the restorative" and that the facility had resident's that wanted to complete restorative "so bad" but could not get it completed.

Interview with CNA X on 03/10/21 at 10:15 AM revealed last week the facility had a meeting about Restorative CNA D not being able to complete restorative as ordered, and the facility tried to assign certain CNA's to complete the restorative. She stated that "since January 2021 to now, [R4] had not received restorative as ordered".

Interview with LN E on 03/10/21 at 09:30 AM revealed Restorative CNA D also completed transports. LN E said she had not seen R4 with this staff completing restorative in the last few months.

Interview with Restorative Aide D on 03/10/21 at 12:16 PM revealed she had strictly been transport for the last three to six months and had not been able to complete restorative for residents as ordered. When she raised concern, administration told her that she would continue to be expected to complete restorative for all residents. She stated, "transport is the bulk of what I do, that is why the restorative has not been completed" and she notified Administrative staff A last year that restorative had been lacking.

Interview with Administrative Nurse B on 03/15/21

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F 550	Continued From page 9 at 09:19 AM revealed restorative should be completed as ordered. The facility offered daily exercises, but if a residents' orders included the NuStep for restorative maintenance, and the resident specifically wanted to complete this exercise, then that should be completed. Review of 11/28/17 "Restorative Nursing" policy revealed the restorative nursing program is based on the individual needs of the resident. The goals are determined by the resident and should be to prevent avoidable declines, maintain function, or improve function. The facility failed to provide restorative nursing services to R1 specific to her needs and preferences.	F 550		
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: The facility census totaled 48 residents with 10 residents in the sample and three resident's	F 686		

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reviewed for braces/splints/immobilizers and pressure ulcers. Based on observation, interview, and record review the facility failed to provide Resident (R)8 with appropriate weekly skin assessments to include assessing the areas of skin under his right leg immobilizer (brace), even after placement of a tighter fitting immobilizer brace on 02/23/21. Three days after discharge from the facility, the wound clinic identified R8 had two unstageable eschar (dead tissue) pressure ulcers (a localized injury (wound) to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure) to the right posterior calf and the other to the right posterior proximal calf. The facility also failed to ensure an accurate assessments, descriptions and measurements of R6's sacrum pressure ulcer upon admission or to obtain updated wound care orders for continued care from the physician or wound care nurse.

Findings included:

- Review of R8's pertinent diagnoses from the "Physician's Order" in the "Electronic Medical Record" (EMR) dated 02/08/21 revealed: nondisplaced (refers to position of broken bone) fracture of medial condyle (ball shaped bone) of right femur (thigh bone), displaced (two or more fragments) bicondylar (two distinct surfaces on one bone articulate with corresponding distinct surfaces on another bone) fracture of right tibia (one of the lower leg bones), and fracture of right patella (knee cap).

Review of the 02/15/21 "Admission Minimum Data Set" (MDS) revealed a brief interview for mental status (BIMS) of 13, indicating intact cognition. The MDS did not note R8 at risk for

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pressure injuries and noted none at that time.

Review of the 02/15/21 "Cognitive Care Area Assessment" (CAA) revealed R8's potential for cognitive impairment due to behaviors noted.

Review of the 02/15/21 "Pressure Ulcer CAA" revealed the resident's potential for pressure ulcers would be related to sheering of skin and frequent incontinence.

Review of 02/08/21 "Admission/Quarterly/Annual/Significant Change Assessment" and the 02/15/21 and 02/22/21 "Braden Scale For Predicting Pressure Sore Risk" all revealed R8 at a moderate risk for pressure ulcers.

Review of 02/08/21 "Admission Assessment" revealed R8 with a right antecubital (bend of elbow) bruising and no other skin issues noted.

Review of 02/08/2021 at 05:32 PM "Admission Summary Note" revealed R8 admitted to the facility for skilled care with an immobilizer (brace) to right leg.

Review of 02/08/21 to 03/01/21 resident "Electronic Medical Record" (EMR) for "weekly wound assessments" revealed no skin issues were noted to the right leg.

Review of 02/08/21 "Care Plan" revealed no interventions related to R8's immobilizer or wounds noted to R8's right leg.

Review of 02/08/21 to 03/01/21 "Physician Orders" revealed no orders for wound care to R8's right leg or orders for the right leg

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immobilizer placement/frequency of removal noted.

Review of 02/09/21 to 03/01/21 "Monitor-Weekly Skin Observation" revealed no concerns were noted about the skin on R8's right leg, and the nursing staff did not indicate any exclusions related to the skin assessment.

Review of R8's "Shower Sheets" (from 02/08/21 to 02/23/21) in relation to skin issues, revealed a 02/21/21 Shower sheet which noted "everything was good". None of the "Shower Sheets" mentioned R8's skin on his right leg under his immobilizer.

Review of 02/23/21 "Consultation/Clinic Referral" revealed R8 continued with right knee mobilizer at all times, except for showering. [Per interview below, with Orthopedic Nurse CC, R8 received a new tighter fitting immobilizer (brace) at this appointment, because the first immobilizer was too big.]

Review of R8's "Shower Sheets" (02/23/21-03/01/21) in relation to skin issues, revealed on 02/27/21 note of "no new concerns". None of the "Shower Sheets" mentioned R8's skin on his right leg under his immobilizer (which staff could remove during showers).

Review of 02/08/21 to 03/01/21 "Tasks" regarding brace/immobilizer care and frequency of removal revealed the tasks lacked such documentation/orders.

Review of 03/01/21 at 10:40 AM "General Note" revealed LN E completed a head-to-toe assessment prior to the resident leaving the

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facility to go home. The assessment revealed no new skin concerns noted, only prior wounds located on left shin/foot (chronic (long-term) and surgical wounds).

Interview with Certified Nurse Aide FF on 03/18/21 at 09:19 AM revealed she never showered R8 because she hardly worked on that hall. She did know that anytime a resident had a brace/immobilizer, they called the nurse for removal. The CNA's documented on the shower sheets when the resident had a brace/immobilizer in place because the skin could not be viewed unless the nurse removed the appliance.

Interview with Licensed Nurse (LN) E on 03/10/21 at 09:30 AM revealed R8 wore a right leg brace/immobilizer and stated R8 did not have any wounds on his right leg. LN E said he "would look at [R8's] skin that he could see whenever he would adjust the brace but would not take it fully off" to assess the resident's skin. LN E stated the brace/immobilizer for R8 always stayed in place and when R8 discharged on 03/01/21, he stated he "knew that he wrote he did a full skin assessment for [R8], but he did not remove the brace/immobilizer from his right leg to check his skin from thigh to foot".

Interview with LN AA on 03/10/21 at 01:32 PM revealed R8 had a right leg brace/immobilizer due to a femur fracture at home. The staff did not remove the brace to assess his skin, the immobilizer had to be left in place and staff assessed the rest of his skin. She stated she "was told it was supposed to be on at all times, and the Certified Nurse's Aides (CNAs) would remove for bathing and should have come to the nurses with any skin concerns. R8 resided at the

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facility from 02/08/21 to 03/01/21, and she worked with him Thursday or Friday before he left the facility on 03/01/21. LN AA stated the resident would take off the ace wrap and the brace, but the staff did not. She then indicated R8 had no wounds on his right leg and the weekly skin assessments should be completed when the resident showered, so a full skin assessment can be completed. LN AA stated she "had not completed a skin assessment for [R8] when he showered, and when she did complete a skin assessment, she never removed the brace, and she did not document that the right leg could not be assessed".

Interview with facility Wound Care LN BB on 03/15/21 at 10:00 AM revealed she never assessed R8's skin under the right leg brace because she assumed the floor nurses looked at the skin, and she did not know if the brace/immobilizer could come off for this resident. LN BB stated when she completed a head-to-toe skin assessment without removing a resident's brace/immobilizer, she noted that in her documentation, and expected the floor nurses to do the same, and stated "that would be best practice".

Interview with Orthopedic Nurse CC on 03/15/21 at 03:02 PM revealed R8 came to the clinic for an appointment today to follow-up from the appointment on 02/23/21, and the staff removed the immobilizer to his right leg. She stated, "R8 did have a dressing in place on the right leg from the lateral malleolus (bone on the outside of the ankle joint) and posterior (backside) calf with a large dressing from posterior calf down to ankle. The office did not remove the dressing because R8 went to wound care for the wounds. She

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explained when R8 had his first follow-up appointment on 02/23/21, while he was a resident of the facility, "the office swapped out the first immobilizer [R8] had because it was slipping off (too big), and placed him in a more form fitting immobilizer because the physician wanted to continue the brace, and we applied an ace wrap and immobilizer that the facility staff could remove to shower/bath, and if staff completed skin assessments as well". She stated, "R8's skin on his right leg was intact when he came in for that appointment on 02/23/21". She also stated that "the facility staff did not call/fax a clarification for the immobilizer orders because the office staff documented all communication with the facility".

Interview with Wound Care Clinic LN DD on 03/15/21 at 03:15 PM revealed R8 obtained two pressure wounds to the right posterior and proximal calf from the immobilizer. The right posterior calf black eschar measured a length of 6.6 centimeters (cm) by a width of 3.2 cm by a depth of 0.3 cm, and the right posterior proximal calf black eschar measured a length of 2.8 cm by a width of 1.6 cm by a depth of 0.1 cm. LN DD said on the first visit to the office on 03/04/21 the areas were unstageable eschars (large, black scabs formed from tissue death from pressure), then on 03/11/21 at R8's follow-up appointment revealed both wounds were stage III pressure injuries. Her experience in wounds care spans six years, and in her professional opinion, if the facility staff would have removed the immobilizer for a full skin assessment the day, he left on 03/01/21, the staff would have observed the two unstageable black eschars. R8's wife told the office that the facility staff did not remove the brace/immobilizer during his stay.

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Interview with Administrative Nurse B on 03/15/21 at 09:19 AM revealed R8's orders included a physician order that stated, "do not remove the brace/immobilizer unless showering", staff were expected to follow that order. She would not have expected the nurses to remove the brace/immobilizer other than that, unless the nurse cannot assess his skin at the time of his shower, then she expected the nurse to call the physician to get clarification if the brace/immobilizer could be removed to assess skin specifically. She also stated, "it is probably safer to obtain a clarified physician order for the brace care and frequency of removal", but she did not want to say that staff "had to call to get an order". The brace/immobilizer placement and frequency of removal should be under the "tasks" tab for nursing in the EMR to document placement and removal of the immobilizer.

Review of 11/28/17 "Wound Assessment, Prevention and Treatment" policy revealed a resident who enters the facility without pressure ulcers will not develop them unless the individual's clinical condition demonstrates that they were unavoidable. Residents will be evaluated and monitored to prevent the development of pressure ulcers and to promote rapid healing of any pressure ulcers that are present. The facility did not provide a policy on splints/braces as requested on 03/11/21 at 02:45 PM.

The facility failed to provide R8 with appropriate weekly skin assessments to include the skin under his right leg immobilizer, resulting in two unstageable eschar pressure ulcers discovered three days after discharge.

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- Review of R6's pertinent diagnoses from the "Physician's Orders" in the electronic medical record (EMR) dated 12/08/20 included Dementia (a progressive mental disorder characterized by failing memory, confusion).

Review of 12/08/20 "Admission/Quarterly/Annual/Significant Change Assessment- Braden Scale for Predicting Pressure Sore Risk" revealed R6 was at [mild] risk for pressure ulcers.

Review of a 12/08/20 "Admission Assessment" revealed a sacral pressure ulcer on admission to the facility, however the assessment lacked any description, staging, or measurements.

Review of the 12/08/20 "Wound/Skin Infection Assessment" lacked documentation of a completed assessment of the pressure ulcer.

A review of 12/08/20 "Baseline Care Plan" revealed R6 experienced cognitive impairment. The only documentation found on the care plan for skin noted "pressure", with no location noted.

Review of 01/06/20 "Physician Standing Orders" revealed open wounds would be treated with hydrogel (absorbent wound dressing) and Opti foam (another absorbent wound dressing) and call the wound care nurse and physician for further direction.

Review of R6's "Physician Orders" from 12/08/20 to 12/15/20 lacked sacrum pressure ulcer care/dressing orders.

Review of R6's "Electronic Medical Record (EMR) chart, scanned documents, and progress notes"

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from 12/08/20 to 12/15/20 lacked documentation related to the wound and/or physician notification for updated wound care orders. The resident's record further lacked any wound measurements and/or descriptions of the wound during his stay at the facility.

Review of 12/15/20 at 09:44 AM "Discharge Summary Note" revealed a head-to-toe assessment completed for skilled charting with a wound noted on "coccyx with dressings changed per treatment orders". No wound measurements or description found at this time.

Interview with LN E on 03/10/21 at 09:30 AM revealed he never worked with this resident, but LN E called the physician or faxed them notifications of pressure ulcers to obtain updated wound care orders when pressure areas were found.

Interview with LN AA on 03/10/21 at 01:32 PM revealed R6 resided at the facility for about a week, and he had a pressure ulcer to his coccyx (tailbone)/sacrum when he admitted. R6's wound care orders included Opti foam, but there were no orders for how often to change the dressing. She stated, "the wound care nurse measured the pressure ulcers, the nurses just completed the dressings as ordered by the physician".

Interview with Wound Care Nurse BB on 03/15/21 at 08:28 AM revealed she thought she may have been off during the time the resident admitted to the facility, but could not remember. She expected the DON or MDS coordinator to follow wounds along with nurses who may have observed the wounds. She measured all wounds weekly and documented her findings in the

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F 686	Continued From page 19 assessment section of the resident's EHR, under weekly wound assessment. Interview with Administrative Nurse B on 03/10/21 at 04:38 PM revealed she expected the nurses to document all wounds, pressure or otherwise, on the admission assessment. Administrative Nurse B stated some nurses measured wounds, and some nurses did not feel comfortable measuring the wounds, so they notified the wound care nurse to complete measurements/descriptions. The facility expected the wound care nurse to assess once the resident arrived, within 24 hours and to start the weekly wound assessments with description and measurements. The floor nurses assumed responsibility for wound description and measurements if the wound care nurse could not come into the facility. Any notification to the wound nurse and physician must be documented in the progress notes or on a faxed/scanned document. Review of 11/28/17 "Wound Assessment, Prevention and Treatment" policy revealed residents would be evaluated and monitored to prevent the development of pressure ulcers and to promote rapid healing of any pressure ulcers that are present. The facility failed to ensure an accurate assessments, descriptions and measurements of R6's sacrum pressure ulcer upon admission or to obtain updated wound care orders for continued care from the physician or wound care nurse.	F 686		
F 800 SS=E	Provided Diet Meets Needs of Each Resident CFR(s): 483.60 §483.60 Food and nutrition services.	F 800		

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The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.
This REQUIREMENT is not met as evidenced by:
The facility census totaled 48 residents. Based on observations, interviews, and record review, the facility failed to provide residents with palatable meals and accounting for resident preference.

Findings included:

Observation in the central kitchen on 03/09/21 at 12:25 PM revealed dietary staff prepared the room trays (serving time supposed to be 12:00 PM).

Observation of Resident (R)3 on 03/09/21 at 12:42 PM revealed staff served them lunch, consisting of a pork chop. R3 advised the dietary staff the "pork chop was tough as shoe leather." R3 appeared to require force to cut the pork chop, which had an unappealing dry texture.

Observation of R4 on 03/10/21 at 08:01 AM revealed Certified Nurse Aide (CNA) C in the room with R4's breakfast of over-easy egg and sausage. After the CNA exited the room, the resident unwrapped and tasted the egg and sausage. They reported the food was cold and then stated, "this is what happens all the time."

Observation of 03/10/21 lunch meal received at 12:13 PM lunch meal revealed the "hot" foods as swiss steak with crushed seasoned tomatoes on top, baked potato (skin is thick, hard to cut, not

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appetizing), and green beans; food was warm to cool for all "hot" food items, no steam noted.

Observation of 03/11/21 breakfast meal received at 08:36 AM breakfast meal revealed round sausage and two French toast sticks for the "hot" items. The food was lukewarm to cold upon tasting, and the French toast sticks were soggy and cold.

A review of the facility meal/serving times revealed the following schedule: breakfast at 07:30 AM, lunch at 12:00 PM, and dinner at 05:00 PM.

Review of November 2020 to March 2021 "changes of menu" noted for only two resident notifications of a change to the menu. One menu change on 02/08/21 revealed a change from menu item to "chili dogs due to no burger buns for a scheduled bacon cheeseburger," and on 02/10/21, "beef tacos instead of breaded pork chop due to did not have scheduled food." Per interviews with residents and staff, changes such as above occurred multiple times without advance notice.

Review of undated "Always Available Entrees" menu revealed bacon, lettuce, tomato sandwiches (BLT) and pizza (hamburger, pepperoni, and cheese), ham and cheese sandwiches, grilled cheese sandwiches, fruit, and juices were always available for order.

Interview with R3 on 03/09/21 at 11:27 AM revealed that the residents received the normal menu instead of "special holiday" foods during the holidays. He stated, "dietary arrived late with breakfast many times over the last year, and the

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latest breakfast arrived had been 09:47 AM (one hour and forty-seven minutes after scheduled time), the latest lunch at 01:30 PM (an hour and thirty minutes after scheduled time). He then stated, "He would not be so upset if issues occurred with dietary occasionally, but multiple times daily/weekly/monthly to him were unacceptable."

Interview with R4 on 03/10/21 at 07:37 AM revealed the potato soup the residents received only "had a few taters floating on top." She received cold food often, and "it is aggravating." She indicated they would go warm it up, but she would prefer to "get her food at the appropriate temperature when served." She also indicated that she wanted to speak up for those who cannot because "they probably have it worse than her, having to eat cold food." The staff said residents can have food items off the "always available menu" like the mini pizzas. Still, all the facility ever had were the cheese pizzas, and R4 liked hamburger or pepperoni. She stated, "this has happened more than once they have been "out" of these items."

Interview with R3 on 3/10/21 at 08:33 AM revealed that the residents received menus every evening for the next day's meals, and the residents circle their choices. Still, the menus changed without notice so often that the staff disregarded the resident's menu selections. He stated that he has had "hotdogs twice in one day because the main entrée was not edible, like the pork chop yesterday was tough." He ate it because he gets tired of eating the alternative menu items. He stated he "wished the surveyors could be here on Saturday or Sunday because all of the issues he mentioned with dietary were

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worse on those days." He attended resident council yesterday, and all of the residents complained about the food/dietary issues and complained consistently for the last six to eight months.

Interview with R1 on 03/10/21 at 10:13 AM stated, "the food is awful, dietary just threw stuff together; there were times the foods did not taste good/appetizing, and when the facility had fried chicken there were only legs, no white meat/breast." He attended the resident council meeting yesterday, and once again, every resident complained about food issues. He stated that the pork chops served yesterday "were dry as can be." He ordered the hamburger patty or hotdogs a lot due to the meals not being appetizing. Per R1, it was "because the food is always cold when it arrived."

Interview with R2 on 03/10/21 at 10:20 AM stated, "the food is not any good here, not cooked right, too hard or burned, and she just cannot eat it." She indicated that food frequently arrived cold and dietary staff do not follow the menus. She stated, "she ordered something, and when it arrived to her, the food was totally different than what she ordered."

Interview with R7 on 03/11/21 at 10:12 AM revealed the kitchen should be stocked with food for the menus and stated, "was always out of everything." The residents have told the facility about the food issues at the resident council meetings. Their response included, "they were hiring new dietary staff, and the food issues only got worse, not better."

Interview with confidential (family member) on

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03/11/21 at 10:37 AM revealed the dietary staff/food problems have been ongoing over the last year and a half, and "nothing had changed." Cold food delivered long after the scheduled meal times, menu changes to meals even when a resident chose certain items. R4 told her that she had requested a couple of slices of bread and a leaf of lettuce to make a sandwich and the dietary staff told her there were none in the facility. The facility ran out of juice, bread, fresh fruits, and veggies "a lot" and stated, "the frozen meats were always overcooked, but cool on the inside." She stated, "the sausage gravy for the biscuits and gravy was a small amount with warm milk poured over it, not gravy, and that was not appetizing." Food issues were constantly problematic. She then stated that "on a Sunday, the residents were served a few tater tots, and macaroni with tuna, which is not appropriate for a generation that looked forward to Sunday evening meals and it happened frequently." She then offered that "Corporate came to the facility a few weeks ago, and said the menus were not being followed." Food should be hot, nutritious, appetizing, and on time, and the weekend food issues were worse than the weekdays. The residents have the alternatives of hamburgers/hotdogs so often because the entrees are so "gross they get tired of it."

Interview with CNA G on 03/10/21 at 08:23 AM stated, "there were times that breakfast trays were not delivered until after 09:00 AM".

Interview with CNA C on 03/10/21 at 08:34 AM revealed the residents complained about the food's appearance not being appetizing, too tough, or cold. If they requested salads or items off the alternative menu, dietary staff said the

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facility did not have that item. CNA C reported it to the administration many times. When the menus changed without notice, she stated, "the residents became so upset, and there have been times breakfast was served after 08:30 AM, instead of the scheduled 07:30 AM serving time". She indicated that the only dietary staff for the entire facility included one cook and one dietary aide on occasions. She stated, "[R3] complained about the food being late often, the food being cold and not cooked appropriately, and so he ordered the hamburger patty with cheese almost every day". She stated, "the more alert residents often ordered off of the alternate menu because the main dishes were not good."

Interview with LN E on 03/10/21 at 09:30 AM stated, "the majority of the prepared food quality at the facility was not good, and could be tough, cold, and served late." The late meals occurred two to three times a week; consistently, breakfast had been as late as 09:30 AM. Dietary staff told residents the facility did not have certain food items and stated, "this was frustrating for residents and nursing staff." Thanksgiving and Christmas lunch or supper meal disappointed many of the residents that looked forward to the seasonal meals. On Sundays, chips and sandwiches happened often. When LN E asked dietary staff why the residents received these items instead of the scheduled meals, he stated, "they would say they did not have the food items to make the scheduled menu meals which the residents should know in advance."

Interview with SSD L on 03/11/21 at 12:54 PM stated, "during the resident council, the residents stated the food arrived cold, they do not get menu items that were scheduled and chosen meals.

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They complained about eating the same things several times a week, and fried chicken only being legs, no white meat".

Interview with Dietary Manager I on 03/10/21 at 10:34 AM stated, "she started in her position with dietary in January 2021 and received no training for staffing or ordering food; she tried to find a better way to order items, so things stay stocked". She also stated, "dietary struggled to get food out to the residents in a timely manner, and the latest breakfast arrived to residents had been after 09:30 AM". She also stated, "that dietary staff told residents that the kitchen did not have items because they were busy and did not want to make the trip to the kitchen to get the item at times." Staff tried to follow the resident's meal ticket requests but stated, "there were so many new employees and changes to dietary that was challenging."

Interview with Administrative Nurse B on 03/10/21 at 09:03 AM stated, "Dietary Manager I may not completely understand the process of scheduling/ordering foods; the facility has had some persistent dietary issues."

Interview with Administrative Dietary staff F on 03/10/21 at 01:25 PM revealed she expected dietary to serve the meals at times designated. The ordering for dietary needed a better system, and she acknowledged there were times substitute meals occurred without notice.

Interview with Administrative Nurse B on 03/11/21 at 08:44 AM revealed all of the dietary staff needed training to ensure food orders [for the facility and the resident] were accurate. She stated, "the facility should serve meals on time,

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F 800	Continued From page 27 and the last tray should be served within 30 minutes of the official meal times whether in the dining room or if the resident ate in their room". A review of the 04/13/20 "Dining Service Meal Times" policy revealed meals would be served no more than 30 minutes after the scheduled meal times. Review of revised 04/13/20 "The Dining Experience: Objectives" policy revealed residents would have an exceptional dining experience that enhances their quality of life and provides attention to the individual resident's plan of care and dining wishes. Meals would be nourishing, attractive, and palatable. Staff members serving in the dining room would offer person-centered care to each resident and monitor their satisfaction and food and beverage intake. The facility failed to offer the residents a nourishing, palatable, with resident preference consideration diet.	F 800		
F 802 SS=F	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.60(a)(3) Support staff. The facility must provide sufficient support	F 802		

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personnel to safely and effectively carry out the functions of the food and nutrition service.

§483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii).
This REQUIREMENT is not met as evidenced by:
The facility census totaled 48 residents. Based on observation, interview, and record review the facility failed to ensure adequate dietary staff to ensure meals were served on time consistently to residents in the facility. This failure had the potential to affect all residents in the facility.

Findings included:

- Per Administrative Nurse B, the dietary staffing schedule included:
Daily Monday thru Friday there should be a dietary manager, two cooks (one day/one night), two preps (one day/one night), four aides (two day/two night), and an employee to assist with cleaning on Tuesday/Wednesday/Fridays; 4-5 employees for days and 4 employees at night. On Saturday and Sunday there should be two cooks (one day/one night), two preps (one day/one night), and four aides (two day/two night); 4 employee for days and nights.

Review of November 2020 Dietary Schedule revealed:
11/06 Dietary Aide N- late (3 staff (working))
11/15 Dietary Aide O- late (3 staff)

Review of December 2020 Dietary schedule revealed:
12/06 Dietary Aide M- absent (3 staff)

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F 802	Continued From page 29 12/08 Dietary Cook P and Dietary Cook H- late (4 staff) 12/09 Dietary Cook J and Dietary Aide K- absent (4 staff) Review of January 2021 Dietary Schedule revealed: 01/01 Dietary Cook S- late (2 staff) 01/12 Dietary Cook S- absent (4 staff) 01/13 Dietary Cook S- absent (4 staff) 01/17 Dietary Cook P, Dietary Aide N and Dietary Cook T- absent (3 staff) Review of February 2021 Dietary schedule revealed 02/06 Dietary Aide N- absent (4 staff) 02/10 Dietary Aide W and Dietary Cook T- absent (3 staff) 02/13 Dietary Aide U and Administrative Dietary staff F- absent (3 staff) 02/20 Dietary Manager I and Dietary Aide M- absent (Day: 4 staff, night 3 staff) 02/21 Dietary Manager I- absent (3 staff) 02/26 Dietary Cook J- late (cook, no other cook that day only Dietary Aides U and EE) (2 staff) 02/27 Dietary Cook T- absent (3 staff) Review of March 2021 Dietary schedule revealed: 03/05 Dietary Aide Q- absent (3 staff) 03/06 Dietary Aide Q- absent (3 staff) 03/07 Dietary Aide Q, Dietary Aide M- absent (3 staff) Confidential interview with an alert and oriented facility resident [date and time omitted for confidentiality] revealed he was pretty upset through the holiday months because the facility staff did not show up to prepare food timely. He stated dietary arrived "late with breakfast, he	F 802		

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received his breakfast late many times, and the latest breakfast arrived had been 09:47 AM, and the latest lunch he received an hour and a half late after the serving time, 12:00 PM. He stated, "He would not be so upset if it only happened occasionally, but multiple times daily/weekly/monthly is unacceptable".

Confidential interview with an alert and oriented facility resident [date and time omitted for confidentiality] revealed "sometimes the cooks don't come until late".

Confidential interview with a direct care staff member [date and time omitted for confidentiality] revealed "I don't think the dietary is properly trained". She stated there were new employees in the kitchen that do not know anything about diets. There was one cook, one helper and sometimes they sent the helper to serve. The staff member stated there were too many dietary staff that do not know what they are doing, or training, and stated they were always arguing about the schedule. She stated on the weekend they do not know what to do, or what the resident's like. She stated they come late, they had only two staff to work one day, it was before Christmas, and it was two people for the whole building. She said they call the supervisor in the Kitchen, Dietary Cook H and Dietary Manager I and they do not answer the phone and they do not show up if someone calls in.

Confidential interview with a direct care staff member on [date and time omitted for confidentiality] revealed sometimes the kitchen people come in late especially on the weekends and food is served later than scheduled.

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Confidential interview with a direct care staff member on [date and time omitted for confidentiality] revealed R3 had complained about the food a lot and about getting food late.

Confidential interview with licensed nursing (LN) staff [date and time omitted for confidentiality] revealed Cook H calls in and does not show up. LN staff stated like today she was supposed to be here, and she is not, so everything is late. LN E said the food is not served on time maybe two to three times a week.

Interview with Dietary Manager I on 03/10/21 at 10:34 AM revealed they started in January, when the Dietary Cook H was the Dietary Manager. DM I said the kitchen/dietary were low on staff, weekends especially. DM I said a lot of dietary staff hired had second jobs, and "I have been hiring but not many people want to work weekends". DM I stated on the weekends there should be one cook, a prep and two aides. DM I said the least number of employees we have worked with are "two cooks, it happens a lot". DM I said this weekend she only had three people and said the kitchen/dietary struggled to get food out timely and said the latest breakfast has been served was 09:30 AM. DM I said she made her own schedule for dietary, but did not keep a log of it and noted there were so many new employees and changes to dietary, and most of the dietary staff were really new.

Interview with Administrative Dietary staff F on 03/10/21 at 01:25 PM revealed they were working on getting new staff and there were a few that are leaving at the end of this month so they will need to hire new staff and train them. Administrative Dietary staff F admitted there was a problem with

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getting staff to work the weekends.

Interview with Administrative Nurse B on 03/10/21 at 09:03 AM revealed Dietary Manager I did not always completely understand the process of scheduling. Administrative Nurse B stated the facility had some persistent issues in the dietary.

Interview with Administrative Nurse B on 03/11/21 at 08:44 AM revealed when it came to meals, we should serve on time, and the last tray should be served within 30 minutes of the official mealtimes whether in the dining room or in their rooms eating.

Review of 04/03/20 "Organizational Plan" policy revealed there shall be a sufficient number of dining services personnel to effectively carry out the functions of the dining program. Working hours shall be scheduled to meet the total dietary needs of the residents.

The facility failed to ensure adequate dietary staff to ensure meals were consistently served on time to residents. This failure had the potential to affect all residents in the facility.