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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to facility on 09/14/2020.	F 000		
F 692 SS=G	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: The facility had a census of 35 residents. The sample included 12 residents with three reviewed for nutrition and hydration. Based on observation, record review, and interview, the facility failed to provide necessary nutritional assessments and treatment for weight loss for one of three sampled residents, Resident (R) 21.	F 692		

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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Findings included:

- R21's "Physician Order Sheet," dated 08/18/20, documented the resident had diagnoses of dysphagia (swallowing difficulty) following a 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), mixed receptive expressive language disorder (a communication disorder in which both the receptive and expressive areas of communication in any degree), pneumonia due to inhalation of food and vomit, and diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin).

The "Annual Minimum Data Set" (MDS), dated 07/10/20, documented the resident had moderately impaired cognition, verbal behaviors directed toward others, and rejection of care one to three days during the look back period that significantly interfered with the resident's care. The MDS documented the resident required limited assistance of one staff for Activities of Daily Living (ADLs), had loss of liquid and solids from his mouth when eating and drinking, 70 inches tall, weighed 127 pounds (lbs), and received a mechanically altered therapeutic diet.

The "Nutritional Status Care Area Assessment" (CAA), dated 07/24/20, documented on 01/12/20 the resident weighed 129.6 lbs, 07/05/20 weighed 127.1 lbs, and received a diabetic, mechanical soft diet with nectar consistency fluids.

The "Nutrition Care Plan," dated 08/12/19, documented the resident at risk for nutritional deficit related to a history of weight loss, and

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directed staff to provide Carnation Instant Breakfast (CIB) three times a day, double portions, and monitor any signs of swallowing difficulties, holding food in mouth, making several attempts at swallowing, and refusing to eat. The care plan further directed staff to monitor, record, and report to the physician as needed any signs and symptoms of muscle wasting, significant weight loss of three lbs in one week, more than five percent weight loss in one month, and greater than 10 percent in six months. The care plan directed staff to provide diet as ordered and registered dietician to evaluate and make diet change recommendations as needed.

The "Diabetic Mellitus Care Plan," dated 08/12/19, directed staff to offer the resident substitutes for food not eaten.

The "Physician Order," dated 05/13/19, directed staff to serve the resident a mechanical soft textured diabetic diet with nectar thick liquids and Ensure liquid (nutritional supplement) one can two times a day.

The "Physician Order," dated 05/20/19, directed staff to offer the resident CIB twice daily.

The "Physician Order," dated 06/06/19, directed staff to increase the resident's carbohydrates with meals.

R21's "Vital Sign Log-Weights" recorded the following weights:
03/01/20 136.6 lbs.
04/05/20 127.5 lbs.
05/03/20 124.4 lbs.
05/24/20 122.1 lbs. (7.5% weight loss)
05/31/20 123.6 lbs.

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06/21/20 123.6 lbs.
07/05/20 127.1 lbs.
07/12/20 123.9 lbs.
07/19/20 117.5 lbs.
07/26/20 120.6 lbs. (5% weight loss in 30 days)
08/09/20 120.5 lbs.
08/16/20 121.5 lbs.
08/23/20 119 lbs.
08/31/20 119 lbs. (10% weight loss in 180 days)

The "Mini Nutritional Assessment," dated 01/04/20, recorded the resident weighed 129.3 lbs, no decrease in food intake or weight loss, Body Mass Index (BMI) less than 19 (normal range is 18.5 to 24.9), and at risk of malnutrition.

The "Mini Nutritional Assessment," dated 04/04/20, recorded the resident weighed 127.8 lbs, no decrease in food intake, no weight loss, BMI less than 19, and at risk for malnutrition.

The "Mini Nutritional Assessment," dated 07/06/20, recorded the resident weighed 127.1 lbs, moderate decrease in food intake, weight loss between 2.2 lbs and 6.6 lbs, BMI less than 19, and malnourished.

The "Nutritional Risk Assessment," dated 07/16/20, recorded the resident weighed 123.9 lbs, BMI 17.8, low body weight, physical appearance thin, and not able to list food favorites. The dietary manager reported good intakes of CIB supplements, weight slowly trending downward the last 180 days, and intakes 0 to 50%. The assessment recorded the resident required supplements to meet caloric needs, discontinue the Ensure (which the resident did not prefer) and increase the CIB to three times a day.

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The "Progress Note," dated 09/03/20, recorded the resident had a recent notable weight loss, rarely finished a full meal, ate approximately 20 to 30% of meals, refused Ensure but would take CIB three times a day. Note sent to physician along with weight charting via fax.

On 09/02/20 at 12:30 PM, observation revealed R21 ate a few bites of Alfredo noodles, small bowl of peaches, and drank half of his CIB. Observation revealed the resident independently propelled himself out of the dining room to his room.

On 09/02/20 at 04:32 PM, observation revealed R21 sat in his room and ate a pastry snack.

On 09/02/20 at 04:55 PM, observation revealed R21 sat in the dining room, a regular portion meal of cheeseburger casserole, slice of bread and butter, CIB, and baked cinnamon apples in front of him. Observation revealed the resident sat with his left hand on his head, as if to holding it up, and fed himself a few bites of his meal, staff members stopped and encouraged the resident to eat, no one offered alternatives, and resident left the room without eating anything else.

On 09/03/2020 at 08:20 AM, Dietary Staff (DS) DD reported the resident received CIB with his meals and sometimes the staff offered him shakes. DS DD reported staff offered the resident soups if he did not eat well, because the resident did not like to chew a lot. DS DD reported dietary staff recorded the resident's food and liquid intake at meals and the nursing department recorded the information into the electronic charting system.

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On 09/03/20 at 04:41 PM, Consultant (C) GG reported the dietary manager reported concerns to her, she was available by phone, and had remote access to the computer charting system due to the COVID (a mild to severe respiratory illness caused by a coronavirus that is transmitted chiefly by contact with infectious material) precautions. C GG reported the dietary manager informed her the resident had a weight loss but could not remember when she was notified. The last nutrition note was in April 2020.

On 09/08/2020 at 08:54 AM, Administrative Nurse D reported the dietary aides documented the meal intakes and no food or fluid intakes were recorded in the electronic record for review. Administrative Nurse D stated the dietary department was responsible for giving the resident Ensure supplement and nursing staff checked it off in the treatment record. Administrative Nurse D verified the nursing department had not recorded the amount of supplement the resident ingested or intake of mealtime percentages.

The facility "Nutrition (Impaired) Unplanned Weight Loss Clinical Protocol" policy, dated September 2017, documented the staff will report to the physician significant weight gains or losses or any abrupt or persistent changes from baseline appetite or food intake. The staff and physician will identify pertinent interventions based on identified causes and overall resident condition, prognosis, and wishes. The physician and staff will monitor nutritional status, and individual's response to interventions and possible complications of such interventions.

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F 692	Continued From page 6 The facility failed to accurately monitor R21's meals and nutritional supplement intake resulting in a 10.26% weight loss in six months, placing the resident at risk for further weight loss and nutritional problems.	F 692		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs	F 755		

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is maintained and periodically reconciled.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 35 residents. Based on observation, record review, and interview, the facility failed to ensure that the Emergency Kit contained unexpired medications for use in case of an emergency medication administration.

Findings included:

- On 09/01/20 at 09:26 AM, Licensed Nurse (LN) G obtained the Emergency Kit (E-kit) for examination, on the top of the medication box was a list of the medication names in the E-kit with the expiration dates of the medications printed to the right. Observation revealed the following expired medications in the kit:
Amoxicillin 500 milligrams (mg) - expired 08/31/20
Gentamycin 80 mg/2 milliliters (ml) - expired 06/30/20
Glucagon Kit - expired 06/30/20
Loperamide - expired 07/31/20
Prednisone 10 mg - expired 07/08/20
Azithromycin 250 mg - expired 06/30/20

On 09/01/20 at 04:30 PM, observation revealed the pharmacy courier removed the E-kit, stated he would return it to the pharmacy, remove the expired medications, and return the E-kit to the facility that day.

On 09/01/20 at 09:45 AM, LN G stated the facility obtained the medication order from the physician. If the medication needed to be administered and the pharmacy unable to deliver it, staff obtained the medication from the E-kit, faxed the paperwork to the pharmacy, and pharmacy

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F 755	Continued From page 8 replaced it in the E-kit. On 09/01/20 at 10:30 AM, Administrative Nurse D stated the pharmacy came to the facility every month and checked the E-kit for expired medications. The "Pharmacy Service - Role of the Provider Pharmacy" policy, dated April 2019, documented the pharmacy will provide and maintain the facility's emergency medication supply. The facility failed to ensure the Emergency Kit contained unexpired medications for use in case of an emergency, placing the residents at risk for ineffective medications.	F 755		
F 758 SS=D	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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§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 35 residents. The sample included 12 residents with five reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed ensure an appropriate diagnosis for Resident (R) 24's Seroquel (antipsychotic medication).

Findings included:

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- R24's "Physician Order Sheet" (POS), dated 08/19/20, documented the resident had diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion) without behavioral disturbance, chronic (persisting for a long period, often for the remainder of a person's lifetime) kidney disease (kidneys are damaged and can't filter blood the way they should), dizziness and giddiness, pain, constipation, and hypertension (elevated blood pressure).

The "Annual Minimum Data Set" (MDS), dated 07/17/20, documented the resident had severe cognitive impairment, required supervision for Activities of Daily Living (ADLs), received an antipsychotic (medication used to treat any major mental disorder characterized by a gross impairment in reality testing) routinely, and the physician documented the Gradual Dose Reduction (GDR) as clinically contraindicated on 03/03/20.

The "Psychotropic Drug Use Care Area Assessment" (CAA), dated 07/17/20, documented the resident took an antipsychotic, Seroquel, and the last GDR attempt on 03/03/20 was declined by the physician.

The "Medication Care Plan," dated 08/13/20, recorded the resident at risk for complications from prescribed Black Box Warning (BBW-a type of warning for certain prescription drugs carries a significant risk of serious or life-threatening adverse effects) medication.

The "POS," dated 08/19/20, directed staff to administer Seroquel 12.5 milligrams (mg) upon rising in the morning, initiated 07/23/20, and

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F 758	Continued From page 11 Seroquel 25 mg at bedtime, initiated 02/13/20. The "Consultant Pharmacist's Review," dated 02/27/20, recorded the use of Seroquel for the diagnosis of dementia with behaviors showed an increase in mortality and hospitalization, was unapproved, and discouraged. The "Physician Response Note," dated 03/03/20, documented no change and directed staff to continue the medication as ordered, no risk vs. benefit statement included. On 09/08/20 at 04:45 PM, Administrative Nurse D verified the diagnosis of dementia was not appropriate for the medication Seroquel. The facility's "Antipsychotic Medication Use" policy, dated December 2016, documented residents will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective. The facility failed to ensure an appropriate diagnosis for the use of R24's Seroquel, placing the resident at risk for adverse side effects.	F 758		
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing	F 804		

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temperature.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 35 residents. Based on observation, record review, and interview, the facility failed to provide food prepared by methods that conserve nutritive value, flavor and appearance for three of three pureed meals.

Findings included:

- On 09/03/20 at 11:00 AM, observation during pureed food preparation revealed Dietary Staff (DS) CC placed 3 ounces (oz) broccoli and 4 oz hot meat gravy into the blender, added two 1 oz containers of half and half and blended. DS CC stated the mixture was not at the right consistency, added two more 1 oz containers of half and half and blended. DS CC then added one more to mixture for a total of 5 oz of half and half and blended to pudding consistency. DS CC placed the mixture onto a divided plate and placed it in the warmer. Observation revealed DS CC placed 6 oz of shredded pork, 8 oz of gravy, one half slice of whole wheat bread into the food processor and blended to pudding consistency, plated a portion of mixture on divided plate and placed in warmer.

On 09/03/20 at 11:15 AM, DS CC stated she prepared 4 oz serving portions and added the remainder of meat mixture left in the food processor. DS CC stated she did not use a recipe.

On 09/03/20 at 11:20 AM, DS BB stated the facility did not use recipes for pureed foods and the former dietician said they did not need to use recipes for pureed meals.

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F 804	Continued From page 13 The facility's revised "Pureed Food" policy dated October 2017 documented to provide appropriate foods for puree diets with appropriate texture and nutritional value and follow recipes according to recipes provided for each menu item. The facility failed to provide pureed foods prepared by methods that conserve nutritive value, flavor and appearance for three of three residents on pureed consistency diets, placing the residents at risk for impaired nutrition.	F 804		
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, 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 35 residents. Based on observation, record interview, and interview,	F 812		

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	175419	A. BUILDING _____ B. WING _____	09/08/2020

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the facility failed to store and prepare food in accordance with professional standards for food service safety in the facility kitchen.

Findings included:

- On 09/01/20 at 08:20 AM, observation during initial tour of the kitchen revealed the following undated or improperly stored foods:
Refrigerator 1
- One opened, unlabeled, and undated bag of lettuce
- One opened, unlabeled, and undated bag of celery
- Two metal trays of meat thawing on bottom shelf of refrigerator, back pan had roast beef and 5 pounds (lbs) sausage next to each other, front pan had an open 5 lbs package of hamburger next to a pork block, and a 10 lbs package of hamburger touching the meat on both pans.
Freezer 1
- One open and undated package of peas approximately 2/3 full
- One open and undated package of Philly steak meat approximately 1/3 full

On 09/03/20 at 12:10 PM, observation during noon meal preparation revealed Dietary Staff (DS) CC obtained ground pork from a plastic container on the unheated area of the steam table. Upon request from surveyor, DS CC checked the temperature and obtained a reading of 110 degrees Fahrenheit (F).

On 09/03/20 at 02:00 PM, observation revealed the following undated or expired items:
- One expired canister of PPM test strips (test strips are used to test the chemical sanitizing solution for dishwashers to ensure the required

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concentration) expired June 2016
- One undated dry storage bin containing 20 lbs of flour
- One undated dry storage bin containing 25 lbs of sugar

On 09/03/20 at 02:16 PM, observation of Staff Refrigerator 1 revealed the following undated or expired items:
- Six undated boxes of pizza
- One undated, unlabeled 12-ounce plastic container with unknown contents

On 09/03/20 at 03:42 PM, observation revealed the kitchen countertop uneven, worn and yellowed, multiple chips out of laminate covering, and the stainless-steel sink with missing areas of caulking. Observation revealed three overhead cupboards, four lower cupboards, and four drawers with peeling, loose, and chipped paint.

On 09/01/20 at 08:20 AM, DS BB verified the opened bags of lettuce and celery should be dated and that she would date them as they had just been opened today. DS BB verified the metal trays of thawing meat contained multiple different meats placed next to and on top of each other, DS BB stated she was unaware they needed to be separated into different pans. DS BB verified the open packages of peas and Philly steak meat should be dated.

On 09/03/20 at 12:10 PM, DS CC verified the temperature of the ground pork at 110 F was not hot enough to serve residents.

On 09/03/20 at 02:00 PM, DS BB verified the PPM test strip canister was expired, discarded the canister, and stated she would contact the

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company immediately for replacement PPM test strips. DS BB verified the two dry storage bins containing flour and sugar should be dated and dated them 08/31/2020. DS BB stated staff washed containers when emptied prior to adding new flour or sugar and that the delivery date for the flour was when both flour and sugar were added to the bins. DS BB produced an invoice from for the flour and sugar dated 08/31/20.

On 09/03/20 at 02:16 PM, DS BB verified the pizza boxes were placed in the refrigerator that day by staff and should have been dated. DS BB verified unlabeled, undated plastic container with unknown contents should have been dated, and discarded the container and contents.

On 09/03/20 at 03:42 PM, DS BB verified the countertop and cupboards in the far end of kitchen were not in a condition that would allow for proper cleaning and sanitization.

The facility's revised "Food Preparation and Service" policy, dated April 2019, documented the "danger zone" for food temperatures is between 41 degrees Fahrenheit and 135 degrees Fahrenheit. This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness. Mechanically altered hot foods, prepared for a modified consistency diet remain above 135 degrees Fahrenheit during preparation or they are reheated to 165 degrees Fahrenheit for at least 15 seconds.

The facility's revised "Food Preparation and Service" policy, dated April 2019, documented appropriate measures are used to prevent cross contamination. These include; storing raw meat

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separately and in drip-proof containers, and in a manner that prevents cross-contamination from other foods in the refrigerator.

The facility's revised "Sanitation" policy, dated October 2017, documented the food service area shall be maintained in a clean and sanitary manner. Kitchen and dining room surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime.

The facility's revised "Food Storage" policy dated October 2017, documented dry foods that are stored in bins will be removed from original packaging, labeled and dated ("use by" date), all foods stored in the refrigerator or freezer will be covered, labeled and dated ("use by" date), uncooked and raw animal products and fish will be stored separately in drip-proof containers and below fruits, vegetables and other ready-to-eat foods.

The facility failed to store and prepare food in accordance with professional standards for food service safety in the facility kitchen. placing the residents at risk for foodborne illnesses.