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	175499	A. BUILDING _____ B. WING _____	02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF PRAIRIE VILLAGE	7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #169135 and #169663. The 2567 was electronically sent to the facility on 02/23/22.	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 02/22/2022

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§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 had a census of 43 residents. The sample included 12 residents, with two reviewed for urinary catheters. Based on observation, record review, and interview, the facility failed to cover urinary catheter bags for two sampled residents, Resident (R) 8 and R18. This placed R8 and R18 at risk for impaired dignity and psychosocial wellbeing.

Findings included:

- The "Physician Order Sheet," dated 02/04/22, recorded R8 had diagnoses of dementia (persistent mental disorder marked by memory loss and impair reasoning), neurogenic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system), and a history of urinary tract infection (UTI).

The "Quarterly Minimum Data Set" (MDS), dated 02/09/22, recorded R8 had a Brief Interview for Mental Status (BIMS) score of seven (severe cognitive impairment) with no behaviors. The MDS recorded R8 required extensive staff assistance with transfers, had a urinary catheter, and used a wheelchair for mobility.

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The "Urinary Catheter Care Plan," dated 02/09/22, recorded R8 had a urinary catheter for the diagnosis of neurogenic bladder, and a history of recurrent UTIs. The "Urinary Catheter Care Plan" directed staff to monitor R8 for signs and symptoms of a UTI, and provide sanitary catheter cares every shift to prevent infection.

On 02/10/22 at 07:47 AM, observation revealed R8 sat in her wheelchair, and staff propelled the resident to the dining room. R8's urinary catheter tubing stuck out of the bottom of the resident's pants, and the catheter tubing and uncovered collection bag contacted the floor. Continued observation revealed R8's catheter tubing and uncovered collection bag remained touching the floor throughout the meal, and staff did not attempt to reposition the catheter tubing or uncovered collection bag.

On 02/16/22 at 07:39 AM, observation revealed R8 sat in her wheelchair, and staff propelled the resident to the dining room. R8's urinary catheter tubing stuck out of the bottom of the resident's pants, and the catheter tubing and uncovered collection bag contacted the floor. Continued observation revealed R8's catheter tubing and uncovered collection bag remained touching the floor throughout the meal, and staff did not attempt to reposition the catheter tubing or uncovered collection bag.

On 02/16/22 at 01:21 PM, Certified Nurse Aide (CNA) M stated she was not aware of a protective bag for R8's catheter bag, and verified staff took the resident to the dining room with an uncovered catheter bag.

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On 02/16/22 at 10:49 AM, Licensed Nurse (LN) G verified R8's uncovered catheter bag was visible under the resident's wheelchair in the dining room.

On 02/17/22 at 08:11 AM, Administrative Nurse D stated staff should cover R8's catheter bag to maintain the resident's dignity.

The facility's undated "Resident Rights," policy directed staff to provide cares and services to maintain the resident's respect and dignity.

The facility failed to cover R8's urinary catheter bag placing the resident at risk for impaired dignity and psychosocial wellbeing.

- The "Physician Order Sheet," dated 02/04/22, recorded R18 had diagnoses of multiple sclerosis (MS) progressive disease of the nerve fibers of the brain and spinal cord), neurogenic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system), and a history of urinary tract infection (UTI).

The "Medicare 5-Day Minimum Data Set" (MDS), dated 01/11/22, recorded R18 had a Brief Interview for Mental Status (BIMS) score of 12 (cognitively intact) with no behaviors. The MDS recorded R18 required total extensive staff assistance with transfers, dressing, personal hygiene, had a urinary catheter, and used a wheelchair for mobility.

The "Urinary Catheter Care Plan," dated 01/20/22, recorded R18 had a urinary catheter for the diagnosis of neurogenic bladder, and a history of recurrent UTIs. The "Urinary Catheter Care Plan" directed staff to monitor R8 for signs and

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symptoms of a UTI, and provide sanitary catheter cares every shift to prevent infection.

On 02/09/22 at 12:20 PM, observation revealed R18 sat in her wheelchair at the dining table, and staff seated next to the resident provided total assistance with her food and drink. Continued observation revealed R18's catheter tubing and uncovered collection bag contacted the floor beneath the resident's wheelchair, and staff did not reposition R18's uncovered catheter bag or tubing.

On 02/10/22 at 07:48 AM, observation revealed R18 sat in her wheelchair, and staff pushed the wheelchair to the dining room. Continued observation revealed R18's catheter tubing and uncovered collection bag slid on the floor, and five staff in the hall area did not attempt to reposition the catheter tubing or uncovered collection bag.

On 02/16/22 at 01:21 PM, Certified Nurse Aide (CNA) M stated she was not aware of a protective bag for R18's catheter bag, and verified staff took the resident to the dining room with an uncovered catheter bag.

On 02/16/22 at 10:49 AM, Licensed Nurse (LN) G verified R18's uncovered catheter bag was visible under the resident's wheelchair in the dining room.

On 02/17/22 at 08:11 AM, Administrative Nurse D stated staff should cover R18's catheter bag to maintain the resident's dignity.

The facility's undated "Resident Rights," policy directed staff to provide cares and services to

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F 550	Continued From page 5 maintain the resident's respect and dignity. The facility failed to cover R18's urinary catheter bag placing the resident at risk for impaired dignity and psychosocial wellbeing.	F 550		
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 43 residents. The sample included 12 residents, with five reviewed for activities of daily living (ADLs). Based on observation, record review, and interview, the facility failed to provide scheduled bathing for five sampled residents, Resident (R) 9, R17, R32, R23, and R5. This placed these residents at risk for skin problems and poor hygiene. Findings included: - R9's "Physician's Order Sheet," dated 02/07/22, recorded diagnoses of dementia (persistent mental disorder marked by memory loss and impaired reasoning), muscle weakness, and seizure disorder (uncontrolled brain activity that cause abnormal movements such as twitching, rigidity, limpness) The "Quarterly Minimum Data Set" (MDS), dated 12/12/21, recorded R9 had a Brief Interview for Mental Status (BIMS) score of 12 (cognitively intact) with no behaviors. The MDS recorded R9 required extensive to total staff assistance with	F 677		

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transfers, dressing, personal hygiene, bathing, and was incontinent of bowel and urine.

The "Activities of Daily Living (ADLS) Care Plan," dated 12/29/21, recorded R9 required a mechanical lift to transfer, and was on a check and change toileting program every two to three hours. The "ADL Care Plan" directed staff to provide supervision and extensive assistance with the resident's dressing, grooming, bathing, and personal hygiene.

The facility's undated "Bathing schedule," directed staff to shower R9 on Wednesday and Saturday every week.

The "January and February Bathing Report" recorded R9 had a shower on 02/02/22 and no other showers in January and February.

On 02/10/22 at 07:41 AM, observation revealed R9 sat in his wheelchair at the dining table. R9 wore the same soiled shirt as the previous day, and had dry, flaky skin on his scalp.

On 02/10/22 at 01:44 PM, Certified Nurse Aide (CNA) N stated staff record completed bathing on the computer program, and staff should provide bathing as scheduled for the resident.

On 02/16/22 at 10:49 AM, Licensed Nurse (LN) G stated R9 required extensive staff assistance with bathing, and staff should provide R9's bathing as scheduled.

On 02/17/22 at 10:10 AM, Administrative Nurse D stated staff should provide R9's bathing as scheduled and record completed bathing on the computer program.

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Upon request the facility could not provide bathing or ADL policy.

The facility failed to provide scheduled bathing for R9, placing the resident at risk for skin problems and poor hygiene.

- R17's "Physician's Order Sheet," dated 02/07/22, recorded diagnoses of metastatic breast cancer (spread of cancer cells to other organs and tissues of the body), dementia (progressive mental disorder characterized by failing memory and confusion) muscle weakness, chronic pain, and neurogenic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system)

The "Significant Change Minimum Data Set" (MDS), dated 01/17/22, recorded R17 had a Brief Interview for Mental Status (BIMS) score of 12 (cognitively intact) with no behaviors. The MDS recorded R17 required extensive to total staff assistance with transfers, dressing, personal hygiene, bathing, and was incontinent of bowel and urine.

The "Activities of Daily Living (ADLS) Care Plan," dated 01/22/22, recorded R17 had impaired skin integrity and was incontinent of bowel and urine. The "ADL Care Plan" directed staff to provide supervision and extensive assistance with the resident's dressing, grooming, bathing, and personal hygiene.

The facility's undated "Bathing Schedule," directed staff to shower R17 on Monday and Thursday every week.

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The "January and February Bathing Report" recorded R17 had a shower on 02/10/22 and no other showers in January and February.

On 02/09/22 at 03:10 PM, observation revealed R17 rested quietly in bed on her left side with pillows for support and comfort.

On 02/10/22 at 01:44 PM, Certified Nurse Aide (CNA) N stated staff record completed bathing on the computer program, and staff should provide bathing as scheduled for the resident.

On 02/16/22 at 10:49 AM, Licensed Nurse (LN) G stated R17 required extensive staff assistance with bathing, and staff should provide R17's bathing as scheduled.

On 02/17/22 at 10:10 AM, Administrative Nurse D stated staff should provide R17's bathing as scheduled and record completed bathing on the computer program.

Upon request the facility could not provide bathing or ADL policy.

The facility failed to provide scheduled bathing for R17, placing the resident at risk for skin problems and poor hygiene.

- R32's "Physician's Order Sheet," dated 01/28/22, recorded diagnoses of cerebral infarction (disrupted blood flow to the brain that causes damage or death to brain cells), dementia (progressive mental disorder characterized by failing memory and confusion) muscle weakness, and seizures (uncontrolled brain activity that cause abnormal muscle movements such as twitching, rigidity, limpness).

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The "Admission Minimum Data Set" (MDS), dated 02/03/22, recorded R32 had a Brief Interview for Mental Status (BIMS) score of eight (moderately impaired cognition) with no behaviors. The MDS recorded R32 required extensive staff assistance with transfers, dressing, personal hygiene, bathing, and was incontinent of bowel and urine.

The "Activities of Daily Living (ADLS) Care Plan," dated 01/29/22, recorded R32 had self care deficit related to impaired physical mobility and was incontinent of bowel and urine. The "ADL Care Plan" directed staff to provide supervision and extensive assistance with the resident's dressing, grooming, bathing, and personal hygiene.

The facility's undated "Bathing Schedule" directed staff to shower R32 on Monday and Thursday every week.

The "January and February Bathing Report," recorded R32 admitted to the facility on 01/28/22 and staff completed a shower for R32 on 02/14/22 (16 days after admission).

On 02/09/22 at 12:12 PM, observation revealed R32 sat in his wheelchair at the dining table. R32 was unshaven, had uncombed hair, and wore a soiled long sleeved dark grey t-shirt.

On 02/10/22 at 01:44 PM, Certified Nurse Aide (CNA) N stated staff record completed bathing on the computer program, and staff should provide bathing as scheduled for the resident.

On 02/16/22 at 10:49 AM, Licensed Nurse (LN) G

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stated R32 required extensive staff assistance with bathing, and staff should provide R32's bathing as scheduled.

On 02/17/22 at 10:10 AM, Administrative Nurse D stated staff should provide R32's bathing as scheduled and record completed bathing on the computer program.

Upon request the facility could not provide bathing or ADL policy.

The facility failed to provide scheduled bathing for R32, placing the resident at risk for skin problems and poor hygiene.

- Resident (R) 23's "Physician's Order Sheet," dated 02/09/22, recorded the following diagnoses of major depressive disorder (MDD) (a mental disorder characterized by a persistent depressed mood and long-term loss of pleasure or interest in life, often with other symptoms such as disturbed sleep, feelings of guilt or inadequacy, and suicidal thoughts), and cerebral infarct (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 the right dominate side.

R23's "Quarterly Change Minimum Data Set" (MDS), dated 01/23/22, recorded R23 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS recorded bathing did not occur during the seven day look back period and she required one staff assistance with personal hygiene and bathing.

The "Activities of Daily Living (ADL) Bathing Care Plan," dated 06/18/21, directed two staff to

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provide R23 assistance with bathing on Wednesday and Saturdays in the morning.

R23s "Bathing Report" and bath sheets documented the resident received a shower/bath on Wednesday evening shift and Saturday day shift.

The "December Bathing Report" documented the resident received a shower/bath on the following days :
12/01/22 to 12/22/21, no shower/bath for 21 days.

The "January Bathing Report" documented the resident received a shower/bath on the following days:
no bath or shower documented the entire month (39 days since last shower/bath)

The "February Bathing Report" documented the resident received a shower/bath on the following days:
02/01- 02/17/22, no shower or bath for 17 days.

On 02/17/22 at 08:50 AM, observation revealed R23 sat in bed dressed in a hospital gown. His hair was uncombed and greasy

On 02/18/22 at 10:30 AM, Administrative Nurse D verified the residents have scheduled bath/shower days including a skin assessment. The aides documented in the electronic health records when the resident received a shower/bath, and if it was not documented, it was not completed

Upon request no Activity of Daily Living or Bathing policy was provided by the facility.

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The facility failed to provide the necessary care and bathing services for R23, placing the resident at risk for poor hygiene.

- Resident (R) 5's "Physician's Order Sheet," dated 02/11/22, recorded the following diagnoses of major depressive disorder (major mental illness that caused people to have episodes of severe high and low moods) and pneumonia (inflammation of the lungs.)

R5's "Admission Minimum Data Set" (MDS), dated 11/25/21, recorded R5 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated intact cognition. The MDS recorded she required extensive two staff assistance with personal hygiene and bathing.

The "Activities of Daily Living (ADL) Care Plan," dated 02/11/22, directed one staff to provide R5 assistance with a sponge bath when a full bath or shower could not be tolerated.

R5's "Bathing Report" and bath sheets documented the resident received a shower/bath on Tuesday and Saturday day shift.

The "December Bathing Report" documented the resident received a shower/bath on the following days:
12/01/21 until 12/30/21 no bath for 29 days .

The "January Bathing Report" documented the resident received no shower/bath for the entire month - 31 days.

The "February Bathing Report" documented the resident received a shower/bath on the following days:

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F 677	Continued From page 13 02/01- 02/17/22 - no shower/bath for 17 days. On 02/11/22 at 08:00 AM, observation revealed R5 laid in bed awaiting staff to assist her up for breakfast. R5 wore a hospital gown and her hair was uncombed and greasy. On 02/18/22 at 10:30 AM, Administrative Nurse D verified the residents have scheduled bath/shower days including a skin assessment. The aides documented in the electronic health records when the resident received a shower/bath, and if it was not documented, it was not completed. Upon request no Activity of Daily Living or Bathing policy was provided by the facility. The facility failed to provide the necessary care and bathing services for R5, placing the resident at risk for poor hygiene.	F 677		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility had a census of 43 residents. The sample included 12 residents with three reviewed for accident hazards. Based on observation, record review and interview, the facility failed to	F 689		

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provide adequate supervision and assistance devices to prevent accidents for two of three sampled residents, Residents (R) 8 and 32. This placed R8 and R32 at risk for skin injuries and falls.

Findings included:

- The "Physician Order Sheet, " dated 01/28/22, recorded R8 had diagnoses of dementia (persistent mental disorder marked by memory loss and impair reasoning), anxiety (mental health disorder characterized by worry and fear that interferes with daily life), and muscle weakness.

The" Quarterly Minimum Data Set" (MDS), dated 12/08/21, recorded R8 had a Brief Interview for Mental Status (BIMS) score of seven (severely impaired cognition). The MDS recorded R8 required extensive staff assistance with transfers, impaired balance that required staff assistance to stabilize, history of falls, and used a wheelchair for mobility.

The "Fall/Accident Care Plan," dated 12/18/21, recorded R8 had a history of falls, impaired cognitive function, poor safety awareness and limited physically mobility. The "Fall/Accident Care Plan," directed staff to assist R8 with transfers, wheelchair mobility, and provide adequate supervision to prevent falls.

The "Fall Assessment," dated 02/01/22, recorded R8 was at high fall risk due to cognitive impairment, limited mobility, weakness and use of assistive devices.

The "Physician's Progress Note," dated 02/08/22 at 01:17 PM, recorded R8 received hospice

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services for advanced cancer, chronic illness and debility (physical weakness resulting from illness).

On 02/09/22 at 12:09 PM, observation revealed R8 sat in her wheelchair as staff propelled the resident approximately 30 feet down the hall to the dining room. R8's wheelchair lacked foot pedals, and the resident's slipper clad feet slid on the carpeted floor without any staff intervention.

On 02/16/22 at 01:01 PM, Certified Nurse Aide (CNA) M stated R8's wheelchair lacked foot pedals and staff instructed the resident to hold her feet off the floor while staff propelled her wheelchair. CNA M stated R8 was a fall risk due to her confusion, weakness, poor balance, and the resident had a history of falls.

On 02/16/22 at 01:21 PM, Licensed Nurse (LN) G stated R8's wheelchair lacked foot pedals, staff provided wheelchair mobility for the resident most times, and R8 was a fall risk.

On 02/17/22 at 10:10 AM, Administrative Nurse D stated R8 was assessed a fall risk, and to prevent skin injuries and accidents, staff should place foot pedals on R8's wheelchair before pushing the resident in her wheelchair.

Upon request the facility was unable to provide a related policy.

The facility failed to provide R8 adequate supervision and assistance devices to prevent accidents, placing the resident at risk for skin injuries and falls.

- The "Physician Order Sheet, " dated 01/28/22, recorded R32 had diagnoses of cerebral

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infarctions (disrupted blood flow to the brain that causes damage or death to brain cells), altered mental status, lack of coordination, muscle weakness and seizures (uncontrolled brain activity that cause abnormal muscle movements such as twitching, rigidity, limpness).

The" Admission Minimum Data Set" (MDS), dated 02/03/22, recorded R32 had a Brief Interview for Mental Status (BIMS) score of eight (moderately impaired cognition). The MDS recorded R32 required extensive staff assistance with transfers, impaired balance that required staff assistance to stabilize, and used a wheelchair for mobility.

The "Fall/Accident Care Plan," dated 01/28/22 (admission), recorded R32 had a history of falls, impaired visual function, and limited physically mobility. The "Fall/Accident Care Plan," directed staff to assist R32 as needed with activities of daily living (ADLs) and provide adequate supervision to prevent falls.

The "Progress Note," dated 01/29/22 at 10:30 PM, recorded staff found R32 seated on the floor in his room, assessed no injuries, and provided extensive assistance to transfer the resident back to bed.

The "Fall Assessment," dated 01/30/22, recorded R32 a fall risk related to poor safety awareness, lack of strength, and impaired mobility.

The "Progress Note," dated 02/15/22 at 11:43 PM, recorded R32 required occupational and physical therapy skilled services for limited mobility, muscle weakness and seizure activity.

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F 689	Continued From page 17 On 02/09/22 at 12:12 PM, observation revealed R32 sat in his wheelchair as staff propelled the resident approximately 100 feet down the hall to the dining room. R32's wheelchair lacked foot pedals, and the resident's stocking clad feet slid on the carpeted floor. On 02/16/22 at 01:01 PM, Certified Nurse Aide (CNA) M stated R32's wheelchair lacked foot pedals, and staff instructed the resident to hold his feet off the floor while staff propelled his wheelchair. CNA M stated R32 was a fall risk due to his confusion, weakness, and poor balance. On 02/16/22 at 01:21 PM, Licensed Nurse (LN) G stated R32's wheelchair lacked foot pedals, staff provided wheelchair mobility for the resident most times, and R32 was a fall risk. On 02/17/22 at 10:10 AM, Administrative Nurse D stated R32 was assessed a fall risk and to prevent skin injuries and accidents, staff should place foot pedals on R32's wheelchair before pushing the resident in his wheelchair. Upon request the facility was unable to provide a wheelchair positioning policy. The facility failed to provide R32 adequate supervision and assistance devices to prevent accidents, placing the resident at risk for skin injuries and falls.	F 689		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent	F 698		

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with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 43 residents. The sample included 12 residents with one reviewed for dialysis. Based on observation, record review, and interview, the facility failed to provide ongoing communication and assessment of the resident's dialysis (the process of removing waste products and excess fluid from the body when the kidneys are not able to adequately filter the blood) treatment, including monitoring for Resident (R) 135. This placed the resident at risk for complications and health decline.

Findings included:

- R135's "Physician's Order Sheet," dated 01/26/22 documented the resident had diagnoses of end stage renal disease (decline in kidney function.)

R135's "Admission Minimum Data Set" (MDS)," dated 02/06/22, recorded R135 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderately impaired cognition. The MDS recorded he required extensive assistance of one staff for bed mobility, dressing, toileting, and personal hygiene. The MDS further recorded R135 was occasionally incontinent of urine and did not record the resident received dialysis treatment.

The "Dialysis Care Plan," dated 02/10/22, documented R135 received dialysis, lacked a frequency of visits, and lacked mode of transportation to the appointment. The "Care

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Plan" recorded the facility would send a sack lunch with the resident.

The "Medication Administration Record" (MAR), dated 01/26/22 to 02/17/22 documented staff assessed the resident's left upper chest AV (artery-vein) fistula (a connection from a blood vessel that carries blood away from your heart to a vein) and checked for thrill (a fine vibration felt which reflects the blood flow by a dialysis resident's shunt) and bruit (blowing or swishing sound heard which reflects the blood flow with a dialysis resident's shunt).

The facility lacked evidence of communication and collaboration from the dialysis center to the facility for orders, guidance or direction .

On 02/16/22 at 07:15 AM, observation revealed R135 sat on the side of his bed, with the bedside table in front of him, eating breakfast. R135 wore a hospital gown with the sleeve falling off his right shoulder exposing a gauze dressing which covered the dialysis site.

On 02/10/22 at 08:30 AM, Licensed Nurse (LN) H verified R135 received dialysis three times a week and the facility failed to send a communication sheet with the resident when he left the facility. LN H stated the facility did not receive a communication sheet from the dialysis center when R135 returned to the facility.

On 02/16/22 at 09:40 AM, Administrative Nurse D verified the facility failed to send a communication sheet with the resident to dialysis and the dialysis center did not send a communication sheet to the facility after the resident completed his treatment.

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F 698	Continued From page 20 The facility's "Dialysis, Communication," policy, dated February 2021, documented it is the policy of the facility to communicate openly and effectively with any provider of dialysis for a resident of the facility. The DON or designee would contact the dialysis unit to establish the communication, explain the facility would be sending a communication form that would facilitate the sharing of resident information surrounding dialysis, The nurse in charge of the care of the resident, on the days of scheduled dialysis would initiate the dialysis communication form and would ensure the form is sent with the resident. The policy documented upon return of the resident from the dialysis center the nurse in charge of the resident would review the communication form and would obtain necessary post dialysis information. The policy recorded the nurse would communicate any significant information, complications, concerns to the medical practitioner and/or representative. The facility failed to provide R135 dialysis communication with the dialysis facility, placing the resident at risk for complications and health decline.	F 698		
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	F 758		

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F 758	Continued From page 21 (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; §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:	F 758		

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The facility had a census of 43 residents. The sample included 12 residents, of which five were reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to ensure one of five sampled residents, Resident (R) 12, received as needed (PRN) Xanax (an antianxiety medication that calm and relax people with excessive restlessness, nervousness and tension) with a 14 day stop date and rationale for use. This placed R12 at risk to receive unnecessary psychotropic medications (medications that affect the chemical make-up of the brain).

Findings included:

- R12's "Physician's Order Sheet," dated 02/04/22, recorded diagnoses of bipolar disorder (major mental illness that caused people to have episodes of severe high and low moods) and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).

The "Quarterly Minimum Data Set" (MDS), dated 12/27/21, recorded R12 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated intact cognition. The MDS recorded the resident required limited assistance of one staff for bed mobility, transfers, dressing and personal hygiene. The MDS documented R12 received an antianxiety medication.

The "Care Plan," dated 01/26/22, directed staff to observe R12 and document for any signs and symptoms of adverse effects of medications. The "Care Plan" directed the staff to monitor for respiratory depression and sedation after the medication administration.

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F 758	Continued From page 23 The "Physician's Order," dated 12/24/21, directed staff to administer Xanax, 0.25 milligrams (mg), one tablet as needed, every 8 hours as needed for anxiety. R12's "Electronic Medical Record" lacked documentation the PRN Xanax had a 14 day stop date and rationale for use. On 02/10/22 at 08:00 AM, observation revealed R12 sat in her recliner at the side of the bed and ate her breakfast. On 02/17/22 at 10:00 AM, Administrative Nurse D verified R12 received the PRN Xanax for anxiety. Administrative Nurse D verified the PRN Xanax had no rationale for continued use and no 14 day stop date. The facility's "Psychotropic Medication Use" policy, dated February 2021 recorded residents would receive psychotropic medications when necessary to treat specific conditions for which they are indicated and effective. The policy documented based on assessing the resident's symptoms and overall situation, the medical practitioner would determine whether to continue, adjust, or stop existing psychotropic medications. The facility failed to ensure R12's PRN antianxiety medication had a 14 day stop date and rationale for use, placing the resident at risk for adverse medication side effects and unnecessary psychotropic medications.	F 758		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)	F 761		

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§483.45(g) Labeling of Drugs and Biologicals
Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

§483.45(h) Storage of Drugs and Biologicals

§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 43 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to ensure insulin (hormone that lowers the level of glucose in the blood.) pens were dated when opened for Resident (R) 2, R28, and R138. This placed the affected residents at risk for decreased medication effectiveness.

Findings included:

- On 02/09/22 at 08:23 AM, observation

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F 761	Continued From page 25 revealed insulin pens not dated when opened for the following residents: R2 - Lantus insulin pen R28 - Lantus insulin pen and Humalog insulin pen R138 - Novolog insulin pen On 02/09/22 at 08:23 AM, Licensed Nurse (LN) G stated staff marked the insulin pen with a marker that easily rubbed off and verified the insulin pens did not have a readable open date. On 02/17/22 at 10:10 AM, Administrative Nurse D stated staff should ensure insulin pens were dated when opened to maintain the effectiveness of the medication. The "Medication Storage Policy," dated May 2019, directed staff to store medications per manufacturer guidelines to maintain the medication therapeutic effectiveness. The facility failed to ensure insulin pens were dated when opened for R2, R28, and R138, placing the affected residents at risk for decreased medication effectiveness.	F 761		
F 804 SS=E	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 temperature. This REQUIREMENT is not met as evidenced	F 804		

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F 804	Continued From page 26	F 804		

by:
The facility had a census of 43 residents. Based on observation, record review, and interview, the facility failed to serve palatable food during meals that maintained appetizing temperatures for the residents who resided in the facility and received food from the facility kitchen. This placed the residents at risk for nutritional status problems and weight loss.

Findings included:

- The 02/09/22 lunch menu recorded club sandwich, macaroni salad, fruit cobbler, and potato/vegetable soup.

On 02/09/22 at 12:30 PM, observation during the noon meal revealed staff brought the insulated food cart to the North 100 hall. At 12:45 PM staff removed the last tray out of the food cart. Upon request, Registered Dietician (RD) GG obtained a thermometer and measured the temperatures of the last tray of food on the cart for Resident (R) 5 with the following results:
Cheese Pizza slice 160.0 degrees Fahrenheit (F) (the resident chose an alternate)
Potato/Vegetable soup 122.5 F
Macaroni pasta salad 67.9 degrees F

On 02/09/22 at 09:35 AM, R5 stated her food was usually cold and late.

On 02/09/22 at 12:35 PM, RD GG verified the temperatures of the food were not palatable. She stated she had been working with the kitchen staff for a while however, they have had a turn over from the dietary manager to dietary aides and is a work in progress.

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F 804	Continued From page 27 On 02/09/22 at 01:00 PM, Dietary Staff (DS) BB stated the cold macaroni salad should be 40 degrees and below, the potato/vegetable soup should be 135 degrees or hotter. DS BB stated she worked at the facility for a few months and attempted to work on a new process for serving the trays to the residents. DS BB verified the main kitchen located in the Assisted Living side prepared the food, which was then delivered to the Long-Term Care side and the food was not always kept cold or warm during transport. DS BB stated she had been training new staff to keep the food at palatable temperatures. Upon request a policy for palatable food was not obtained from the facility. The facility failed to serve palatable food during meals that maintained appetizing temperatures for the residents who resided in the facility and received food from the facility kitchen. This placed the residents at risk for nutritional status problems and weight loss.	F 804		
F 812 SS=E	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	F 812		

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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 43 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to prepare, store, distribute, and serve food under sanitary conditions for the 43 residents in the facility, who received their meals from the facility kitchen. This placed the residents at risk for food borne illness.

Findings included:

- On 02/09/22 at 08:30 AM, during initial tour, observation revealed the following in the long-term care kitchenette:

1- eighteen by eighteen-inch square air vent located above the food steam table and food serving area with brownish gray fuzzy substance on the grill and on the ceiling tiles surrounding the air grill.

The refrigerator revealed one 12-ounce container of macaroni and cheese with an expiration date of 12/24/21.

The food temperature logs and refrigerator/freezer/dishwasher temperatures had not been documented since February 1.

On 02/09/22 at 08:40 AM, Dietary Staff (DS) BB

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F 812	Continued From page 29 verified the refrigerator/freezer/dishwasher temperatures had not been documented since February 1, and stated the facility use to have sheets in a three ring binder in the kitchenette, but they had not been filled out for the month of February. DS BB verified the macaroni and cheese was expired and would be discarded. DS BB stated staff should document the refrigerator/freezer, dishwasher temperatures twice daily, document the food temperature with each meal, and discard expired products. Upon request a policy for sanitization/safety and food storage was not obtained from the facility. The facility failed to prepare, store, distribute and serve food under sanitary conditions for the 43 residents residing in the facility, who received meals from the facility kitchen. The facility failed to log daily refrigerator/freezer/dishwasher temperatures daily, log food temperatures with each meal, and store food in a safe and sanitary manner, placing the residents at risk for food borne illness	F 812		
F 880 SS=E	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	F 880		

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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;
(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

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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 43 residents. The sample included 12 residents, with two reviewed for urinary catheters. Based on observation, record review, and interview, the facility failed to ensure urinary catheter tubing and collection bag did not contact the floor for Resident (R) 8 and R18, and appropriate disinfectant cleaning of the glucometer (device used to measure blood sugar) for R138 and R86. This placed R8 and R18 at risk for urinary tract infections (UTIs) and R138 and R86 at risk for blood borne infections.

Findings included:

- The "Physician Order Sheet," dated 02/04/22, recorded R8 had diagnoses of dementia (persistent mental disorder marked by memory loss and impair reasoning), neurogenic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system), and a history of urinary tract infection (UTI).

The "Quarterly Minimum Data Set" (MDS), dated

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02/09/22, recorded R8 had a Brief Interview for Mental Status (BIMS) score of seven (severe cognitive impairment) with no behaviors. The MDS recorded R8 required extensive staff assistance with transfers, had a urinary catheter, and used a wheelchair for mobility.

The "Urinary Catheter Care Plan," dated 02/09/22, recorded R8 had a urinary catheter for the diagnosis of neurogenic bladder, and a history of recurrent UTIs. The "Urinary Catheter Care Plan" directed staff to monitor R8 for signs and symptoms of a UTI, and provide sanitary catheter cares every shift to prevent infection.

On 02/10/22 at 07:47 AM, observation revealed R8 sat in her wheelchair, and staff propelled the resident to the dining room. R8's urinary catheter tubing stuck out of the bottom of the resident's pants, and the catheter tubing and uncovered collection bag contacted the floor. Continued observation revealed R8's catheter tubing and uncovered collection bag remained touching the floor throughout the meal, and staff did not attempt to reposition the catheter tubing or uncovered collection bag.

On 02/16/22 at 07:39 AM, observation revealed R8 sat in her wheelchair, and staff propelled the resident to the dining room. R8's urinary catheter tubing stuck out of the bottom of the resident's pants, and the catheter tubing and uncovered collection bag contacted the floor. Continued observation revealed R8's catheter tubing and uncovered collection bag remained touching the floor throughout the meal, and staff did not attempt to reposition the catheter tubing or uncovered collection bag.

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On 02/16/22 at 01:21 PM, Certified Nurse Aide (CNA) M stated she was not aware of a protective bag for R8's catheter bag, and staff should position R8's catheter tubing to not contact the floor while assisting the resident with cares .

On 02/16/22 at 10:49 AM, Licensed Nurse (LN) G verified R8's urinary catheter tubing and collection bag contacted the floor under the resident's wheelchair, and this was an infection control problem.

On 02/17/22 at 08:11 AM, Administrative Nurse D stated staff should cover R8's catheter bag, and ensure the catheter bag and tubing do not touch the floor due to infection risks.

The "Urinary Catheter Cares," policy, dated February 2021 directed staff to ensure the resident's urinary catheter tubing or collection bag did not contact the floor to minimize infection risks, and to clean urinary catheter tubing with disinfecting wipes if it did contact the floor.

The facility failed to ensure R8's urinary catheter tubing and collection bag did not contact the floor, placing the resident at risk for UTIs.

- The "Physician Order Sheet," dated 02/04/22, recorded R18 had diagnoses of multiple sclerosis (MS) progressive disease of the nerve fibers of the brain and spinal cord), neurogenic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system), and a history of urinary tract infection (UTI).

The "Medicare 5-Day Minimum Data Set" (MDS), dated 01/11/22, recorded R18 had a Brief Interview for Mental Status (BIMS) score of 12

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(cognitively intact) with no behaviors. The MDS recorded R18 required total extensive staff assistance with transfers, dressing, personal hygiene, had a urinary catheter, and used a wheelchair for mobility.

The "Urinary Catheter Care Plan," dated 01/20/22, recorded R18 had a urinary catheter for the diagnosis of neurogenic bladder, and a history of recurrent UTIs. The "Urinary Catheter Care Plan" directed staff to monitor R18 for signs and symptoms of a UTI, and provide sanitary catheter cares every shift to prevent infection.

On 02/09/22 at 12:20 PM, observation revealed R18 sat in her wheelchair at the dining table, and staff seated next to the resident provided total assistance with her food and drink. R18's catheter tubing and uncovered collection bag contacted the floor beneath the resident's wheelchair, and staff did not reposition R18's uncovered catheter bag or tubing.

On 02/10/22 at 07:48 AM, observation revealed R18 sat in her wheelchair, and staff pushed the wheelchair to the dining room. R18's catheter tubing and uncovered collection bag slid on the floor, and five staff in the hall area did not attempt to reposition the catheter tubing or uncovered collection bag.

On 02/16/22 at 01:21 PM, Certified Nurse Aide (CNA) M stated she was not aware of a protective bag for R18's catheter bag, and staff should position R18's catheter tubing to not contact the floor while assisting the resident with cares.

On 02/16/22 at 10:49 AM, Licensed Nurse (LN) G stated R18 had a urinary catheter, and staff

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should ensure infection control when providing catheter cares for the resident.

On 02/17/22 at 08:11 AM, Administrative Nurse D stated staff should cover R18's catheter bag, and ensure the catheter bag and tubing do not touch the floor due to infection risks.

The "Urinary Catheter Cares," policy, dated February 2021, directed staff to ensure the resident's urinary catheter tubing or collection bag did not contact the floor to minimize infection risks, and to clean urinary catheter tubing with disinfecting wipes if it did contact the floor.

The facility failed to ensure R18's urinary catheter tubing and collection bag did not contact the floor, placing the resident at risk for UTIs.

- On 02/17/22 at 11:35 AM, observation revealed Licensed Nurse (LN) I obtained a blood glucose test for R138. After completing the blood glucose test, LN I cleaned the blood glucose testing device with an alcohol wipe.

On 02/17/22 at 11:40 AM, observation revealed LN I obtained a blood glucose test for R86. After completing the blood glucose test, LN I cleaned the blood glucose testing device with an alcohol wipe. LN I verified four residents at the facility received blood glucose tests and the blood glucose meter was shared with the four residents.

On 02/17/22 at 11:40 AM, LN I verified he cleaned the testing device with alcohol and did not clean the glucometer with a disinfectant wipe.

On 02/17/22 at 11:45 AM, Administrative Nurse D verified LN I should have cleaned the blood

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F 880	Continued From page 36 glucose testing device with a disinfectant wipe after each use. Upon request the facility lacked a blood glucose monitoring policy and procedure. The Assure Platinum blood glucose monitor manufacturer's "Operators Manual" documented the meter should be cleaned and disinfected between each patient. The approved cleaning products are Cavi wipes, Microdot Bleach wipes, Clorox Healthcare Bleach Germicidal and Disinfectant, Super Sani cloth Germicidal Disposable wipes, and Medline Micro-kill Bleach Germicidal Bleach wipes. The disinfecting process reduces the risk of transmitting the viruses and infectious diseases through indirect contact if it is properly performed. The facility failed to properly disinfectant the blood glucose meter between and after R138 and R86, placing the residents at risk for infection.	F 880		