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	175441	A. BUILDING _____ B. WING _____	02/07/2022

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 02/09/22.	F 000		
F 553 SS=D	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3) §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's	F 553		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 02/09/2022

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

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strengths and needs.
(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 47 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to include the resident and the resident representative in the development and planning of the resident's care plan for Resident (R) 26 and R27. This deficient practice placed the residents at risk for not having their needs met.

Findings included:

- The "Electronic Medical Record (EMR)," for R26 recorded diagnoses of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness, and hopelessness), and delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue).

R26's "Quarterly Minimum Data Set" (MDS), dated 12/24/21, documented the resident had severely impaired cognition and required supervision of one staff for bed mobility, transfers, and dressing. The MDS further documented the resident had no behaviors and did not wander during the seven-day observation period.

The "Cognition Care Plan," dated 03/18/21, documented the resident had impaired decision-making skills related to memory loss, and symptoms of anxiety (mental or emotional

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reaction characterized by apprehension, uncertainty and irrational fear). The "Care Plan" directed staff to orientate the resident to the facility, routines, schedules, therapy as needed, maintain a consistent physical environment, and a daily routine.

The "Care Conference Log" documented the facility had not had a care conference with the resident and resident representative since 07/13/21.

On 02/07/22 at 09:12 AM, observation revealed R26 seated on the side of her bed eating breakfast.

On 02/03/22 at 01:23 PM, Social Service Designee (SSD) X stated she was new to the position and stated she did not start having care conferences with residents and families until January 2022 and was unable to find documentation of any other care conferences with R26 and family after 07/13/21.

On 02/07/22 at 01:36 PM, R26's responsible party stated she had not been invited to any of the care plans for the resident since R26's admission in March 2021.

On 02/07/22 at 04:14 PM, Administrative Nurse D stated the resident and family are to be invited to the care plan meetings to assist with the development and planning of the care plan.

The facility's "Planning and Implementing Care" policy, dated 01/01/20, documented the resident had the right to be informed of, and participate in his or her treatment including the right to participate in the planning process, the right to

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request meetings, and the right to request revisions to the person center plan of care. The facility shall inform the resident of the right to participate in his/or her treatment and shall support the resident in this rights. The planning process must facilitate the inclusion of the resident and/or resident representative to include an assessment of the resident's strength and needs.

The facility failed to include R26 and her representative in the development and planning of R26's care plan placing R26 at risk for not having her needs met.

- The "Electronic Medical Record (EMR)" for R27 recorded diagnoses of depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness, and hopelessness), hypertension (high blood pressure), and dysphagia (swallowing difficulty).

R27's "Quarterly Minimum Data Set" (MDS), dated 12/25/21, documented the resident had intact cognition and required extensive assistance of two staff for bed mobility, dressing, toileting, and personal hygiene.

The "Fall Care Plan," dated 02/12/21, documented the resident was at risk for falls related to impaired mobility, high risk medications, and left sided hemiplegia (paralysis of one side of the body). The "Care Plan" directed staff to assess the resident for appropriate assistive devices for mobility and transfers on admission, quarterly, and as needed, keep personal item within reach, and ensure the residents call light was within reach.

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The "Care Conference Log" documented the facility had not had a care conference with the resident and her representative since 05/10/21.

On 02/22/22 at 10:00 AM, observation revealed R27 lying in bed watching television.

On 02/03/22 at 01:23 PM, Social Service Designee (SSD) X stated she was new to the position and stated she did not start having care conferences with residents and families until January 2022 and was unable to find documentation of any other care conferences with R27 and representative after 05/10/21.

On 02/07/22 at 12:18 PM, R27's responsible party stated the resident had been at the facility for three years and that he used to be invited to all the care plan meetings but had not received any invitations lately.

On 02/07/22 at 04:14 PM, Administrative Nurse D stated the resident and family are to be invited to the care plan meetings to assist with the development and planning of the care plan.

The facility's "Planning and Implementing Care" policy, dated 01/01/20, documented the resident had the right to be informed of, and participate in his or her treatment including the right to participate in the planning process, the right to request meetings, and the right to request revisions to the person center plan of care. The facility shall inform the resident of the right to participate in his/or her treatment and shall support the resident in this rights. The planning process must facilitate the inclusion of the resident and/or resident representative to include an assessment of the resident's strength and

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F 553	Continued From page 5 needs. The facility failed to include R27 and her representative in the development and planning of R27's care plan placing the resident at risk for not having her needs met.	F 553		
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: The facility had a census of 47 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to accommodate the needs of Resident (R) 2 who had to reach up to the dining table to eat. This placed R2 at risk for discomfort during meals. Findings included: - The "Physician Order Sheet," dated 01/04/22, documented diagnoses of dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment), dysphagia (difficulty swallowing foods or liquids), lumbosacral disc degeneration (syndrome in which age-related wear and tear on a spinal disc causes low back pain), osteoarthritis (type of arthritis that occurs when flexible tissue at the ends of bones wears down), and recurrent depressive disorder (mental health disorder	F 558		

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characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).

The "Quarterly Minimum Data Set" (MDS), dated 01/19/22, documented a Brief Interview for Mental Status (BIMS) score of two, indicating severely impaired cognition. The MDS documented R2 required limited assistance for eating, extensive assistance for all other activities of daily living (ADLs), used a wheelchair, and had range of motion (ROM) impairment in one upper extremity.

The "ADL Care Plan," dated 10/19/21, documented R2 had loss of ROM to her right shoulder and right hand and received assistance with ADLs.

The "Nursing Note," dated 01/26/22 at 08:50 AM, documented family requested R2 be evaluated by therapy.

The "Occupational Therapy Evaluation," dated 01/28/22, documented the resident self-propelled her wheelchair to the sink and completed the hand washing task. R2 required stand by assistance with modification due to the height of the sink surface compared to R2 at wheelchair level.

On 02/03/22 at 08:50 AM, observation revealed staff brought R2, in her wheelchair, to the dining room. The dining table surface height was at her upper chest. R2 used her left hand to eat and the rim of the cereal bowl was chin height. She attempted to raise her right hand to the table but could not raise her shoulder high enough.

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F 558	Continued From page 7 On 02/03/22 at 12:23 PM, observation revealed R2 sat in her wheelchair at the dining table and ate independently with her left hand. R2 leaned to the right slightly and stretched out her left arm and hand to shoulder height to reach the food. On 02/07/22 at 12:27 PM, Licensed Nurse (LN)G stated the resident had not complained of the table height or shoulder pain. LN G agreed the table was high for this resident. On 02/07/22 at 04:15 PM, Administrative Nurse D verified staff should have provided a table at the appropriate height for this resident. The facility's "Accommodation of Needs" policy, dated 01/31/22, documented the facility would provide a dining area with tables and chairs with height adjustments to facilitate independent eating. The facility failed to provide R2 with a dining table of appropriate height to facilitate comfort and ease of independent eating, placing R2 at risk for discomfort during meals.	F 558		
F 689 SS=E	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:	F 689		

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The facility had a census of 47 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to provide an environment free of accident hazards to prevent an avoidable accident, when staff on the memory care unit left chemicals in an unlocked cabinet. This placed the five cognitively impaired independently mobile residents at risk for harm.

Findings included:

- On 02/01/22 at 12:36 PM, observation revealed in the activity room in an unlocked cabinet, a half full six ounce (oz) bottle of nail polish remover, with a label which read warning extremely flammable liquid, keep out of eyes, contact physician if ingested, and consult the local poison control center. In the same cabinet a 10 oz spray can of krylon 7020 easy tack repositionable adhesive (substance used for sticking objects or materials together) with a label which read danger extremely flammable, keep away from heat, vapors would accumulate readily and may ignite explosively. Keep area ventilated during use and until all vapors are gone, avoid prolonged exposure to sunlight or heat from radiators, stove, hot water and other heat sources. The label read vapor harmful if inhaled, may affect the brain or nervous system causing dizziness, headache or nausea, and cause eye, skin, nose and throat irritation. To avoid breathing vapors or spray mist, open windows and doors or use other measure to ensure fresh air entry during application and drying. Avoid contact with eyes and skin, wash hands after using, in case of eye contact flush thoroughly with large amounts of water for 15 minutes and seek medical attention.

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F 689	Continued From page 9 On 02/01/22 at 12:57 PM, Activity Staff (AS) Z verified the above finding and stated she unlocked the cabinet during the day because the items were supposed to be accessible to the residents, and when she left for the day, she would lock the cabinet. AS Z locked the cabinet. On 02/07/22 at 04:17 PM, Administrative Nurse D stated she expected staff to store chemicals in a locked cabinet. On 02/07/22 at 04:38 PM, Administrative Nurse D stated five cognitively impaired independently mobile residents resided in the memory care unit. The facility's "Control of Hazardous Materials" policy, revised 01/31/22, documented all hazardous chemicals would be locked at all times to avoid accessibility of any resident in the facility. The facility failed to ensure it remained free of accident hazards, when staff on the memory care unit left chemicals in an unlocked cabinet. This placed the five cognitively impaired independently mobile residents on the unit at risk for harm.	F 689		
F 692 SS=D	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	F 692		

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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 47 residents. The sample included 12 residents with one reviewed for dialysis (process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally). Based on observation, record review, and interview, the facility failed to provide a Registered Dietician (RD) assessment in a timely manner after the admission of Resident (R) 93, placing R93 at risk to have unmet special nutritional needs.

Findings included:

- R93's "Physician Order Sheet" (POS), dated 01/27/22, documented diagnosis of end stage renal disease (condition in which a person's kidneys cease functioning on a permanent basis and dialysis is required).

The "Admission Minimum Data Set" (MDS), dated 01/31/22 , was in process.

The "Renal Care Plan," dated 01/27/22, directed staff to arrange for meals around dialysis sessions. Arrange for early meal as needed, or

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save the meal if R93 can't eat during dialysis, make sure insulin and breakfast are given before dialysis, and give apple (not orange) juice to avoid excess potassium. The "Care Plan" directed staff to monitor vital signs, weights before and after dialysis, and to teach R93 to monitor her fluid intake.

The "Nutrition Care Plan," dated 01/27/22, directed staff to provide snacks of choice throughout the day, beverages of choice at meals and throughout the day, provide diet as ordered, and weigh as ordered.

The "Physician Order," dated 01/27/22, directed staff to provide a regular diet, no added salt, thin liquids, consistent carbohydrate diet, and consult the RD as needed.

The "Registered Dietician Assessment," dated 02/07/22, (11 days after admission) documented food and fluid intake was 75-100% at meals and meets estimated daily nutritional needs. The RD documented R93 at risk for unintended weight loss related to dialysis three times per week and the RD would follow up weekly and provide diet education as appropriate.

On 02/02/22 at 12:10 PM, observation revealed R93 in her room in bed resting. R93 stated after dialysis she always felt drained, and requested the surveyor come back tomorrow when she felt better.

On 02/03/22 at 11:15 AM, observation revealed R93 in the recliner in her room, watching TV. She stated she chose her own foods/meals and watched what she drank.

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On 02/02/22 at 12:10 PM, Licensed Nurse (LN) H stated R93 had dialysis on Monday, Wednesday, and Friday. He stated staff provided R93 a snack for breakfast prior to leaving at 06:00 AM for dialysis and staff provided her something to eat when she returned. LN H stated R93 was not feeling well today after dialysis and was sleeping. LN H verified R93's diet was no added salt, carbohydrate consistent, and she chose what she ate.

On 02/07/22 at 04:15 PM, Administrative Nurse D verified she expected the RD would start the nutritional assessment within 24 hours of receiving admission orders for the resident.

The facility's policy for "Dialysis," dated 01/03/22, documented staff were to assess the resident on admission, quarterly and with any significant change for risk factors and potential complications related to dialysis including alteration in nutrition. The resident would be assessed by a Registered Dietician within 24 hours of admission to the facility.

The facility failed to provide a Registered Dietician's nutritional assessment of R93's nutritional needs related to dialysis within 24 hours of admission, placing the resident at risk to have unmet nutritional needs.