F550

Corrective action for residents identified in the deficiency.

Upon notification from the surveyor of the finding, re-education was provided to nursing on dining practices and serving.

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice.

Re-education for Dining Services and Nursing staff will be conducted to reinforce dignified dining and appropriate mealtime service practices.

How corrective action will be monitored

The Director of Dining Services, or their designee, will conduct daily audits of meal service across different neighborhoods for a period of two weeks. The focus of these audits will rotate weekly. Following this initial phase, random weekly audits will continue for a period of three months,

Systemic changes to reasonably assure deficiency does not recur

Results of the audits will be submitted to the Quality Assurance Performance Improvement (QAPI) committee for review and recommendation

Completion Date:06/11/2025

F578 |

Corrective action for residents identified in the deficiency.

Residents identified during the survey # 3, 6, 24, 29, 45, 47, 54, 59, 77, 81, 83, 88, and 206 were offered or provided the resident and / or resident representative with written information concerning the right to formulate an advance directive.

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice

The Director of Social Services or their designee will conduct an audit to determine that all residents were offered or provided the resident and or the resident representative with written information concerning the right to formulate an advance directive. Any concerns identified during the audit were corrected.

How corrective action will be monitored

The Administrator, or their designee, will conduct random audits to ensure that all residents, or their representatives, have been offered or provided with written information regarding their right to formulate an advance directive. These audits will occur weekly for one month, followed by random monthly audits for an additional two months, or until substantial compliance is maintained.

Systemic changes to reasonably assure deficiency does not recur

Results of the audits will be submitted to the QAPI committee for review and recommendation

Completion Date: 06/11/2025

F584 |

Corrective action for residents identified in the deficiency.

1. Laundry Room the 2 black laundry carts with ripped duct tape on the inside, the floor was thrown away and replaced with new laundry carts.
2. Laundry Room the wooden trap door was repainted.
3. The Belfast Unit where the sit to stand was cleaned, including the base.
4. Res Rm #2, 46 - baseboard heater repainted
5. Res Rm #9 - entrance door frame was repainted
6. Res Rm #12 - bathroom/shower ceiling light received a new lens cover.
7. Clare Unit wheelchair scale in the whirlpool room received a new non-skid surface
8. The inside entrance doors to the Clare Unit were cleaned with no signs of black marks on the lower part of the door.
9. Res Rm 21-2 received a new wheelchair
10. Res Rm 22, 34,36, 39, 45 identified ceiling tiles were replaced with new ceiling tiles
11. Res Rm 28 received a new bagged bedpan in their restroom.
12. Res Rm 82 - heating unit was repainted
13. Dublin Unit, a dining room table, was sanded and treated.
14. Dublin unit sit to stand was cleaned including the base.
15. the exit doors to the Dublin Unit were cleaned and painted
16. On the Dublin Unit the water heater in the center core was covered
17. Res Rm 37 – the toilet was caulked
18. Res Rm 38,38-2 – the wall by bed 2 was cleaned and painted .
19. Res Rm 30, 39 – bathroom walls were cleaned and painted
20. Res Rm 31 - walls were cleaned and painted with no concerns of having black marks. The ceiling light was cleaned.
21. Res Room 39 – the plunger and wash basin were removed from the bathroom. The bathroom walls and heating unit were cleaned and painted, showing no signs of chipped or missing paint.
22. On the Galway Unit exit 8 cement floor was cleaned and repainted
23. On the Galway Unit, the small table was removed that is located in the sitting area past the nurses' station.
24. Res Room 46 the entrance door and the door frame were cleaned and repainted

25. Res Room 51 the plunger was removed from the bathroom. The wall by the bathroom entrance was cleaned and painted

Identifying other residents with potential for being affected and corrective action

All residents had the potential to be impacted by this practice.

How corrective action will be monitored

The Plant Operations Director, and the Assistant Director of Nursing or their designee(s) will conduct audits to ensure a safe, comfortable, clean home-like environment is maintained all residents.

Systemic changes to reasonably assure deficiency does not recur

Random audits will be conducted 5 days a week for 1 month, then monthly for a period of 2 months or until substantial compliance is maintained.

Results of audits will be submitted to the QAPI Committee for review and recommendation.

Date of Completion: 06/11/2025

F645 |

Corrective action for residents identified in the deficiency.

The PASRR evaluation request was submitted for the identified resident to obtain determination. Audit conducted to identify any residents who may have transitioned from Skilled to LTC with a 30-day convalescence categorization. Director of Social Services conducted education related to the PASRR process for the Social Services staff, specific to the 30-day convalescence category.

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice.

How corrective action will be monitored

The Administrator or their designee will conduct a random audit specific to the 30-day convalescence category of the PASRR to ensure those who will be residing in the facility beyond 30 days have a PASRR submitted.

Systemic changes to reasonably assure deficiency does not recur

Results of the audit will be submitted to the QAPI committee for review and recommendation

Date of Compliance:06/11/2025

F655 |

Corrective action for residents identified in the deficiency.

Resident #4's Activities of daily living care plan was updated to include a goal and interventions.

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice.

The Director of Nursing (DON), or their designee will conduct an audit of all residents. To ensure residents have a baseline care plan that includes ADL goal and interventions that has been developed and implemented.

Education was provided to licensed staff regarding baseline care planning.

How corrective action will be monitored:

The Director of Nursing or their designee will review resident records for baseline care plan to ensure all care plan goals and interventions have been implemented for a period of 1 month. Any irregularities will be corrected upon identification. Random audits for a period of 2 months or until substantial compliance has been achieved.

Systemic changes to reasonably assure deficiency does not recur

Results of the audit will be submitted to the QAPI committee for review and recommendation

Date of Completion: 06/11/2025

F656 |

Corrective action for residents identified in the deficiency.

The care plan for Resident #45 was updated to reflect that the resident can smoke with supervision.

The care plan for Resident # 78 was updated to reflect that the resident utilizes a C-PAP.

Identifying other residents with potential for being affected and corrective action

All residents have the potential to be affected.

All care plans will be audited to ensure C-PAP orders and Smoking Supervision needs are accurately recorded in the current care plan.

The Nursing Staff received education regarding safe smoking practices for residents, as well as implementation of a comprehensive care plan for all residents.

How corrective action will be monitored

The Director of Nursing (DON), or their designee will conduct audits to ensure safe smoking practices are adhered to, as well as care plans being implemented and updated as necessary.

Systemic changes to reasonably assure deficiency does not recur

Audits will be conducted weekly for a period of one month, then monthly for two months or until substantial compliance is maintained.

Results will be submitted to the QAPI Committee for review and recommendations.

Date of Compliance: 06/11/2025

F657 |

Corrective action for residents identified in the deficiency.

IDT meetings will be scheduled for residents # 3, 19, 22, 24,47, and 88 within 7 days of next MDS completion.

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice

How corrective action will be monitored

The Director of Social Services will audit the current time frame of the IDT schedule, adjusting to align with the MDS schedule.

An audit will be then conducted by the Director of Social Services to ensure that the IDT is completed within 7 days of the MDS.

Systemic changes to reasonably assure deficiency does not recur

Weekly audits will be conducted for 1 month, then monthly for a period of 2 months or until substantial compliance is maintained.

Results of the audits will be submitted to QAPI Committee for review and recommendation.

Date of Compliance: 06/11/2025

F684 |

Corrective action for residents identified in the deficiency.

Resident #24 urinalysis was obtained and sent to the lab, urology appointment was scheduled and visit completed.

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice.

How corrective action will be monitored

The Director of Nursing, or their designee will audit all resident records and neighborhood calendars to determine if there are any appointments that require pre-appointment testing. A daily review of residents who had an un-witnessed fall will be done to ensure neurological checks have been completed.

A daily review of residents requiring appointments and coordination will be discussed at the daily clinical meeting.

All licensed nursing staff received re-education regarding proper procedure for residents who had an unwitnessed fall. Education was conducted related to care standards and ensuring residents who require appointments outside of the community are followed up on and are coordinated to ensure follow-through occurs with pre-appointment testing.

Systemic changes to reasonably assure deficiency does not recur

The Director of Nursing (DON), and / or designee will conduct audits to determine compliance. The audit for pre-appointment testing will be conducted weekly x 4 then monthly x 2 months.

The audits will be conducted three times weekly for four (4) weeks, then weekly random audits for a period of two months or until substantial compliance is achieved.

Results of the audits will be submitted to the QAPI Committee for review and recommendations.

Date of Completion: 06/11/2025

F689

Corrective action for residents identified in the deficiency.

The mixing valve was replaced to ensure safe temperatures are maintained.

Disinfectant wipes were removed from resident room

The identified resident has supervision while smoking and was provided a protective apron for safety.

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice

Education provided to nursing, and housekeeping staff regarding ensuring resident safety, and securing chemicals away from residents

A review of the policy regarding temperature monitoring of water was reviewed with all Maintenance staff. Nursing staff were educated on safe smoking procedures for residents.

An audit of all resident rooms and resident care areas was conducted to ensure chemicals are not accessible to residents. If found, they were removed.

How corrective action will be monitored

Daily temperatures will be taken on all units, on each shift, two resident rooms per core, 7 days a week for a period of 2 weeks, then 5 days a week for a period of 2 weeks, then random audits of five rooms, per unit per week for a period of three months.

Director of Nursing or Designee will conduct random audit will be conducted for safe smoking procedures by the Director of Nursing or their designee daily x 5 then two times weekly x 2 weeks, then weekly x 2 weeks, then random monthly audits for a period of 2 months until substantial compliance is achieved.

Systemic changes to reasonably assure deficiency does not recur

The Director of Nursing or their designee will conduct weekly audits for a period of 1 month, then random audits for a period of 2 months or until substantial compliance is achieved. Results of the audits will be submitted to the QAPI Committee for review and recommendation.

Completion Date: 06/11/2025

F695 |

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice.

Corrective action for residents identified in the deficiency.

Resident #23's nebulizer mask and tubing were bagged.

Resident #78's CPAP machine was cleaned on 5/8/25.

How corrective action will be monitored

An audit will be conducted of current residents receiving respiratory treatment, including nebulizers and C-PAP. To ensure and verify equipment is clean, maintained, and stored properly.

The nursing staff received re-education regarding respiratory care by the Director of Nursing (DON) or their designee.

Systemic changes to reasonably assure deficiency does not recur

The Assistant Director of Nursing (DON), or designee will conduct audits to determine compliance with clean, maintenance, and storage practices are adhered to. Weekly audits x 1 month, then monthly for a period of 1 month or until substantial compliance is maintained as determined. Results of the audits will be submitted to the QAPI Committee for review and recommendation.

Date of Completion: 06/11/2025

F698 |

Corrective action for residents identified in the deficiency.

Resident # 21 identified had pre- and post-dialysis assessments initiated on dialysis days. TAR was updated to add monitoring of the fistula access site every shift.

Identifying other residents with potential for being affected and corrective action

All residents of the facility who have dialysis treatment have the potential to be affected, if evidence of access monitoring and assessment are not found, corrections will be made.

How corrective action will be monitored

The Director of Nursing (DON), and / or designee will review EMR for evidence of pre and post dialysis assessment completion in facility's EMR(PCC) and daily monitoring documentation of the resident's access site. Random audits will be conducted on dialysis days for 1 month, then weekly for 1 month, then monthly for 1 month

Systemic changes to reasonably assure deficiency does not recur

Results of the audits will be submitted to the QAPI committee for review and recommendation

Date of Completion: 06/11/2025

F730

Corrective action taken for identified deficiency

All C.N.A.s identified received an annual evaluation.

Identifying other staff potentially out of compliance with yearly evaluations and corrective action

The Human Resources Director or their designee will audit all CNA files to determine who else may not have yet had an annual evaluation. All CNAs evaluation will be completed.

Systemic changes to reasonably assure deficiency does not recur

The Director of Nursing and HR Director have developed a schedule to ensure staff receive their annual evaluation.

The Director of Nursing or their designee will conduct random monthly audits to ensure C.N.A.s due for evaluation are completed in a timely manner.

How corrective action will be monitored

The results of these audits will be presented to the facility's QAPI Committee for a period of 3 months or until substantial compliance is achieved

Date of Completion 06/11/2025

F761

Corrective action for residents identified in the deficiency

The Tylenol was removed from Resident 24's room with her consent.

The medication refrigerator was removed and replaced with a refrigerator without a freezer

Identifying other residents with potential for being affected and corrective action

Medication room refrigerators have been checked for ice build-up.

Resident rooms have been audited for evidence of medications being stored improperly and any found have been removed. Residents with the desire and ability to keep medications at bedside have been assessed for self-administration, physician orders obtained, and care plan update completed.

How corrective action will be monitored

The Director of Nursing (DON), or designee will conduct audits to determine medication storage is maintained at appropriate temperatures, as well as ensuring residents, who are able to self-administer medications, are doing so within the policy. Weekly audits for a period of two weeks, then (2) x per week for four (4) weeks, then monthly for a period of 2 months.

Systemic changes to reasonably assure deficiency does not recur

Results of the audits will be submitted to the QAPI committee for review and recommendation

Date of Completion: 06/11/2025

F812 |

Corrective action taken of items identified during survey:

All kitchen workers put on facial hair protectors.
several ceiling tiles in the kitchen were replaced resulting in no ceiling tiles with stains.
The fan that was sitting on the wall in the dish room was removed or cleaned.
All ceiling vents were cleaned and two were replaced resulting no signs of dirt or rust.
The wall over the reach in freezer and reach-ion refrigerator was cleaned resulting in no signs of dirt or dust.
The dry storage room floor was painted, and trash was removed.
The whipped topping that didn't have a thaw date was thrown away.
The ice machine was fixed resulting in now air gaps.
refrigerators and freezer temperatures were recorded with no concerns of them being out of range.

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by these practices.

Education will be provided to dining staff regarding the importance of logging temperatures for refrigerators, freezers, and dish machines, the importance of sanitation, labeling, and dating.

How corrective action will be monitored

The Dining Services Director or their designee will conduct audits to determine compliance with proper infection control practices, temperature monitoring of both refrigerators, freezers, and dish machines. Random daily audits will be conducted

Systemic changes to reasonably assure deficiency does not recur

Results of the audits will be submitted to the QAPI committee for review and recommendation

Date of Completion:06/11/2025

F814 |

Corrective action for residents identified in the deficiency.

The area was cleaned outside the back kitchen door and the dumpster doors were closed.

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice.

How corrective action will be monitored

The Plant Operations Director or their designee will conduct audits to determine if staff are following the sanitation protocols. Five days per week x 2 weeks, then 3 days per week for 2 weeks, then random monthly for 2 months.

Systemic changes to reasonably assure deficiency does not recur

Results of the audit will be submitted to the QAPI committee for review and recommendation

Date of Completion: 06/11/2025

F842 |

Corrective action for residents identified in the deficiency.

Licensed staff and nursing supervisors were re-educated where/how to monitor for completion of CNA documentation. The shift supervisor, or their designee will monitor before the end of the shift to ensure all CNA documentation is complete. Staff will be required to complete any missing documentation before leaving for the day.

Identifying other residents with potential for being affected and corrective action

All residents had the potential to be impacted by this practice. The nursing staff received re-education regarding ADL documentation requirements.

How corrective action will be monitored

The Director of Nursing (DON), and their designee will conduct random audits to ensure each shift documentation is monitored. Daily audits for a period of 2 weeks, then two times per week for a period of 1 month, then monthly for 1 month.

Systemic changes to reasonably assure deficiency does not recur

Results of the audit will be submitted to the QAPI committee for review and recommendation

Date of Completion: 06/11/2025

F880 |

Corrective action for residents identified in the deficiency.

The Nursing Staff received re-education regarding the Enhanced Barrier Precautions by the Assistant Director of Nursing

Identifying other residents with potential for being affected and corrective action

All residents of the facility have the potential to be affected by this practice.

How corrective action will be monitored

The Assistant Director of Nursing, or their designee, will conduct audits three times per week for two weeks to ensure staff are adhering to evidence-based practice (EBP) protocols. Following this period, random weekly audits will be conducted for one month.

Systemic changes to reasonably assure deficiency does not recur

Assistant Director of Nursing or designee will conduct random audits weekly for three months or until substantial compliance is maintained as determined by Quality Assurance Performance Improvement (QAPI) Committee.

Date of Completion: 06/11/2025

F944

Corrective action for residents identified in the deficiency.

There were no residents affected by the staff lack of QAPI training

Staff were re-educated regarding the principles of QAPI and their role in the program

How corrective action will be monitored

The Administrator or their designee will audit new hire education to ensure QAPI training was completed every two weeks x 2 then monthly x 3

Systemic changes to reasonably assure deficiency does not recur

Results of audits will be submitted to QAPI for review and recommendation.

Date of Completion: 06/11/2025