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| F 000 | INITIAL COMMENTS<br><br>From 11/27/23 through 11/29/23, on-site visits were conducted at Stillwater Health Care for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification and to investigate complaints #ME00043678, #ME00045049, and #ME00045274. It was determined that Stillwater Health Care was not in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. | F 000 | | |
| F 684 SS=D | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>This REQUIREMENT is not met as evidenced by:<br>Based on clinical record reviews, review of the electronic Medication Administration Record (eMAR) and interviews, the facility failed to ensure physician orders were followed for 2 of 5 sampled residents for unnecessary medications (Resident #152 (R152) and R11)).<br><br>Findings:<br><br>1. R152 was admitted on 11/15/23. During a review of R152's admission orders, dated 11/15/23, he/she had an order for Quetiapine to take 0.5 tablet to equal 12.5 milligram (mg) by | F 684 | | |

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

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mouth twice daily. Review of the eMAR for November 2023 indicates that R152 had an order, dated 11/15/23, for Quetiapine Fumarate 50 milligram dose: 0.5 tablet/25 mg by mouth two times a day. R152 received the following doses at 25 mg instead of the ordered 12.5 mg on 11/15/23 at 6:30 p.m., 11/16/23 at 8:30 a.m., 11/16/23 at 6:30 p.m., 11/17/23 at 8:30 a.m. and on 11/17/23 at 6:30 p.m. (Total of 5 doses).

On 11/29/23 at 1:21 p.m., during an interview with the Director of Nursing, the surveyor confirmed that R152 received 5 incorrect doses of his/her Quetiapine medication.

2. On 11/29/23, R11's clinical record was reviewed and included a physician order written on 5/5/23 that the Medical Provider wrote on the Physician Order Sheet orders to: Refer to dental office for cleaning and evaluation if necessary for poor dentition and refer to Optometry for an eye exam due Type II Diabetes. This order sheet had handwriting on it that indicated a copy was given to the Scheduler. The surveyor was unable to locate these orders in the physician orders (active or discontinued) or find the results of the appointments in the clinical record. On 11/29/23, the surveyor asked Registered Nurse #2 (RN2) if she had any information on these appointments. She stated that the Scheduler was working overnight tonight and she would pass the information on to her. This request for information was also provided to the Director of Nursing (DON) at approximately 3:00 p.m. On 11/30/23 at 1:05 p.m., during an interview with the DON, the surveyor asked if there was any documentation about the appointments or that the Medical Provider was made aware if these physician ordered referrals where not made. The DON stated that he had no documentation about

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| F 684 | Continued From page 2<br>appointments other than a written statement that was obtained from the Scheduler that stated she attempted to make the appointments but could not find a provider that was accepting new patients that accepted R11's insurance. The DON stated that going forward all attempts at scheduling appointments will be documented in ECS (electronic charting system). The clinical record lacked evidence that these appointments were made or attempted to be made and lacked evidence that the Medical Provider was notified that these physician ordered referrals were not completed. | F 684 | | |
| F 730 SS=B | Nurse Aide Peform Review-12 hr/yr In-Service<br>CFR(s): 483.35(d)(7)<br><br>§483.35(d)(7) Regular in-service education.<br>The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g).<br>This REQUIREMENT is not met as evidenced by:<br>Based on review of annual evaluations and interviews, the facility failed to complete an annual performance evaluation for a nurse aide at least every 12 months, for 4 of 5 sampled Certified Nursing Assistants (CNA) employed greater than 1 year (CNA1, CNA2, CNA3, CNA4).<br><br>Findings:<br><br>On 11/29/23, a surveyor reviewed the following employee files: | F 730 | | |

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1. CNA1 was hired on 10/17/22. There was no annual evaluation completed by October 2023. On 11/29/23 at 11:05 a.m., during an interview with a surveyor, the Business Office Manager (BOM) stated she was unable to find where the annual evaluation due last month was completed and she also checked with the Director of Nursing to see if CNA1's annual evaluation might be with him but he had no evaluations in his office either.

2. CNA2 was hired 9/24/19. The last annual evaluation was completed 9/24/22 and there was not one that had been completed by September 2023. On 11/29/23 at 1:01 p.m., during an interview with a surveyor, the Administrative Assistant/Scheduler stated she was unable to find one for 2023.

3. CNA3 was hired 1/10/14. The employee file included a "non-nursing" evaluation that was completed 2/2022 but lacked evidence of an annual evaluation completed for CNA3 in 2023 as CNA3 worked both an office position and a CNA position in 2022 and 2023. On 11/29/23 at 1:16 p.m., during an interview with a surveyor, the Administrative Assistant/Scheduler stated that CNA3 worked in the role of a CNA between January 2022 and January 2023. The surveyor confirmed that there was not an annual evaluation completed for a CNA in 2023.

4. CNA4 was hired 7/25/16. The employee file included a "non-nursing" evaluation that was completed 8/2022 as Activities Director. On 11/29/23 at 11:55 a.m., during an interview with a surveyor, CNA4 stated that she has worked the floor in the role of a CNA between July 2022 and July 2023 but had not received an evaluation for working as a CNA, only received a non-nursing

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| F 730 | Continued From page 4<br>evaluation. On 11/29/23 at 1:14 p.m., during an interview with a surveyor, the Administrative Assistant/Scheduler stated that CNA4 worked in the role of a CNA between July 2022 and July 2023. The surveyor confirmed that there was not an annual evaluation completed for a CNA in 2023. | F 730 | | |
| F 732 SS=B | Posted Nurse Staffing Information<br>CFR(s): 483.35(g)(1)-(4)<br><br>§483.35(g) Nurse Staffing Information.<br>§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:<br>(i) Facility name.<br>(ii) The current date.<br>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:<br>(A) Registered nurses.<br>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).<br>(C) Certified nurse aides.<br>(iv) Resident census.<br><br>§483.35(g)(2) Posting requirements.<br>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.<br>(ii) Data must be posted as follows:<br>(A) Clear and readable format.<br>(B) In a prominent place readily accessible to residents and visitors.<br><br>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data | F 732 | | |

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| F 732 | Continued From page 5<br>available to the public for review at a cost not to exceed the community standard.<br><br>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and interview, the facility failed to post the nurse staffing information in an area visible to residents and visitors for 3 of 3 days of survey.<br><br>Finding:<br><br>On 11/27/23 through 11/29/23, the surveyor observed that the nurse staffing information was not posted in an area visible to residents and visitors. On 11/29/23 at 8:48 a.m., in an interview with the surveyor, the Director of Nursing stated the nurse staff information was behind the nurse's station and confirmed that it was not posted in an area that residents and visitors had visible access too. | F 732 | | |
| F 883 SS=D | Influenza and Pneumococcal Immunizations<br>CFR(s): 483.80(d)(1)(2)<br><br>§483.80(d) Influenza and pneumococcal immunizations<br>§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-<br>(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;<br>(ii) Each resident is offered an influenza | F 883 | | |

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| F 883 | Continued From page 6<br>immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;<br>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and<br>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:<br>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and<br>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.<br><br>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-<br>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;<br>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;<br>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and<br>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:<br>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal | F 883 | | |

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immunization; and
(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
This REQUIREMENT is not met as evidenced by:
Based on record review, facility policy review, and interview, the facility failed to follow their own policy in obtaining a resident's Pneumococcal vaccination status and providing a vaccination if needed, for 1 of 5 residents reviewed for immunizations Resident #18 (R 18).

Finding:

The facility's policy, "Pneumococcal Vaccine", revised 6/2022, indicated:

1. Prior to or upon admission, residents will be assessed for eligibility to receive the Pneumococcal vaccine series, and when indicated, will be offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated.

2. Assessments of Pneumococcal vaccination status will be conducted within five (5) working days of the resident's admission if not conducted prior to admission.

On 11/29/23, R18's clinical record was reviewed which indicated the resident was admitted to the facility on 8/8/23, from another facility. The surveyor reviewed the electronic charting and found that the Pneumococcal vaccination status was blank. The paper record was reviewed and the surveyor couldn't find the vaccination status

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| F 883 | Continued From page 8<br>documented but did find a Pneumococcal Vaccine Administration consent form that was reviewed with the Resident Representative on 9/25/23 (greater than 5 days after admission). On 11/29/23 at 11:54 a.m., the surveyor reviewed this form with the Director of Nursing (DON) who stated that the documentation written on the form was that the "records requested from previous facility" and that it was documented that a vaccine should be given "if needed". The surveyor asked when the last time an attempt was made to obtain the records from the previous facility? The DON called the Nurse Manager who replied that the last time an attempt was made was the end of September. The surveyor confirmed that the vaccination status was not attempted to be obtained until greater than 5 days after admission and that there has been no follow up since the end of September to obtain R18's vaccination status to determine whether an additional vaccination was needed. | F 883 | | |