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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual recertification survey at the facility from 10/30/2023 through 11/02/2023. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F656, F679, F695 and F867.<br><br>The facility had a census of 51 and was licensed for 60 beds. | F 000 | | |
| F 656 SS=D | Develop/Implement Comprehensive Care Plan<br>CFR(s): 483.21(b)(1)(3)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the | F 656 | | 12/13/23 |

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

Electronically Signed | 11/20/2023

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| F 656 | Continued From page 1<br>findings of the PASARR, it must indicate its rationale in the resident's medical record.<br>(iv)In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.<br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(iii) Be culturally-competent and trauma-informed.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interviews, record review, and the facility policy review, the facility failed to implement activity care plan approaches for three (3) of 13 sampled residents. Resident #23, Resident #27, Resident #32.<br><br>Findings include:<br><br>Review of the facility's policy, "Care Plan Process", revised 8/17, revealed, " ...The results of the assessment, which must accurately reflect the resident's status and needs, are to be used to develop, review, and revise each resident's comprehensive person-centered plan of care ...Interventions are actions that should promote meeting the established goal ..." | F 656 | F 656<br>-Resident #23, 27 and 32□s Activities Care Plan was reviewed and updated by facility Assessment Nurse on 11/20/2023. The facility Activities Director was in-serviced by the facility Administrator related to the Activities Program on 11/20/2023.<br><br>-All residents have the potential to be affected by this practice.<br><br>-The facilities inter disciplinary team was in-serviced by the facility administrator on the Care Plan Process on 11/20/2023. The facility Medical Director reviewed the policy | |

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| F 656 | Continued From page 2<br>Resident #23<br><br>Record review of the "Care Plan" for Resident #23 with a problem onset date of 09/21/2022 revealed "Problem/Need: Resident needs encouragement and assistance to activities ... Approaches ... One on one activities, music TV ...Invite resident to church, bingo, and group discussion..."<br><br>During an observation on 10/30/23 at 4:00 PM, Resident #23 was in her wheelchair being pushed by a therapy staff down the hallway. The staff member asked the resident if she wanted to go to the dayroom for activities. The resident asked what the activities were, and the staff member responded that the residents were watching TV. Resident #23 stated that she could watch television in her room.<br><br>On 11/01/23 at 3:15 PM, during an observation, Resident #23 was in the dayroom, sitting at a table with a book. The television was on, and other residents were watching the program. There were no structured activities taking place.<br><br>On 11/01/23 at 03:22 PM, an interview with Resident #23 revealed she was not enjoying the television program that was playing in the dayroom. Resident #23 explained that she enjoyed participating in activities and getting out of her room and it made her feel bad when there was nothing to do at the facility. She stated that once she realized Bingo was canceled, she got her puzzle book to work on.<br><br>Resident #27<br><br>Record review of the "Care Plan" for Resident | F 656 | □Care Plan Process□ with no recommended changes to the policy on 11/20/2023. The facility Quality Assessment and Assurance Committee met on 11/20/2023 to review the plan of correction for F tag 656.<br><br>-Beginning 11/21/2023, the facility Administrator will monitor the Activities Care Plan Process for five residents 3 times weekly for 4 weeks and then weekly for two months to ensure ongoing compliance with F tag 656 and will report to the Quality Assessment and Assurance Committee for 3 months. The first Quality Assessment and Assurance Committee meeting will be held on 12/13/2023. | |

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| F 656 | Continued From page 3 | F 656 | | |

#27 with a problem onset date of 09/26/2022 revealed "Problem/Need: Resident needs encouragement and assistance to activities ...Approaches ... One on one activities, music TV ...Invite resident to church, bingo, and group discussion ..."

During observations on 10/30/23 at 11:00 AM, Resident #27 was sitting in the dayroom and at 11:10 AM. The activity of "Noodle Balloon Ball" as noted on the Activity Calendar was not in progress.

During an observation on 11/1/23 at 10:00 AM, Resident #27 was sitting in the dayroom. The activity of "Team Building Exercise" as noted on the Activity Calendar was not in progress.

During an observation on 11/1/23 at 12:15 PM, Resident #27 was sitting in the dayroom. The activity of "Bean Bag N A Bucket" as noted on the Activity Calendar was not in progress.

During an observation on 11/1/2023 at 3:10 PM, Resident #27 was sitting in the dayroom and at 3:15 PM, Resident #23 was in the dayroom. The activity of "Fun Bingo" as noted on the Activity Calendar was not in progress.

Resident #32

Record review of the "Care Plan" for Resident #32 with a problem on set date of 07/07/2022 revealed "Problem/Need: Resident needs encouragement and assistance to activities ...Approaches One on one activities, music TV ...Invite resident to church, bingo, and group discussion ..."

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| F 656 | Continued From page 4 | F 656 | | |

During observations on 10/30/23 at 11:00 AM, Resident #32 was sitting in the dayroom. The activity of "Noodle Balloon Ball" as noted on the Activity Calendar was not in progress.

Record review of the Activity Calendar for October 2023 revealed on 10/30/23, "Noodle Balloon Ball" was scheduled for 11:00 AM and Team Building Exercise Games were scheduled for 2:00 PM.

During an observation on 10/30/23 at 2:10 PM, Resident #32 was wandering the hallways and Resident #27 was sitting in the dayroom. The activity of "Team Building Exercise Games" as noted on the Activity Calendar was not in progress.

Record review of the Activity Calendar for November 2023 revealed on 11/1/23, "Team Building Exercise" was scheduled for 10:00 AM, "Prize Bean Bag N A Bucket" was scheduled for 12:00 PM, and "Fun Bingo" was scheduled for 03:00 PM.

On 11/02/23 at 12:15 PM, an interview with Registered Nurse #2/MDS Nurse revealed it is the responsibility of the Activities Director (AD) to assure the Resident's care plan goals and interventions are met.

On 11/02/23 at 12:50 PM, in an interview with the AD, he confirmed that resident care plans were not followed consistently regarding the care plan interventions.

On 11/02/23 at 12:56 PM, in an interview with the Director of Nursing (DON), she acknowledged the facility did not follow the care plan regarding

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| F 656 | Continued From page 5<br>activities. She stated that she expected the staff to follow the care plan for the residents.<br><br>On 11/02/23 at 01:02 PM, an interview with the Administrator confirmed the care plan was not followed consistently regarding activities. | F 656 | | |
| F 679 SS=D | Activities Meet Interest/Needs Each Resident<br>CFR(s): 483.24(c)(1)<br><br>§483.24(c) Activities.<br>§483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, staff and resident interviews, record review, and the facility policy review, the facility failed to provide structured activities for three (3) of 13 sampled residents. Resident #23, Resident #27, and Resident #32<br><br>Findings Include:<br><br>Review of the facility's, "Activity Programs & Activity Program Scheduling", revised 11/17, revealed, "The facility will provide for an ongoing program of age-appropriate activities designed to meet, in accordance with the comprehensive assessment, the interest and the physical, mental, and psychosocial needs of each resident ...Activity Programs & Activity Programs | F 679 | F 679<br><br>-Resident #23, 27 and 32□s were assessed by facility Assessment Nurse on 11/20/2023 with no adverse findings noted. The facility Activities Director was in-serviced by the facility Administrator related to the Activities Program on 11/20/2023.<br><br>-All residents have the potential to be affected by this practice.<br><br>-The facilities Activities Director was in-serviced by the facility administrator on | 12/13/23 |

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| F 679 | Continued From page 6<br>Scheduling ...Activity Programs - Scheduling ...Activity programs will be conducted as scheduled. An alternate will be provided upon cancellation of a scheduled program. Procedures ...1. Programs are to be held as reflected on the activity calendar, as well as in the daily morning announcements. 2. If, for some reason, the scheduled program cannot be held ...activity staff should either conduct that program or conduct an alternative program. 3. Only under rare circumstances should an activity be canceled and not replaced with another activity ...4. If, for some reason, a program or alternate program cannot be held, announce the change ...notify each Charge Nurse so that they man notify all floor staff, and note the change on the large activity calendar ..."<br><br>Resident #23<br><br>During an observation on 10/30/23 at 4:00 PM, Resident #23 was in her wheelchair being pushed by therapy staff down the hallway. The staff member asked the resident if she wanted to go to the dayroom for activities. The resident asked what the activities were, and the staff member responded that the residents were watching television (TV). Resident #23 stated that she could watch TV in her room.<br><br>Record review of the November Activity Calendar for November 2023 revealed "Fun Bingo" was scheduled for 3:00 PM on 11/1/23.<br><br>On 11/01/23 at 3:15 PM, during an observation, Resident #23 was in the dayroom, sitting at a table with a book. The television was on, and other residents were watching the program. There were no structured activities taking place. | F 679 | the Activity Programs and Activity Program Scheduling on 11/20/2023. The facility Medical Director reviewed the policy □Activity Programs and Activity Program Scheduling□ with no recommended changes to the policy on 11/20/2023. The facility Quality Assessment and Assurance Committee met on 11/20/2023 to review the plan of correction for F tag 679.<br><br>-Beginning 11/21/2023, the facility Administrator will monitor the Activities program 3 times weekly for 4 weeks and then weekly for two months to ensure ongoing compliance with F tag 679 and will report to the Quality Assessment and Assurance Committee for 3 months. The first Quality Assessment and Assurance Committee meeting will be held on 12/13/2023. | |

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| F 679 | Continued From page 7 | F 679 | | |

On 11/01/23 at 03:22 PM, an interview with Resident #23 revealed she was not enjoying the television program that was playing in the dayroom. Resident #23 explained that she enjoyed participating in activities and getting out of her room and it made her feel bad when there was nothing to do at the facility. She stated that once she realized Bingo was canceled, she got her puzzle book to work on.

A record review of the "Face Sheet" revealed the facility admitted Resident #23 on 09/21/22 with diagnoses that included Wedge Compression Fracture of the Lumbar.

A review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/11/23, revealed Resident #23 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated she was cognitively intact. Further review revealed her activity preferences, listed as very important, were reading, listening to music, being around animals, keeping up with the news, favorite activities, going outside for fresh air, and participating in religious services or practices.

Resident #27

Record review of the Activity Calendar for October 2023 revealed Noodle Balloon Ball was scheduled for 11:00 AM on 10/30/23.

During an observation and interview on 10/30/23 at 11:00 AM, Resident #27 was sitting in the dayroom talking to other residents. There were no structured activities, such as Noodle Balloon Ball, observed in the dayroom. Resident #27 stated

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that she was bored.

Record review of the Activity Calendar for October 2023 revealed "Team Building Exercise Games" were scheduled for 2:00 PM on 10/30/23.

During an observation on 10/30/23 at 2:10 PM, Resident #27 was sitting in the dayroom. There were no structured activities, such as Team Building Exercise Games, observed in the dayroom. There were residents in the day room sleeping in wheelchairs and Geri chairs, others were watching a television program, while others sat with a blank stare.

Record review of the Activity Calendar for November 2023 revealed "Team Building Exercise" was scheduled for 10:00 AM on 11/1/23.

During an observation on 11/1/23 at 10:00 AM, Resident #27 was sitting in the dayroom but there were no structured activities, including no Team Building Exercise observed. There were residents in the dayroom sleeping in wheelchairs and Geri chairs, others were watching a television program, while others sat with a blank stare.

Record review of the Activity Calendar for November 2023 revealed "Prize Bean Bag N A Bucket" was scheduled for 12:00 PM on 11/1/23.

During an observation on 11/1/23 at 12:15 PM, Resident #27 was sitting in the dayroom. There were no structured activities, including "Bean Bag N A Bucket" observed. There were residents in the dayroom sleeping in wheelchairs and Geri chairs, others were watching a television

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| F 679 | Continued From page 9 | F 679 | | |

program, while others sat with a blank stare.

Record review of the Activity Calendar for November 2023 revealed "Fun Bingo" was scheduled for 3:00 PM on 11/1/23.

During an observation on 11/1/2023 at 3:10 PM, Resident #27 was sitting in the dayroom. There were no structured activities observed, including "Bingo". There were residents in the dayroom sleeping in wheelchairs and Geri chairs, others were watching a television program, while others sat with a blank stare.

A record Review of the "Face Sheet" revealed the facility admitted Resident #27 on 09/26/22 with diagnoses including Hypothyroidism, Depression, and Hypertension.

A record review of the Annual MDS with an ARD of 9/7/23 revealed Resident #27 had a BIMS score of 7, which indicated her cognition was severely impaired. Further review revealed that it was very important for the resident to do her favorite activities.

Resident #32

During an observation on 10/30/23 at 11:10 AM, Resident #32 was sitting in a chair in the dayroom and was not interacting with other residents. The television was on, but there were no structured activities, including Noodle Balloon Ball in progress.

During an observation on 10/30/23 at 12:25 PM, Resident #32 was sitting in the dayroom. There were no structured activities taking place and other residents were in the day room watching

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television.

During an observation on 10/30/23 at 01:23 PM, Resident #32 was walking in the hallway while other residents continued to watch television in the dayroom. The next scheduled activities on the activity calendar were scheduled for 2:00 PM Team Building Exercise Game.

On 10/30/23 at 2:10 PM, Resident #32 continued to wander the halls. On the activity calendar team building exercise game noted in the day activity day room.

During an observation on 10/31/23 at 1:40 PM, Resident #32 was walking in the hallway during the resident's Halloween Party in the dayroom. There was no one-on-one (1:1) activities conducted for Resident #32. No activities were provided for Resident #32 during the survey.

Record review of the "Face Sheet" revealed the facility admitted Resident #32 on 07/07/2022 with diagnoses including Adult Failure to Thrive, Unspecified Dementia without Behavior Disturbances, and Restless and Agitation.

Record review of the Annual MDS with an ARD of 6/23/23 revealed it was very important for Resident #32 to go outside when the weather was good and to participate in religious practices.

Record review of the Quarterly MDS with an ARD of 09/18/23 revealed Resident #32 required Staff Assessment for Mental Status, which indicated that her cognition was severely impaired.

At 1:45 PM on 10/31/23, during an interview with Certified Nursing Assistant (CNA) #5, she

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explained Resident #32 usually did not participate in activities with the other residents, however she would occasionally go outside, and she enjoyed dancing. CNA #5 confirmed that Resident #32 had not been involved in any activities during the week.

During an interview on 10/31/23 at 10:00 AM, with the resident council members, they complained the facility did not provide enough activities and that the scheduled activities were not conducted daily. They stated that there were no activities on weekends, which caused them to be bored with nothing to do. Previously, the facility provided movies, popcorn, and snacks on Sundays and the members expressed they would like to do that again, but there was no one at the facility on weekends to set it up.

During an interview on 11/1/23 at 09:30 AM, with Registered Nurse (RN) #1, she confirmed there is no one scheduled to conduct activities on weekends. The nurse said the residents had several coloring books and arts and crafts they can do, or they can watch television. RN #1 also confirmed that the churches that are scheduled to come on Sundays do not always show up, so the staff will ensure the television is turned on to a church service for the residents.

During an interview on 11/2/23 at 09:00 AM, with CNA #1, she confirmed the facility did not have staff scheduled to conduct activities with the residents on weekends. CNA #1 confirmed that the churches that are scheduled on Sundays do not always show up to the facility, and she tried to turn the television on to keep the residents occupied when that happened. CNA #1 also confirmed that the residents did not have

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| F 679 | Continued From page 12 | F 679 | | |

activities during the week because the Activities Director (AD) was busy performing maintenance work.

During an interview on 11/2/23 at 09:10 AM, with CNA #2, she confirmed the facility did not have activities on weekends. She also confirmed that the resident activities are not consistent because the AD wears two (2) hats (maintenance and activities), which is why he is unable to perform activities that are scheduled on the calendar.

During an interview on 11/2/23 at 9:25 AM, with CNA #3, she confirmed the activities are not consistent and that the residents become upset sometimes because they are looking forward to certain activities, especially Bingo, and are disappointed when the activity does not occur. CNA #3 also confirmed there was no one scheduled to provide activities on weekends.

On 11/02/23 at 9:30 AM, during an interview with the Director of Nursing (DON), she confirmed that Resident #32 should have 1:1 scheduled activities. She explained Resident #32 should be more involved in activities.

During an interview on 11/02/23 at 9:54 AM, the DON confirmed that activities were not consistent because the AD was also used as the Maintenance Director and was pulled to do maintenance work while also performing activity duties. The DON also confirmed the facility did not have staff scheduled to conduct weekend activities with the residents. The DON stated the residents were bored and had nothing to do during the week because the activities were not consistent.

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| F 679 | Continued From page 13<br>On 11/02/23 at 10:00 AM, during an interview with the AD, he explained that Resident #32 liked activities that were 1:1 and that she enjoyed dancing. The AD confirmed that Resident #32 had not had any 1:1 activity during the week of survey because he was conducting maintenance for the facility and was not able to complete the activities that were scheduled.<br><br>During an interview on 11/02/23 at 10:12 AM, with the AD confirmed that he failed to provide consistent activities for the residents. The AD said he also worked doing the maintenance for the facility, and if something broke down, he had to repair it. The AD confirmed he did not follow the activity calendar during the week of the survey because he was called to do maintenance duties several times. He said that he improvised by doing a quick devotion or talk with the residents in the dayroom. The AD confirmed that he did not notify the residents or the Charge Nurse of the changes in the Activity schedule, but going forward they would be notified. He stated that he had made the activities calendar three (3) weeks ago and had not updated the calendar. He acknowledged the activities were not consistent.<br><br>During an interview on 11/02/23 at 11:29 AM, the Administrator confirmed that the resident activities were not consistent, and that the AD also does maintenance work for the facility. The Administrator said that she was unaware that the resident activities were not being completed because the AD was doing maintenance duties and that she had hired a maintenance person who will begin employment with the facility next week. | F 679 | | |
| F 695 SS=D | Respiratory/Tracheostomy Care and Suctioning | F 695 | | 12/13/23 |

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| F 695 | Continued From page 14<br>CFR(s): 483.25(i)<br><br>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.<br>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interviews, record review, and facility policy review, the facility failed to provide respiratory care consistent with professional standards of practice as evidenced by nebulizer mask and oxygen tubing for a resident (Resident #40) did not have a designated storage bag for two (2) of four (4) observations.<br><br>Findings include:<br><br>A review of the facility's policy, "Infection Control Oxygen Equipment Cleaning" revised 08/21 revealed " Use disposable tubing, mask, and cannula's for patients receiving oxygen therapy...10. When not in use, store the mask/cannula in a plastic bag clearly labeled with the resident's name and date ..."<br><br>A review of the facility's policy "Nebulizer, revised 10/17 revealed " ... Cleaning Nebulizers ... 4 ... Store in clean plastic bag ..."<br><br>On 10/30/23 at 12:03 PM, during an observation and interview with Resident #40, she explained that she wore oxygen as needed and received | F 695 | F695<br><br>-Resident #40 was assessed by the facility Assessment nurse on 11/20/2023 with no adverse findings noted. The nebulizer mask and oxygen tubing was replaced on 11/20/2023 the by the facility Nurse Case Manager.<br><br>-All residents requiring nebulizer treatments or oxygen have the potential to be affected by this practice.<br><br>-Facility nursing staff were in-serviced by the interim Director of Nursing on 11/20/2023 related to Nebulizers and oxygen storage. The facility Medical Director reviewed the policy □Nebulizers□ with no recommended changes to the policy on 11/20/2023. The facility Quality Assessment and Assurance Committee met on 11/20/2023 to review the plan of | |

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| F 695 | Continued From page 15<br>breathing (nebulizer) treatments three times a day and once at night. There was an oxygen concentrator in her room in which oxygen tubing with a nasal cannula was stored on top of the oxygen concentrator. There was also a nebulizer machine and mask sitting on the resident's bed, and not in a plastic storage bag.<br><br>An observation on 10/31/23 at 12:33 PM revealed a nebulizer machine and mask lying on the bed in Resident #40's room. There was also oxygen tubing draped on top of the oxygen concentrator.<br><br>At 1:50 PM on 10/31/23, during an interview with Certified Nurse Aide (CNA) #5, she explained Resident #40 asked for assistance from the nurses when she needed a nebulizer treatment. CNA #5 said that the resident does not normally use her oxygen. CNA #5 confirmed the nebulizer machine and mask were lying on the resident's bed and the oxygen tubing with the nasal cannula was stored on top of the oxygen concentrator and not in a plastic bag.<br><br>At 2:00 PM on 10/31/23, during an interview and observation with Licensed Practical Nurse (LPN) #1, she administered a nebulizer treatment for Resident #40. She confirmed the nebulizer mask was on the resident's bed and she used the same mask to administer the treatment. After completing the nebulizer treatment, LPN #1 placed the nebulizer mask and tubing in the top drawer of the nightstand. She did not place it in a storage bag. LPN #1 reported that Resident #40 did not wear oxygen continuously but only as she needed it for shortness of breath. She confirmed the oxygen tubing was stored on top of the concentrator but stated that it is usually in a clear bag. | F 695 | correction for F tag 695.<br><br>-Beginning 11/21/2023, the facility Director of Nursing will monitor nebulizer and oxygen storage<br>3 times weekly for four weeks and then weekly for two months to ensure ongoing compliance<br>with F tag 695 and will report to the Quality Assessment and Assurance Committee for 3<br>months. The first Quality Assessment and Assurance Committee meeting will be held on<br>12/13/2023. | |

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| F 695 | Continued From page 16<br><br>On 10/31/23 at 2:30 PM, during an interview with the Director of Nursing (DON), she explained all respiratory equipment, including oxygen tubing and nebulizer masks, were to be stored in clear bags. The purpose of storing the equipment in the bags was to prevent the equipment from falling on the floor and to prevent contamination.<br><br>A record review of the "Physician Orders" for the month of November 2023, revealed Resident #40 had a Physician's Order, dated 9/13/23, for inhaled nebulization four times daily and a Physician's Order, dated 5/30/23, for Oxygen per nasal cannula as needed.<br><br>A record review of the "Face Sheet" revealed the facility admitted Resident #40 on 09/30/21 with diagnoses that included Chronic Obstructive Pulmonary Disease.<br><br>A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/25/23, revealed Resident #40 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she was cognitively intact. | F 695 | | |
| F 865 SS=E | QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i)<br><br>§483.75(a) Quality assurance and performance improvement (QAPI) program.<br>Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must: | F 865 | | 12/13/23 |

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| F 865 | Continued From page 17<br>§483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;<br><br>§483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation;<br><br>§483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and<br><br>§483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.<br><br>§483.75(b) Program design and scope.<br>A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:<br><br>§483.75(b)(1) Address all systems of care and management practices;<br><br>§483.75(b)(2) Include clinical care, quality of life, and resident choice; | F 865 | | |

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| F 865 | Continued From page 18<br><br>§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.<br><br>§483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides.<br><br>§483.75(f) Governance and leadership.<br>The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:<br><br>§483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.<br><br>§483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing;<br>§483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;<br><br>§483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.<br><br>§483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and | F 865 | | |

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| F 865 | Continued From page 19<br>§483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.<br><br>§483.75(h) Disclosure of information.<br>A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.<br><br>§483.75(i) Sanctions.<br>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and facility policy review the facility's Quality Assurance and Performance Improvement (QAPI) Committee failed to ensure the program was sustained during transitions in leadership and failed to maintain implemented procedures and monitor the interventions the committee put into place in March 2021. This was for one (1) recited deficiency originally cited in March 2021 on an annual recertification survey. The deficiency was in the area of activities. The facility's continued failure during two federal surveys shows a pattern of the facility's inability to sustain an effective QAPI Committee.<br><br>Findings Include:<br><br>Review of the facility's, "Quality Assurance Performance Improvement Program", revised 11/22, revealed " ...This facility shall develop, implement, and maintain an effective, comprehensive, data-driven Quality Assurance Performance Improvement (QAPI) program that focuses on indicators of the outcomes of care | F 865 | F 865<br><br>-The facility Administrator was in serviced on the Quality Assurance Program by the facility□s regional director on 11/20/2023.<br><br>-All residents have the potential to be affected by this deficient practice.<br><br>-The facilities Interdisciplinary team was in serviced on the Quality Assurance Program on 11/20/2023 by the facilities regional director on 11/20/2023. The facility Medical Director reviewed the Quality Assurance program with no recommended changes on 11/20/2023. The regional director reviewed the Quality Assurance Program on 11/20/2023 to ensure ongoing compliance with F tag 865. | |

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| F 865 | Continued From page 20<br>and quality of life. The facility shall have in place a system that continuously strive to improve the quality of care and services received by residents in this facility ...Objectives ...each department shall institute outcome measurements designed to monitor effectiveness of established systems ...Procedure ...Many sources of information will be used in QAPI activities to include but not be limited to ...State, Federal ...surveys to prioritize and assign PIP's (Performance Improvement Projects) or corrective action plans as needed ...Each department must identify the problem areas, investigate, and determine the probable cause, establish a plan of correction, and evaluate the outcome ..."<br><br>F679 Based on observations, staff and resident interviews, record review, and the facility policy review, the facility failed to provide consistent activities for three (3) of 13 sampled residents. This has the potential to affect all residents that reside in the facility. Resident #23, Resident #27, Resident #32<br><br>F679 was also previously cited in March 2021 for failing to ensure activities were provided for the residents residing in the facility.<br><br>An interview on 11/2/23 at 12:35 PM, with the Activity Director (AD), revealed that he did not attend QAPI meetings because he had been working in the Maintenance Department and did not have time. The AD stated that he was unaware the facility had received deficiencies for failing to provide activities during the previous annual survey in March of 2021 and that he had not read the previous survey information. The AD confirmed that he had not submitted activity reports to be reviewed by the Administrator. | F 865 | -Beginning 12/13/2023, the regional director will monitor the Quality Assurance program<br>quarterly for 12 months to ensure ongoing compliance with F tag 865 and will report to the<br>Quality Assessment and Assurance Committee quarterly for 12 months. The first Quality<br>Assessment and Assurance Committee meeting will be held on 12/13/2023. | |

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| F 865 | Continued From page 21<br><br>During an interview on 11/2/23 at 1:00 PM, with the Director of Nursing (DON), she said she became employed by the facility in July of 2023 and was not working at the facility during the previous annual survey in March of 2021. The DON stated that she had not read any information regarding the previous survey and was not aware of the previous citation regarding resident activities or the submitted plan of correction. The DON reported that the QAPI team had not discussed the Activities Program in their QAPI meetings.<br><br>During an interview on 11/2/23 at 1:30 PM, the Administrator revealed she was not working at the facility during the last annual survey in March of 2021, but she was aware of the previous citation regarding resident activities. The Administrator confirmed that the QAPI team had not discussed the Activity Program or the previous survey deficiencies in the QAPI meetings. She explained that she felt as if the previous deficiency had been corrected and did not realize that the AD was performing maintenance duties. The Administrator stated that resident activities should have been completed before the AD assisted in the Maintenance Department. | F 865 | | |