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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and complaint investigation (CI) MS #23117 and MS #23203 which began on 10/30/23 through 11/06/23. The SA determined the facility was not in compliance with requirements for participation for Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited regulatory deficiencies at M190, M610 and M1570. The SA determined the facility was not in compliance with CI MS #23117 and cited M500. The SA determined the facility was not in compliance with CI MS #23203 and cited M320, M500 and M850. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 06/17/23, when the facility neglected to ensure a resident received the adequate care and services after Resident #13 became unresponsive and required hospitalization and it was discovered at the Emergency Room (ER) that he had a golf ball size food bolus in the oropharynx area that was removed. Resident #13 returned to the facility after hospitalization on 06/20/23 and the facility neglected to review the hospital admission paperwork to have knowledge that the resident had choked and was experiencing dysphagia. Resident #13 choked again on 08/20/23 and required the Heimlich Maneuver and a large piece of meat was removed from his airway. Resident #13 was served a regular texture diet on 10/25/23 and became unresponsive and without a pulse and respirations and required life sustaining measures and was transported to the hospital where they removed a large food bolus in his oropharynx prior to mechanical ventilation. The facility administration failed to have	M 000		

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M 000	Continued From page 1	M 000		

knowledge of the prior incidents and failed to ensure diet orders were correct for Resident #13 to prevent further choking incidents. Administrative staff failure to recognize the reoccurring concern of choking with Resident #13 and failure to serve the correct diet to prevent further episodes of choking placed this resident and other residents at risk in a situation that was likely to cause serious harm, injury, impairment or death.

IJ existed at:

Rule 45.10.1 Responsibility - M320 Level IV
Rule 45.30.6 Modified Diets - M850 Level IV

IJ and SQC existed at:

Rule 45.17.2 Resident Rights- M500 Level IV

On 11/02/23 at 3:35 PM, the SA notified the facility's Administrator of the IJ.

The facility submitted an acceptable Removal Plan on 11/03/23, in which the facility alleged all corrective actions to remove the IJ were completed on 11/03/23 and the IJ was removed on 11/04/23.

The SA validated the Removal Plan on 11/06/23 and determined the IJ was removed on 11/04/23, prior to exit. Therefore, the S/S for M320 Responsibility, M500 -Residents Rights, and M850 Modified Diets were lowered from a S/S of "Level IV" to a S/S of "Level II", while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.

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M 000	Continued From page 2 The facility census was 86 at the time of entrance and the facility held a license for 95 beds.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interview, record review and facility policy review the facility failed to provide shaving and nail care for a resident requiring assistance with ADL's (Activities of Daily Living) for one (1) of four (4) residents reviewed for ADL's. Resident #30 Findings Include: Review of the facility policy titled, "Activities of Daily Living (ADLs), Supporting" with a revision date of 3/2018 revealed under "Policy Statement ...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene..."	M 610	M 610 Activities of Daily Living 1. The facility failed to provide shaving and nailcare on Resident #30 who required assistance with ADLs (Activity of Daily Living). On 11/4/2023, Certified Nursing Assistant performed shower with personal hygiene on resident #30. On 11/3/2023, the Director of Nurses in-serviced all Nursing Staff on ADL (Activity of Daily Living) care according to the plan of care. On 11/7/2023, All residents were assessed for personal hygiene and nailcare completion by Director of Nurses. Negative findings were corrected immediately on 11/7/2023. 2. Each of the 86 residents in the facility	12/5/23

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M 610	Continued From page 3 An observation and interview on 10/30/23 at 11:30 AM, revealed Resident #30 had facial hair that was approximately 3/4 inch long on the resident's chin and sides of his face. Bilateral fingernails were approximately 1/2 inch long and had a brown substance under 4 nails. Resident #30 stated that he was not sure when he was last shaved or when his nails were last trimmed. An observation and interview on 10/31/23 at 9:15 AM, revealed Resident #30 with no change in appearance from the previous day. He stated he is supposed to be shaved when he is showered but it doesn't always happen. He revealed he likes his nails trimmed and has tried to cut them himself with a pair of toenail clippers. He revealed the treatment nurse trimmed them once before. An observation and interview on 10/31/23 at 9:25 AM, with Certified Nurse Assistant (CNA) #2 revealed she is assigned to Resident #30 today. She confirmed that the resident looked like he had not been shaved in a while and that his fingernails were long and needed to be trimmed. An observation and interview on 10/31/23 at 9:40 AM, with Licensed Practical Nurse (LPN) #3 confirmed that Resident #30 looked like it had been a while since he was shaved and that his fingernails were long and revealed that could cause a skin tear. Record review of Resident #30's "Admission Record" revealed the resident was admitted to the facility on 3/15/22 with medical diagnoses that included Major Depressive Disorder and Need for Assistance with Personal Care. Record review of Resident #30's Minimum Data Set (MDS) with an Assessment Reference Date	M 610	has the potential to be affected in receiving Activity of Daily Living Care. 3. On 11/10/2023 current nursing staff were in-serviced by the Assistant Director of Nurses on completion with documentation of ADL (Activity of Daily Living) care to include any refusals. On 11/10/2023, the MDS (Minimum Data Set) Nurse completed an audit on current resident ADL (Activity of Daily Living) care plans and Kardex were reviewed to ensure proper bathing and ADL (Activity of Daily Living) care were reflected. Any residents that were found with concerns were corrected immediately. 4. Beginning 11/10/2023, Audits by Medical Records for review of ADL (Activity of Daily Living) documentation using Point of Care on (6) six residents 3 (three) times weekly for 2 (two) weeks, weekly times 2 (two) weeks and then monthly for 3 (three) months. On 11/10/2023, the IDT (Interdisciplinary Team) will audit their Nexion Neighbor Rounds residents are receiving proper assistance in completing ADL (Activity of Daily Living) Care. Beginning November 30, 2023, report of findings will be submitted to the Quality Assurance Performance Improvement for review and recommendation monthly for 3 (three) months. The Director of Nurses is responsible for monitoring and compliance.	

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M 610	Continued From page 4 (ARD) of 8/28/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident is moderately cognitively intact and in Section GG that the resident needs substantial/maximal assistance with showers/bathe self.	M 610		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II	M1570	M 1570 Infection Control	12/5/23

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M1570	Continued From page 5 Based on observation, staff interview, record review and facility policy review, the facility failed to prevent the possibility of the spread of infection as evidenced by: 1) not posting signage for visitors to have knowledge that the building was in a COVID-19 outbreak and failed to identify signs and symptoms of illness for two (2) of six (6) survey days and 2)failed to post signage on isolated residents room doors indicating TBP (transmission-based precautions) for four (4) of four (4) resident rooms on isolation. Resident #55, Resident #280, Resident #281 and Resident #282. Findings include: Record review of the facility policy titled "Covid-19 Policy and Procedures" with a revision date of 5/12/23, revealed... "Source Control / Masking: ... For all PUI (persons under investigation), Quarantine and Isolation rooms: Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and PPE (personal protective equipment)." ... Also revealed under, "Core Principles of Covid-19 Infection Prevention ... Instructional signage throughout the facility and proper visitor education on Covid-19 signs and symptoms, infection control precautions, and other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene) ... Facility should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for Covid-19, symptoms of Covid-19 or have had close contact with someone with Covid-19...."	M1570	1. On 10/30/2023, the facility failed to post signage for visitors to have knowledge of COVID-19 outbreak in facility, identify signs and symptoms of illness, and signage on isolated resident room doors indicating Transmission-based precautions. The Infection Control Preventionist audited all isolated residents and posted signage on room doors on 10/30/2023. The Administrator posted signage on entrance door alerting visitors of the COVID-19 outbreak and requesting if they are experiencing signs and symptoms of COVID-19 to please refrain from visiting. 2. Each of the 86 residents in the facility has the potential to be affected. 3. All staff members, including contracted staff were in-serviced by the Infection Preventionist/Assistant Director of Nurses on 11/1/2023 on the posting of signage on resident room doors, symptoms of illness and signage for visitors for knowledge of a COVID 19 outbreak in facility. 4. Beginning 11/6/2023, Infection Preventionist/Assistant Director of Nurses will audit facility Entrance and isolated resident rooms for signage being posted 3 (three) times weekly for 2 (two) Weeks, then weekly for 4 (four) weeks, then monthly for 3 (three) months. The report of audit findings will be reviewed by Administrator weekly and brought to the Quality Assurance/Performance Improvement Committee for monthly	

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M1570	Continued From page 6 Record review of the facility policy titled, "Isolation-Categories of Transmission-Based Precautions" with a revision date of September 2022 revealed under, "Policy Interpretation and Implementation ... 5. When a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution. a. The signage informs the staff of the type of CDC (Centers for Disease Control and Prevention) precaution(s), instructions for use of PPE (Personal Protective Equipment), and/or instructions to see a nurse before entering the room." ... On initial entry to the facility on 10/30/23 at 10:08 AM, the Survey Agent (SA) observed there were no signs announcing to visitors not to enter the facility with signs and symptoms of illness or exposure to Covid-19. A chalkboard was located next to the front entrance that read, "Covid-19 cases in the building: 4 (four), mask not mandatory at this time." An interview with the Administrator (ADM) on 10/30/23 at 10:16 AM, revealed they had two (2) residents with Covid-19 in the facility. She revealed the Covid-19 outbreak started on 10/3/23 with the staff and 10/10/23 with the residents. She revealed a total of seven (7) staff members and 11 residents have tested positive for Covid-19 during the outbreak. An observation of Resident # 280's door on 10/30/23 at 10:19 AM, revealed PPE hanging on the door. There was no isolation sign to notify the staff or visitors what type of precautions were needed or the required PPE.	M1570	review recommendations for 4 (four) months starting on November 30, 2023. The Infection Control Preventionist/Assistant Director of Nursing will be responsible for monitoring and compliance.	

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M1570	Continued From page 7 An interview with the Respiratory Therapist (RT) on 10/30/23 at 10:21 AM, revealed she was unsure what type of isolation precaution Resident #280 was ordered. She confirmed there should be a sign on the door to notify visitors and staff of the type of precaution and the PPE required to prevent the spread of infection. An interview with the Front Desk Receptionist on 10/30/23 at 2:42 PM, confirmed that the facility does not have signs posted to notify visitors, if they were experiencing signs of illness or exposure to Covid-19, not to enter the facility. She revealed they used to have a screening process where visitors could sign in and answer questions related to symptoms or exposure, but they stopped that several months ago. An observation of B-Hall on 10/30/23 at 10:35 AM, revealed Resident # 55, Resident #280, Resident #281 and Resident #282 with PPE hanging on the doors and no isolation signs to indicate the residents were on TBP (transmission-based precautions). An observation and interview with the Infection Preventionist (IP) on 10/30/23 at 10:38 AM, confirmed that Residents # 55, Resident #280, Resident #281 and Resident #282 did not have an isolation sign on the door that indicated the residents were in transmission-based precautions. She revealed the purpose of having a sign on the residents' door was to notify the staff and visitors of the infection and what type of PPE they should wear to prevent the spread of infection. An observation and interview with Certified Nurse Aide (CNA) # 2 on 10/30/23 at 10:52 AM, while dressing out in PPE (Personal Protective	M1570		

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M1570	Continued From page 8	M1570		

Equipment) for Resident #281 revealed she applied a gown, surgical mask, and gloves. Interview inquired how she knew what type of PPE to apply, since there was no sign on the door. CNA #2 stated, "I just put on what they have on the door (PPE)."

An interview with the Infection Preventionist (IP) on 10/31/23 at 3:25 PM, confirmed the facility had no screening process on entrance despite the facility being in Covid-19 outbreak status. She revealed that she followed the facility Corporate Policy for Infection Control, and they were told screening was no longer required. She revealed they were testing the residents and staff only if they showed signs of illness. The IP acknowledged posting signs visible to the visitors was a good idea and should be done to prevent the spread of infection.

An interview with the Director of Nursing (DON) on 11/01/23 at 3:05 PM, revealed it was important to post TBP (transmission-based precaution) signage along with the type of PPE required so that the infection was not transmitted to other residents or staff. She confirmed that the facility did not have entrance signage or any type of screening process for visitors experiencing signs and symptoms of illness, or exposure not to enter the building. She confirmed these measures should be in place to prevent the transmission of infection.

Resident #55

Record review of Resident # 55's Admission Record revealed an admission date of 2/07/23 with medical diagnoses that included Seizures, Personal History of Traumatic Brain Injury, Tracheostomy Status, Gastrostomy Status and

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M1570	Continued From page 9 Persistent Vegetative State. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/11/23 revealed, under section C, a Brief Interview for Mental Status (BIMS) score of 99, which indicates Resident #55 was unable to complete the interview. Record review of Resident #55's Care Plans revealed, "10/22/23-I tested positive for covid....Intervention/Task ... Isolation Precautions:... droplet..." Resident #280 Record review of Resident #280's Admission Record revealed an admission date of 10/23/23 with medical diagnoses that included Enterocolitis due to Clostridium Difficile, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, and Unspecified Systolic (Congestive) Heart Failure. Record review of Resident #280's Order Summary Report revealed orders dated 10/23/23, "Clarithromycin oral tablet 500 MG (milligrams) give 1 (one) tablet by mouth two times daily related to Enterocolitis Due to Clostridium Difficile, Not Specified As Recurrent for 14 days ... Metronidazole oral tablet 500 MG (milligrams) give 1 (one) tablet by mouth every 8 hours related to Enterocolitis Due To Clostridium Difficile, No Specified As Recurrent for 30 days ... Vancomycin HCL (Hydrochloride) Oral Capsule 250 MG (milligram) give 1 (one) capsule by mouth every 6 hours related to Enterocolitis Due To Clostridium Difficile, No Specified As Recurrent for 30 days".	M1570		

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M1570	Continued From page 10 Record review of the Care Plans for Resident # 280 revealed, "I was admitted with Dx (diagnosis) of C. Difficile (Clostridium Difficile)." Also revealed under, "Tasks ... Contact Isolation ..." Record review of the MDS with an ARD of 10/30/23 revealed under section C, a BIMS score of 15, which indicates Resident # 280 is cognitively intact. Resident # 281 Record review of the Admission Record for Resident # 281 revealed an admission date of 10/19/23 and medical diagnoses that included Enterocolitis due to Clostridium Difficile, Cerebral Infarction, Acute Embolism and Thrombosis of Deep Veins of Left Upper Extremity, Type 2 Diabetes Mellitus and Malignant Neoplasm of Unspecified Bronchus or Lung. Record review of the Care Plans for Resident # 281 revealed, "I tested positive for COVID 10/23/23". Record review of MDS with an ARD of 10/26/23 revealed under section C, a BIMS score of 11, which indicates Resident #281 is moderately cognitively impaired. Resident #282 Record review of Resident # 282's Admission Record revealed an admission date of 10/16/23 with medical diagnoses that included Chronic Obstructive Pulmonary Disease, Scabies, Acute Bronchitis, Atrial Fibrillation and Type 2 Diabetes Mellitus. Record review of Resident # 282's Order	M1570		

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M1570	Continued From page 11 Summary Report revealed an order dated 10/28/23, "Droplet Precautions every shift for MRSA (Methicillin Resistant Staphylococcus Aureus) in sputum". Record review of the MDS with an ARD of 10/23/23 revealed under section C, a BIMS score of 14, which indicates Resident #282 was cognitively intact.	M1570		