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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #26374, CI MS #26386, CI MS #26295 and CI MS #25712, at the facility from 09/09/24 through 09/13/24. CI MS #26374 was investigated for verbal abuse, neglect, nursing services, and resident not being treated with dignity and respect. CI MS #26295 was investigated related to neglect and quality of care related to medication administration. CI MS # 25712 was investigated related to resident rights regarding privacy and CI MS #26386 was investigated related to misappropriation of resident property. There were no citations related to the complaint investigations. During the annual recertification survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M610, M620, M655, and M1570.	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, interview, record review,	M 610	Resident #73 was provided oral care, peri-care and her hair was washed on	10/23/24

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M 610	Continued From page 1 and facility policy review, the facility failed to provide timely incontinence care and oral care for one (1) of four (4) residents reviewed for activities of daily living (ADL) care. Resident #73 Findings Include: A review of the facility's policy titled "A.M. Care," dated 10/09, revealed: "Policy: A.M. Care will be given to residents daily. Responsibility: All Nursing Assistants ..." On 09/09/24 at 11:48 AM, during an interview, the Resident Representative (RR) of Resident #73 stated that the Certified Nursing Assistants (CNAs) did not regularly brush her daughter's teeth or wash her hair. She explained that her daughter was unable to perform personal care independently and could not feed herself. The RR expressed her wish was that staff would more consistently perform these tasks. On 09/09/24 at 11:52 AM, an observation revealed Resident #73's RR brushing and flossing the resident's teeth. The resident's hair appeared short and oily. On 09/12/24 at 2:39 PM, during an interview, CNA #4 stated that ADL care, which includes perineal care, tooth cleaning, and hair care, is performed daily. She explained that if residents refuse care, the refusal is documented in the CNA book, and occasionally the nurse is notified. On 09/13/24 at 9:52 AM, during an observation and interview with Licensed Practical Nurse (LPN) #6, the Unit Manager, he explained that ADL care includes cleaning the face and brushing the teeth and should be completed before breakfast. He noted that Resident #73's hair was	M 610	September 13, 2024 by the Certified Nursing Assistant. Residents that require assistance with activities of daily living (ADL) care have the potential to be affected. Nursing staff were in-serviced by the Nursing Supervisors, the Certified Nursing Assistant Coordinator, and the Director of Nursing on September 17, 2024 thru September 24, 2024 regarding providing residents timely peri-care, hair washing and oral care. All residents requiring assistance with ADL care were observed on 9/26/2024 to ensure timely peri-care, oral care and hair washing was performed. The Nursing Supervisors and the Director of Nursing will observe fifteen (15) residents a day beginning on September 27, 2024 for four(4) weeks and then weekly for two months to ensure residents receive timely ADL care. The Director of Nursing will present the results of the observations to the Quality Assurance Committee on October 22, 2024 and then for two (2) consecutive months. The Quality Assurance Committee will make recommendations as necessary.	

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M 610	Continued From page 2	M 610		

oily and could benefit from a wash. He emphasized that he expects CNAs to provide total ADL care.

On 09/13/24 at 10:07 AM, during an interview, CNA #1 stated that she washed Resident #73's face before breakfast and would perform peri-care once the resident got up. She initially stated that she had completed all ADL care for Resident #73 but later admitted that she had not brushed the resident's teeth or washed her hair that day or week. She confirmed that both tasks should have been completed.

On 09/13/24 at 1:15 PM, during an interview, the Director of Nursing (DON) confirmed that ADL care includes brushing teeth and washing hair as needed. She emphasized that CNAs are responsible for ensuring that residents' nails are clean and that all aspects of ADL care are performed.

A record review of Resident #73's "Admission Record" revealed that the facility admitted the resident on 7/28/22 with diagnoses that included Hemiplegia, Unspecified Affecting the Left Non-Dominant Side and Unspecified Intellectual Disabilities.

A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/29/24 revealed Resident #73 had a Brief Interview for Mental Status (BIMS) score of 99, indicated the resident could not participate in the interview. Section GG of the MDS revealed that Resident #73 is dependent on staff for oral hygiene, showering, and hair care.

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M 620	Continued From page 3	M 620		
M 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, record reviews, and facility policy review, the facility failed to provide urinary catheter care in a manner that prevents possible complications for one (1) of one (1) residents reviewed for urinary catheter care. Resident #18. Findings Include: A review of the facility's policy titled "Catheter Care," dated 5/22, revealed, "Catheter care is performed to keep the catheter insertion site clean ...3. Cleanse around the area where the catheter enters the urethral meatus with an incontinent wipe in a downward motion about 4 inches ... Discard soiled incontinent wipes and plastic bag appropriately." On 09/09/24 at 02:38 PM, during an observation and interview, it was noted that Resident #18 had a urinary catheter. The resident was unable to recall how long he had a urinary catheter, however, he stated that it had been "for some time."	M 620	The Certified Nursing Assistant #2 that provided catheter care to Resident #18 was in-serviced and checked off with return demonstration regarding providing urinary catheter care in a manner that prevents possible complications on September 13, 2024 by the Certified Nursing Assistant Coordinator. Residents that require bowel/bladder incontinence care and catheter care have the potential to be affected. All Certified Nursing Assistants were checked off on incontinent care including urinary catheter care with return demonstration by the Certified Nursing Assistant Coordinator on September 17, 2024 thru September 25, 2024. All Certified Nursing Assistants were in-serviced on September 25, 2024 thru September 30, 2024 by the Director of Nursing and Nursing Supervisors regarding the importance of performing urinary catheter care and incontinence care in a manner that prevents possible complications.	10/23/24

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M 620	Continued From page 4 A record review of "Order Summary Report", with active orders as of 9/13/24, revealed Resident #18 had a physician order, dated 8/15/24, for urinary catheter and another order, with the same order date, for urinary catheter care every twelve (12) hours as needed. On 09/13/24 at 10:25 AM, during an observation of perineal care, including urinary catheter care provided for Resident #18 by Certified Nursing Assistant (CNA) #2, revealed CNA #2 used the same area of the wipe with each stroke while cleaning the resident's penis. Rather than cleaning the resident's penis with a downward stroke, CNA #2 wiped from bottom to top. CNA #2 then cleaned the urinary catheter tubing, using a back to forth motion, once again using the same area of a single wipe. On 09/13/24 at 10:53 AM, during an interview, CNA #2 admitted that he should have used a clean wipe for each stroke and cleaned from the top to bottom, while providing perineal care to Resident #18. He acknowledged that his care could possibly cause complications. On 09/13/24 at 11:14 AM, during an interview, Licensed Practical Nurse (LPN) #5, the Infection Preventionist, confirmed that CNA #2 should have used downward strokes while cleaning the resident and used clean wipes with each stroke. She emphasized that improper cleaning could lead to complications. On 09/13/24 at 1:07 PM, during an interview, the Director of Nurses (DON) stated that she expected CNA #2 to perform care correctly, as taught during in-service training. She explained that going from a dirty area to a clean area could possibly result in the resident developing a urinary	M 620	The Director of Nursing and Nursing Supervisors will observe fifteen (15) residents daily for four (4) weeks beginning on September 26, 2024 and then weekly for two (2) months to ensure urinary catheter care and incontinent care are performed in a manner to prevent possible complications. The Director of Nursing will present the results of the observations to the Quality Assurance Committee on October 22, 2024 and then for two (2) consecutive months. The Quality Assurance Committee will make recommendations as necessary.	

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M 620	Continued From page 5 tract infection (UTI) or skin irritation. A record review of Resident #18's "Admission Record" revealed that the facility admitted the resident on 1/10/22, The resident's diagnoses included Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Retention of Urine, and Urinary Tract Infection. A record review of Resident #18's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/11/24 revealed a Brief Interview for Mental Status (BIMS) score of fourteen (14), which indicated the resident was cognitively intact.	M 620		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to provide respiratory care in a manner to prevent the possibility of complications as evidenced by oxygen tubing that was not dated to indicate weekly oxygen tubing/nasal cannula changes and not cleaning the oxygen concentrator filter as required for one (1) of one (1) resident reviewed for respiratory care. Resident #26	M 655	Resident #26 oxygen tubing was replaced with new tubing and dated on September 9, 2024 by the Director of Nursing. The oxygen concentrator filter for Resident #26 was cleaned on September 9, 2024 by the Licensed Practical Nurse. Residents that require the use of oxygen tubing have the potential to be affected. Residents that us an oxygen concentrator have the potential to be affected.	10/23/24

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M 655	Continued From page 6 Findings Include: A review of the facility's policy titled "Oxygen Therapy," dated 8/14 revealed, "Oxygen (O2) is administered to promote adequate oxygenation and provide relief of symptoms of respiratory distress ...Procedure: ... 8. Change tubing weekly. 9. Date tube when changed (weekly)." On 9/9/24 at 10:30 AM, during an observation of Resident #26, who was sitting in her wheelchair in her room with a nasal cannula in her nose, it was noted that the oxygen tubing was not dated. On 9/9/24 at 10:35 AM, during an observation and interview with the Director of Nursing (DON), she explained that staff should write the date on a clear plastic bag when the tubing is changed weekly. Upon inspection of the bedside table, the DON pulled out two clear plastic bags, neither of which were dated. She confirmed that the bags should have been dated and that staff are expected to check the tubing and when not in use, store it in a clear plastic bag, which should be changed weekly to maintain infection control. She added that she expects staff to clean the filter when they change the tubing. On 9/9/24 at 10:40 AM, during an interview with Licensed Practical Nurse (LPN) #4, she stated that oxygen tubing is changed weekly for infection control purposes and should be dated when changed. On 9/9/24 at 12:55 PM, during an interview and observation with LPN #4, the oxygen concentrator filter for Resident #26 was found to have a moderate amount of grey lint along the edges and support grid. LPN #4 confirmed that the filter	M 655	On September 9, 2024 the Licensed Practical Nurses checked all concentrator filters to ensure they were clean and free from grey lint. On September 9, 2024 the Licensed Practical Nurses checked all oxygen tubing to ensure the oxygen tubing was dated. On September 19, 2024 the Nursing Supervisors performed a 100% audit regarding oxygen tubing and concentrator filters to ensure the oxygen tubing was dated and the concentrator filters were clean and free from grey lint. On September 10, 2024 thru September 13, 2024 the licensed nurses were in-serviced by the Nursing Supervisors and the Staff Development Nurse regarding ensuring concentrator filters are clean and the oxygen tubing is dated. The Director of Nursing and Nursing Supervisors will observe 10 residents beginning on September 26, 2024 with oxygen tubing and with concentrators daily for four (4) weeks and then weekly for two (2) months to ensure the tubing is dated and the oxygen concentrator filters are clean and free from grey lint. The Director of Nursing will present the results of the observations to the Quality Assurance Committee on October 22, 2024 and then for two (2) consecutive months. The Quality Assurance Committee will make recommendations as necessary.	

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M 655	Continued From page 7	M 655		

should have been cleaned when the tubing was changed. She acknowledged that the filter had not been cleaned, citing the amount of lint as evidence. She emphasized that cleaning the filter is necessary to ensure the resident receives clean air.

On 9/12/24 at 3:39 PM, during an interview with LPN #5, the Infection Preventionist (IP), he stated that the oxygen tubing is supposed to be changed weekly to prevent the buildup of bacteria and reduce the risk of respiratory infections for the resident.

On 9/13/24 at 9:56 AM, during an interview with LPN #6, Unit One Nurse Manager, he confirmed that oxygen tubing should be changed every Saturday night and dated to verify it had been changed. He explained that the tubing is replaced to protect the resident from infection and that the oxygen concentrator filter should also be cleaned at the same time, as it filters the air.

A record review of Resident #26's "Admission Record" revealed the facility admitted the resident on 2/9/24. The resident's diagnoses included Chronic Obstructive Pulmonary Disease (COPD), Chronic Respiratory Failure with Hypoxia, and Dependence on Supplemental Oxygen.

A record review of the "Order Summary report, with active order as of 9/1/24 revealed Resident #26 had a physician order, dated 2/9/24, to change the oxygen tubing and clean the oxygen filter every Saturday night.

A record review of Resident #26's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/29/24 revealed a Brief Interview for Mental Status (BIMS) score of

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M 655	Continued From page 8 thirteen (13), which indicated the resident was cognitively intact. Section O indicated that the resident was receiving oxygen therapy.	M 655		
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 Based on observation, interviews, record review, and facility policy review, the facility failed to ensure proper hand hygiene and enhanced	M1570	The Certified Nursing Assistant Coordinator performed a check off regarding incontinent care and hand washing with return demonstration from Certified Nursing Assistant #2 on	10/23/24

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M1570	Continued From page 9 barrier precautions were followed prior to providing care for a resident with an indwelling catheter, for one (1) of one (1) resident observed for urinary catheter care. Resident #18. Findings Include: A review of the facility's policy titled "Enhanced Barrier Precautions" (EBP), dated 4/24, revealed " ... Definition: 1. Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug resistant organisms (MDROs) in Nursing Homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk for MDRO acquisition (e.g. residents with wounds or indwelling medical devices) A review of the facility's policy titled "Catheter Care," dated 5/22 revealed, "Catheter care is performed to keep the catheter insertion site clean ...Procedure: 1. Complete perineal care. 2. Wash hands and apply gloves ..." A review of the facility's "Hand Washing" policy, dated 9/19, revealed "Staff are expected to use proper handwashing techniques to prevent the spread of infection ..." On 9/9/24 at 2:38 PM, prior to entering the room on Resident #18, signage of resident's door was observed. The sign indicated that the resident was on Enhanced Barrier Precautions and stated that everyone entering the resident's room must clean their hands when entering and leaving the room. Further information intended for staff directed staff performing high-contact resident	M1570	September 13, 2024. The Director of Nursing in-serviced Certified Nursing Assistant #2 on enhanced barrier precautions and infection control procedures regarding hand washing and personal protective equipment on September 13, 2024. Residents requiring care from staff and residents that require enhanced barrier precautions have the potential to be affected. Nursing staff were in-serviced by the Nursing Supervisors on September 17, 2024 - September 25, 2024 regarding hand hygiene. Nursing staff were in-serviced regarding enhanced barrier precautions by the Staffing Coordinator and Nursing Supervisors on September 13, 2024 thru September 25,2024. Certified Nursing Assistants were checked off with return demonstration regarding hand hygiene by the Certified Nursing Assistant Coordinator on September 17, 2024 thru September 24, 2024. The Director of Nursing and Nursing Supervisors will observe ten (10) employees a day beginning September 26, 2024 for four (4) weeks and then weekly for two (2) months regarding hand hygiene and enhanced barrier precautions. The Director of Nursing will present the findings of the observations to the Quality Assurance Committee on October 22, 2024 and then for two consecutive months. The Quality Assurance Committee will make recommendations as necessary.	

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M1570	Continued From page 10	M1570		

care activities to wear gloves and a gown. Upon entering the room, it was noted that Resident #18 had an indwelling urinary catheter.

On 09/13/24 at 10:25 AM, during an observation of care provided by Certified Nursing Aide(CNA) #2, entered Resident #18's room without performing hand hygiene. Prior to beginning perineal care, CNA #2 applied gloves, however, CNA#2 did not put on a gown. During the procedure, CNA #2 did not remove his soiled gloves to open the drawer to the bedside table to retrieve additional supplies. At one point, CNA #3, who was assisting CNA #2, reminded CNA #2 to remove his gloves prior to opening the resident's closet door to retrieve a clean brief for the resident. CNA #2 removed his gloves, but failed to perform hand hygiene prior to applying clean gloves.

On 09/13/24 at 10:53 AM, during an interview, CNA #2 admitted that he forgot to wear a gown and should have washed his hands prior to beginning care and after each glove change. He acknowledged that failing to wash his hands could increase the risk of infection to the resident.

On 09/13/24 at 11:14 AM, during an interview, Licensed Practical Nurse (LPN) #5, the Infection Preventionist, confirmed CNA #2 failed to follow proper hand hygiene protocols. She emphasized that the CNA's failure to wear a gown and perform hand hygiene increased the risk of infection for Resident #18.

On 09/13/24 at 1:07 PM, during an interview, the DON, also reiterated that by CNA #2 not wearing a gown and his lack of hand hygiene could increase the risk of infection for Resident #18, as well other residents receiving care provided by

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M1570	Continued From page 11 the CNA. A record review of Resident #18's "Admission Record" revealed that the facility admitted the resident on 1/10/22, The resident's diagnoses included Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Retention of Urine, and Urinary Tract Infection. A record review of Resident #18's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/11/24 revealed a Brief Interview for Mental Status (BIMS) score of fourteen (14), which indicated the resident was cognitively intact.	M1570		