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	255321	A. BUILDING _____ B. WING _____	09/26/2024

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 09/23/2024 through 09/26/2024. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F640, F641, and F812. The facility had a census of 137 and was licensed for 184 beds.	F 000		
F 640 SS=D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.	F 640		10/27/24

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

Electronically Signed | 10/16/2024

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F 640	Continued From page 1 §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to transmit MDS assessments within 14 days of completion for (10) of (52) sampled residents. (Resident #3, Resident #48, Resident #52, Resident #54, Resident #81, Resident #96, Resident #98, Resident #102, Resident #116, and Resident # 134). Findings include: Review of the facility's policy, "Minimum Data Set (MDS) Assessment", revised 9/2019, revealed, " ...The facility follows Resident Assessment	F 640	1) On 9/26/24, Resident #3, Resident #48, Resident #52, Resident #54, Resident #81, Resident #96, Resident #98, Resident #102, Resident #116, and Resident #134's Minimum Data Set Assessments were transmitted by Minimum Data Set Nurse #1. 2) All 137 Residents have potential to be affected by this deficient practice. On 9/26/24 a complete audit was done of all Minimum Data Set Assessments timely submission, on each of 137 Residents including 90 days review of discharged residents by Minimum Data Set Nurse #1.	

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F 640	Continued From page 2 Instrument (RAI) manual from Centers of Medicare and Medicaid services (CMS) for all Residents ...Assessment Timing (will follow the RAI manual guidelines) ..." Record review of the "Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual" dated October 2019 revealed " ... Transmitting Data: ... Assessment Transmission: Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2 + 14 days) ...All other MDS assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days). Resident # 3: A record review of the "Admission Record" revealed the facility admitted Resident #3 on 4/19/24 with diagnoses that included Type 2 Diabetes and Bradycardia. A record review of Resident #3'sDischarge MDS with an Assessment Reference Date (ARD) of 4/24/24 revealed Section Z0500B was dated 05/08/24. A record review of the facility's "Final Validation Report" revealed the assessment had been submitted on 9/25/24. Resident #3 had a target date of 04/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS. Resident #48: A record review of the "Admission Record" revealed the facility admitted Resident #48 on	F 640	4 Minimum Data Set Assessments of 137 reviewed required revision and were revised on 9/26/24 by Minimum Data Set Nurse #1. 3) On 9/26/24 an in-service began by the Administrator regarding Resident Assessment Instrument Manual policy transmission requirements with all Minimum Data Set Nursing staff regarding timely transmitting assessments. On 9/30/24, a Quality Assurance meeting reviewed the policy "Minimum Data Set (MDS) Assessment" and no changes were recommended at this time. 4) The facility Minimum Data Set Nurse #1 will audit all submissions weekly for 4 months to ensure compliance with Resident Assessment Instrument Manual on "Minimum Data Set Transmission Log" starting 9/27/24. Any issues will be addressed immediately. These findings will be presented to the Quality Assurance committee, on 10/24/24 and monthly theraftер for 4 months.	

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F 640	Continued From page 3	F 640		

5/15/14 with diagnoses including Anoxic Brain Damage.

A record review of Resident #48's Quarterly MDS revealed an ARD of 8/13/2024 and Section Z0500B revealed a date of 8/20/24.

Record review of the facility's "Final Validation Report" revealed the assessment target date of 08/13/24 had been submitted on 9/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.

Resident #52:

A record review of the "Admission Record" revealed the facility admitted Resident #52 on 10/16/2020 with diagnoses including Heart Disease.

A record review of the Quarterly MDS with an ARD of 8/15/2024 revealed Section Z0500B was dated 8/21/24.

A record review of the "Final Validation Report" revealed the assessment target date of 08/15/24 had been submitted on 9/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS

Resident #54:

A record review of the "Admission Record" revealed the facility admitted Resident #54 3/18/24 with the diagnoses including Type 2 Diabetes Mellitus.

A record review of the Discharge MDS with an ARD of 06/19/24 revealed Section Z0500B was

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F 640	Continued From page 4	F 640		

dated 07/03/24.

A record review of the facility's "Final Validation Report" revealed Resident #54 Discharge Assessment with target date of 06/19/24 was transmitted on 09/25/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.

Resident #81

A record review of the facility's "Admission Record" revealed the facility admitted Resident #81 on 6/5/18 with diagnoses including Acute and Chronic Respiratory Failure.

A record review of Resident #81's Quarterly MDS with an ARD of 8/6/2024 revealed Section Z0500B was dated 8/20/24.

Record review of the facility's "Final Validation Report" revealed a target date of 08/6/24 was transmitted on 09/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.

Resident #96

A record review of the "Admission Record" revealed the facility admitted Resident #96 on 1/23/2020 with diagnoses including Unspecified Dementia and Type 2 Diabetes.

A record review of the Quarterly MDS with an ARD of 8/15/24 revealed Section Z0500B was dated 8/22/24.

A record review of the facility's "Final Validation Report" revealed a target date of 08/15/24 and

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F 640	Continued From page 5	F 640		

was transmitted on 09/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.

Resident #98

A record review of the "Admission Record" revealed the facility admitted Resident #98 on 5/18/23 with a diagnosis of Cerebral Palsy.

A record review of the Quarterly MDS with an ARD of 8/12/2024 revealed Section Z0500B was dated 08/20/24.

A record review of the facility's "Final Validation Report" revealed a target date of 08/12/24 and was transmitted on 09/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.

Resident # 102

Record review of "Admission Record" revealed the facility admitted Resident #102 on 08/24/23 with diagnoses including Unspecified Convulsions.

A record review of the Discharge MDS with an ARD of 05/31/24 revealed Section Z0500B was dated 06/14/24.

A record review of the facility's "Final Validation Report" revealed target date of 05/31/24 and was transmitted on 9/25/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.

Resident #116

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F 640	Continued From page 6	F 640		

A record review of the "Admission Record" revealed the facility admitted Resident #116 on 3/22/22 with diagnoses including Hemiplegia.

A record review of Quarterly MDS with an ARD of 8/12/2024 revealed Section Z0500B was dated 08/20/2024.

A record review of the "Final Validation Report" for Resident #116 revealed the MDS transmission had a "Target Date" of 8/12/2024 and was transmitted on 9/24/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.

Resident # 134

A record review of the "Admission Record" revealed the facility admitted Resident #134 on 05/02/24 with diagnoses including Hemiplegia and Hemiparesis Disease.

A record review of the Discharge MDS with an ARD of 05/19/24 revealed Section Z0500B was dated 05/31/24.

A record review of the facility's "Final Validation Report" revealed a target date of 5/19/24 was submitted on 9/25/24, which was more than 14 days after the date indicated on Section Z0500B of the MDS.

On 09/25/24 at 1:56 PM, during an interview with the Licensed Practical Nurse (LPN) # 1, she revealed she and the team were responsible for completing and transmitting MDS assessments. She explained the facility recently had an update in their Electric Medical Record (EMR) system which had caused delays in the submission of the

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F 640	Continued From page 7 MDS. On 09/26/24 at 8:12 AM, in an interview with the Director of Nursing (DON) she explained she was not aware that MDS Assessments were not transmitted timely, and confirmed it was the responsibility of the LPN/ MDS Coordinator to transmit the assessments. The DON stated she expected the MDS to be transmitted timely. On 09/26/24 at 10:32 AM, during an interview with the Administrator, he explained the MDS staff are responsible for completing and transmitting MDS assessments timely. He was unaware there were late MDS transmissions. He stated that timely submission was important for federal reporting and reimbursement processes.	F 640		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected the resident's status regarding hospice services for one (1) of 52 sampled residents. Resident #99 Findings include: A review of the facility's policy "Minimum Data Set (MDS) Assessments", revised 09/2019, revealed " ... Resident assessments will be conducted to assist in developing person-centered care plans.	F 641	1) On 9/26/24, Resident #99's Minimum Data Set Assessment was corrected and submitted by Minimum Data Set Nurse #1. 2) All 137 Residents have potential to be affected by this deficient practice. On 9/27/24 an audit was completed by Minimum Data Set Nurse #1, of all Minimum Data Set Assessments Accuracy and submitted accurately on each of 137 Residents. 0 of 137 resident's assessments required revision for accuracy.	10/27/24

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F 641	Continued From page 8 This facility follows Resident Assessment Instrument (RAI) manual from the Centers for Medicare and Medicaid Services (CMS) for all Residents regardless of payer source ... The RAI process requires: a. The assessment accurately reflects the Resident's status ..." A record review of the "Order Summary Report" with active orders as of 09/24/24 revealed a Physician's Order, dated 11/28/23, to admit Resident #99 to hospice services. A record review of the "Admission Record" revealed the facility admitted Resident #99 on 04/18/22 with diagnoses including Acute and Chronic Respiratory Failure with Hypoxia and Polyneuropathy. A record review of the Quarterly MDS with an Assessment Reference Date (ARD) of 09/02/24 revealed in Section O "Special Treatments, Procedures, and Programs" under "K1 Hospice Care" was not selected for Resident #99. On 09/26/24 at 8:35 AM, during an interview with the Licensed Practical Nurse (LPN) #, 1 she revealed herself and the MDS team are responsible for completing different sections of the MDS and each individual is responsible for their own accuracy. She confirmed Resident #99 is currently on Hospice care and has been for almost one (1) year. the LPN who completed Section O of Resident #99's MDS assessment was not working today. She confirmed section O Hospice on the recent Quarterly MDS was not marked and was not accurate. At 9:10 AM on 09/26/24, during an interview with Registered Nurse (RN)#1/MDS nurse, she	F 641	3) On 9/26/24 an in-service began by the Administrator regarding Resident Assessment Instrument Manual and policy transmission requirements for accuracy with all Minimum Data Set Nursing staff. On 9/30/24, the Quality Assurance Committee reviewed the policy, "Minimum Data Set (MDS) Assessments," and no recommendations were made to change the policy. 4) The facility Minimum Data Set Nurse #1 will review 3 complete assessments weekly, initiating 9/30/24, for 4 months for accuracy per the Resident Assessment Instrument Manual on "Minimum Data Set Accuracy Log." Any issues will be addressed immediately. These findings will be presented to the QA committeeon 10/24/24, and monthly for 4 months thereafter.	

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F 641	Continued From page 9 explained each person on the MDS team was responsible for ensuring MDS assessments are accurate and reflect the resident's condition. She confirmed that Resident #99 was currently on hospice services, however, the Quarterly MDS inaccurately indicated he was not on hospice services. At 10:10 AM on 09/26/24, during an interview with the Administrator, he explained he expected the MDS team to code each residents assessments accurately and to the follow the RAI manual and the facility's policy for any assistance needed.	F 641		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview and facility	F 812	1) On 9/26/24, the Dietary Manager	10/27/24

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F 812	Continued From page 10 policy review, the facility failed to store food in accordance with professional standards for food safety related to a food item not labeled, a scoop stored in a dry bin container, a food item not refrigerated, and an opened food item not discarded after the "Best Before" date for one (1) of two (2) kitchen observations. Findings include: A review of the facility's policy, "Food Receiving and Storage", Revised October 2017, revealed, "Foods shall be ...stored in a manner that complies with safe food handling practices ...6. All foods will be labeled with "open" date at the time of unsealing ...9. All foods stored in the refrigerator or freezer will be ...labeled and dated ..." On 09/23/24 at 10:12 AM, an observation and interview with the Dietary Manager (DM) revealed Freezer #1 had one (1) Styrofoam cup of a frozen substance with no date or label, that the DM was unable to identify the contents. An observation of the pantry revealed one (1) opened bag of dried cranberries with a "Best Before" date of 7/17/24. There was one (1) opened bottle of lime juice with a facility date of 6/17/24 and the manufactures label instructed to "refrigerate after opening". There was a large bin of cornmeal in which the scoop was stored in the corn meal and not in a designated area. The DM stated the dried cranberries should have been discarded and the lime juice should have been stored in the refrigerator. The DM also confirmed the scoop should not have been stored in the corn meal bin. The DM stated the staff are in-serviced every 2 weeks on food safety.	F 812	removed the expired cranberries, discarded the unlabeled food item, discarded cornmeal, and also discarded the lime juice. All Dietary staff were in-serviced on 9/26/2024 regarding "Food Storing and Receiving" policy. 2) 112 Residents who utilize dietary services have potential to be affected by this deficient practice. On 9/26/24, the Dietary Manager assessed all foods stored and no other items were identified with safety related concerns. 3) On 9/26,24, the Dietary Manager and the Registered Dietician in-serviced all dietary staff regarding the facility policy "Food Receiving and Storing." All new staff will be in-serviced in orientation. On 9/30/24, the Quality Assurance Committee reviewed the policy "Food Receiving and Storing" and no recommendations were made to change the policy. 4) The Dietary Manager will complete "Facility Dietary Inspection Log" weekly for 4 months, initiating 9/30/24, to identify any food safety concerns throughout the dietary department and any concerns found will be immediately rectified. The Registered Dietician will complete bi-weekly inspections for 4 months, initiating 9/30/24 to further inspect for any safety concerns related to food safe, by completing a "Consultant Dietician Report." Any concerns noted will be immediately rectified and The Quality Assurance Committee will evaluate the findings on 10/24/24, and monthly for 4 months thereafter.	

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F 812	Continued From page 11 On 09/25/24 at 1:21 PM, an interview with the Administrator revealed he was made aware by staff that the lime juice was not stored properly, and a scoop was stored in the corn meal bin.	F 812		