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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and complaint investigation (CI) MS #25847 at the facility from 12/10/24 through 12/12//24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M610, M620 and M1570. The SA found the facility to not be in compliance related to CI MS #25847 and cited M500 related to resident rights and M610 related to activities of daily living. Census at the time of the survey was 45 and the facility held a license for 60 residents.	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, resident and staff interviews, record reviews and facility policy reviews, the facility failed to provide personal hygiene as evidenced by long, jagged nails with brown substance underneath nails for two (2) of 24 sampled residents. Resident #8 and #30.	M 610	Resident #30 had his fingernails trimmed on 12/30/2024. An assessment was performed on 12/30/2024 on resident #30 and found no adverse reactions to the deficiency of not trimming nails. Resident #8 had his fingernails trimmed on 12/11/2024. An assessment was performed on 12/11/2024 on resident #8	1/10/25

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M 610	Continued From page 1 Findings include: Record review of facility policy titled, "Nail Care", with a revision date of 07/10, revealed, "Purpose ...To promote cleanliness, safety and a neat appearance.." Resident #8 On 12/10/24 at 9:34 AM, observation revealed a left-hand contracture with long nails meeting the inner palm. The right-hand revealed long nails measuring approximately (3/8) three-eighths inches in length with a thick, black substance underneath the nails. On 12/11/24 at 9:36 AM, an observation and interview with the Director of Nursing (DON) confirmed Resident #8 had long dirty nails. She revealed the nurses were responsible for cutting his nails because he was a diabetic. She revealed long nails, and the hand contracture could result in a wound inside the palm, or the resident could scratch himself and cause infection. Record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 11/13/24 revealed, under section GG, Resident #8 was dependent on staff for personal hygiene. Record review of the "Admission Record" revealed the facility admitted Resident #8 on 3/01/18 with a medical diagnosis that included Hemiplegia and Hemiparesis following Cerebral Infarction. Resident #30 On 12/10/24 at 12:05 PM, an interview and observation with Resident #30 revealed the	M 610	and found no adverse reactions to the deficiency of not trimming nails. An order for diabetic nail care has been added to the treatment administration record to be done once a week by a licensed nurse on resident # 8. This deficient practice has the potential to affect forty-five out of forty-five residents. The Director of Nursing will initiate an in-service on 12/12/2024 with all nursing staff on Nail Care Activities of Daily Living Policy & Procedure. The Director of Nursing or Certified Nursing Assistant Class Instructor will perform Nursing and CNA Skills Check Offs with return care demonstration on all direct care Certified Nursing Assistant, Licensed Practical Nurse, & Registered Nurse beginning on 12/13/2024. The Director of Nursing or CNA Class Instructor will monitor the compliance of Activities of Daily Living Compliance Protocols and observe resident care beginning 12/23/2024. The monitoring and observation schedule will be as follows: Seven residents once a week for four weeks, then five residents once a week for four weeks, and then three residents once a week for four weeks. Results of these audits will be reported to the facility quality assurance committee. A Quality Assurance Committee Meeting was conducted on 12/12/2024 with the Administrator, Director of Nursing Infection Preventionist, Medical Director, Accounts Manager, Medical Records, Social Services Director, Assessment Nurse, Nurse Case Manager, Therapy Director and the Housekeeping Supervisor. A	

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M 610	Continued From page 2 resident's left hand was contracted. Resident #30 stated that he really needed his nails cut and particularly on his left hand. He revealed that during the day he can keep his hands relaxed but when he goes to sleep it cramps, and his fingernails dig into his palm. The fingernails on the right hand were approximately (approx.) one-half (1/2) inch long with a brown substance noted underneath the nails. Resident #30 was able to extend open the contracted left hand which revealed his fingernails were approximately three fourths (3/4) of an inch long and jagged with a brown substance under the nails. On 12/11/24 at 8:25 AM, an observation revealed Resident #30's fingernails remain unchanged. An interview and observation on 12/11/24 at 11:16 AM, Certified Nurse Aide (CNA) #1 confirmed that Resident #30's fingernails were long and jagged with a brown substance under them, and needed to be cleaned and trimmed. She stated that the CNAs do fingernail care on shower days, but we only do Resident #30's fingernails on one hand. She revealed that the CNAs don't do the fingernails on the stroke hand, the nurses do that hand. During an interview and observation on 12/11/24 at 11:25 AM, Licensed Practical Nurse (LPN) #1 confirmed that the residents' nails were long and jagged with a dirty substance under them. She revealed that with them being long and dirty the resident could scratch himself and cause an infection and that the longer fingernails on the left contracted hand could cause a pressure area to develop. She revealed the weekend supervisor usually cuts and cleans Resident #30's fingernails, but his wife has also come in before and cleaned and cut them.	M 610	follow-up Quality Assurance Committee Meeting will be conducted again on 1/9/2025 and then monthly for two months and then quarterly thereafter. Administrator will report any recurring problem to the monthly meetings of the Quality Assurance Committee. The Administrator will take necessary corrective action as necessary to ensure compliance is resolved and the Quality Assurance Committee is in agreement with compliance.	

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M 610	Continued From page 3 Record review of Resident #30's "Admission Record" revealed the facility admitted the resident on 4/18/2017 with medical diagnoses that included Hemiplegia and Hemiparesis following Nontraumatic Subarachnoid Hemorrhage affecting Left Non-Dominant Side, and Epilepsy, Unspecified, not Intractable, without Status Epilepticus. Record review of Resident #30's MDS with an ARD of 10/31/24, revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.	M 610		
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 interview, record review, and facility policy review, the facility failed to provide appropriate care and services for resident with an indwelling catheter for one (1) of two (2)residents with indwelling catheters. Resident # 10 Findings include: A review of the facility policy titled, "Perineal	M 620	Resident #10 was assessed for adverse effect from this deficiency and found to have had no adverse reactions on 12/11 /2024. The Director of Nursing did a one-on-one in-service regarding Peri-Care & Catheter care with the employee involved on 12/11/2024 This deficient practice has the potential to affect two out of forty-five residents with a catheter. The Director of Nursing will initiate	1/10/25

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M 620	Continued From page 4 Care," revision date 01/24 revealed "Resident with Catheter: 4.) Using a clean washcloth or wash wipe, start at the meatus and wash the tubing in a circular motion away from the body. Rinse using the same method ..." An observation on 12/11/24 at 10:55 AM revealed Certified Nurse Assistant (CNA) #2 performed hand hygiene, applied gloves and provided incontinent and catheter care to Resident #10. This observation revealed CNA #2 washed, rinsed and dried the urinary meatus and catheter tubing without hand hygiene and changing gloves between each aspect of care. In an interview with CNA #2 on 12/11/24 at 11:10 AM, she confirmed she failed to change her gloves and perform hand hygiene after cleaning the urinary meatus/catheter tubing area and then rinsing and drying the urinary meatus/catheter tubing area. She then revealed that she contaminated the water in the basin when she failed to perform hand hygiene and change gloves and increased the resident's risk for obtaining an infection. In an interview with the Director of Nursing (DON) on 12/11/24 at 1:40 PM, she revealed she also acts as the infection control nurse. She then confirmed CNA #2 should have performed hand hygiene and applied clean gloves after cleaning the urinary meatus and catheter tubing before rinsing and drying the clean areas. She stated that failing to perform hand hygiene between a clean and dirty procedure and contaminating the clean water in the basin placed Resident #10 at increased risk of infection such as a urinary tract infection. Record review of the "Admission Record"	M 620	in-service of all staff on Peri Care & Catheter Care Policy & Procedure beginning on 12/12/2024. The Director of Nursing or CNA Class Instructor will perform Nursing and Certified Nursing Assistant Skills Check Offs with return care demonstration on all direct care Certified Nursing Assistants, Licensed Practical Nurses, & Registered Nurses beginning on 12/13/2024. The Director of Nursing or CNA Class Instructor will monitor the compliance of Catheter Compliance Protocols and observation of resident care beginning on 12/23/2024. The monitoring and observation schedule will be as follows: Two residents once a day for two days a week for four weeks, then two residents once a week for four weeks, and then one resident once a week for four weeks. Results of these audits will be reported to the facility quality assurance committee. A Quality Assurance Committee Meeting was conducted on 12/12/2024 with the Administrator, Director of Nursing Infection Preventionist, Medical Director, Accounts Manager, Medical Records, Social Services Director, Assessment Nurse, Nurse Case Manager, Therapy Director and the Housekeeping Supervisor. A follow-up Quality Assurance Committee Meeting will be conducted again on 1/9/2025 and then monthly for two months and then quarterly thereafter. Administrator will report any recurring problem to the monthly meetings of the Quality Assurance Committee. The Administrator will take necessary corrective action as necessary to ensure	

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M 620	Continued From page 5 revealed the facility admitted Resident #10 on 11/18/24 with diagnoses of Retention of Urine and Urinary Tract Infection. Record review of Resident #10's Minimum Data Set (MDS) with an Assessment Reference Date of 11/25/24 revealed in Section C a Brief Interview for Mental Status (BIMS) score was 15, indicating the resident was cognitively intact. Section H0100: Bladder and Bowel was coded resident having an indwelling urinary catheter.	M 620	compliance is resolved and the Quality Assurance Committee is in agreement with compliance.	

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M 620	Continued From page 6 -	M 620		
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	M1570		1/10/25

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M1570	Continued From page 7 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, staff interview, record review, and facility policy review, the facility failed to help prevent the possible transmission of infections when staff failed to perform hand hygiene during resident care observed for Resident #5 and #10 and failed to use Enhanced Barrier Pecautions (EBP) during catheter care for Resident #10 for two (2) of five (5) resident direct care areas observed. Findings include: A review of the facility policy titled, "Perineal Care," latest revision 01/24 revealed "Purpose: To prevent infection... Resident with Catheter... 4.) Using a clean washcloth or wash wipe, start at the meatus and wash the tubing in a circular motion away from the body. Rinse using the same method." Review of the facility titled, "Enhanced Barrier Precautions," latest revision 03/24 revealed that Enhanced Barrier Precautions (EBP) are an	M1570	An assessment was done on Resident #10 to ensure the resident wasn□t affected by the deficiency of not following Hand Hygiene and Enhanced Barrier Protocols on 12/11/2024 which showed no adverse effects. An assessment was done on Resident #5 to ensure the resident wasn□t affected by the deficiency of not following Hand Hygiene on 12/12/2024 which showed no adverse effects. This deficient practice has the potential to affect forty-five out of forty-five residents. The Director of Nursing will initiate in-service all staff on Infection Control Policy & Procedure beginning 12/11/2024. The Director of Nursing or Certified Nursing Assistant Class Instructor will perform Nursing and Certified Nursing Assistant Skills Check Offs on all direct care Certified Nursing Assistant, Licensed Practical Nurses, & Registered Nurses beginning 12/23/2024. The Director of Nursing or Certified Nursing Assistant Class Instructor will monitor the compliance of Enhance	

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M1570	Continued From page 8 infection control intervention designed to reduce transmission of the spread of multi-drug-resistant organisms in nursing homes. EBP involves gown and glove use during high contact resident care activities. Example of high contact resident care activity: presence of indwelling medical device. Review of the facility policy titled "Hand Hygiene" with a revision date of 01/24 revealed, under, "Purpose: To cleanse hands to prevent transmission of infection or other conditions. To provide a clean, healthy environment for residents, staff and visitors." Also revealed under, "Procedure: Indications for Handwashing... 4. Before and after applying gloves." Resident #5 An observation of wound care with Licensed Practical Nurse (LPN) #1 on 12/12/24 at 8:51 AM revealed, she performed hand hygiene, applied gloves and removed the sacral wound dressing. LPN #1 removed the soiled gloves and applied a new pair of gloves without using hand hygiene. She followed by cleaning the wound, removing the soiled gloves and applied new gloves to finish the wound care. After completing sacral wound care, LPN #1 performed wound care to the pressure wound on the left heel without using hand hygiene in between wounds or glove application and removal. An interview with LPN #1 on 12/12/24 at 9:15 AM confirmed, she only used hand hygiene once during the process of treating Resident #5's wounds. She revealed she should have performed care to the cleanest wound first, and verbalized hand hygiene should have been done each time new gloves were applied. LPN #1 confirmed this should be done to prevent the	M1570	Barrier Protocols, Hand Hygiene Protocols and observation of resident care beginning on 12/23/2024. The monitoring and observation schedule will be as follows: Two residents once a day for two days a week for four weeks, then two residents once a week for four weeks, and then one resident once a week for four weeks. Results of these audits will be reported to the facility quality assurance committee A Quality Assurance Committee Meeting was conducted on 12/12/2024 with the Administrator, Director of Nursing Infection Preventionist, Medical Director, Accounts Manager, Medical Records, Social Services Director, Assessment Nurse, Nurse Case Manager, Therapy Director and the Housekeeping Supervisor. A follow-up Quality Assurance Committee Meeting will be conducted again on 1/9/2025 and then monthly for two months and then quarterly thereafter. Administrator will report any recurring problem to the monthly meetings of the Quality Assurance Committee. The Administrator will take necessary corrective action as necessary to ensure compliance is resolved and the Quality Assurance Committee is in agreement with compliance.	

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M1570	Continued From page 9	M1570		

contamination of the wounds and the spread of infection.

An interview with the Director of Nursing (DON) on 12/12/24 at 9:22 AM confirmed the purpose of hand hygiene and to start with the cleanest wound first was to prevent cross contamination and the spread of infection. She revealed her expectations were for good hand hygiene to be performed during wound care and for residents with multiple wounds, the nurse should start care with the cleanest wound first.

Record review of the "Order Summary Report" for Resident #5 revealed an order dated 7/18/24, "Gentamicin Sulfate External Cream 0.1% (percent) Apply to sacrum topically every day shift related to pressure ulcer of sacral region, stage 4: Clean with Vashe solution, pat dry, apply gentamicin and silver alginate to wound bed and cover with bordered foam dressing."

Record review of the "Order Summary Report" for Resident #5 revealed an order dated 11/15/24, "Clean pressure ulcer stage 3 to left heel with Vashe wound solution. Apply gentamicin and silver alginate to wound bed and wrap with kerlix and secure with tape daily until healed."

Record review of the "Admission Record" for Resident #5 revealed the facility admitted the resident on 12/14/22 with a medical diagnosis that included Cerebral Infarction and Functional Quadriplegia.

Cross-reference F690
Resident #10

An observation of catheter care for Resident #10

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M1570	Continued From page 10 on 12/11/24 at 10:55 AM, revealed Certified Nurse Assistant (CNA) # 2 performed hand hygiene, applied clean gloves, did not apply a gown and dipped a washcloth in the clean water basin of water, applied soap and cleansed around the urinary meatus, and sides of the catheter tubing. She then placed another clean washcloth into that same water basin and rinsed the urinary meatus and catheter tubing while still wearing the same gloves. CNA# 2 then used a dry washcloth and dried around the urinary meatus and catheter tubing while continuing to wear the same gloves. In an interview with CNA #2 on 12/11/24 at 11:10 AM, she confirmed she failed to change her gloves and perform hand hygiene after cleaning the urinary meatus/catheter tubing area and then rinsing and drying the urinary meatus/catheter tubing area. She then revealed that she contaminated the water in the basin when she failed to perform hand hygiene and change gloves and increased the resident's risk for obtaining an infection. CNA #2 also confirmed that she failed to wear a gown for EBP but knew she was supposed to because Resident #10 has a catheter. In an interview with the DON on 12/11/24 at 1:40 PM it was confirmed that Resident #10 should be on EBP related to her having an indwelling urinary catheter to put an extra layer of protection to reduce the spread of bacteria. She also confirmed that CNA #2 should have performed hand hygiene and applied clean gloves after cleaning the urinary meatus and catheter tubing before rinsing and drying the clean areas. She stated that failing to perform hand hygiene between cleaning and rinsing contaminated the clean water in the basin and placed the resident at an increased risk of infection.	M1570		

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M1570	Continued From page 11 Review of the "Admission Record" revealed the facility admitted Resident #10 on 11/18/24 with diagnoses that included Retention of Urine and Urinary Tract Infection. Record review of Resident #10's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/25/24 revealed in Section C a BIMS score was 15, indicating the resident was cognitively intact. Section H0100: Bladder and Bowel coded resident having a urinary catheter.	M1570		