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	255325	A. BUILDING _____ B. WING _____	09/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA GARDENS	5420 HIGHWAY 80 EAST PEARL, MS 39208

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An annual survey and Complaint Investigations (CI) MS#16634, CI MS#17888, and CI MS#17870 was conducted by the State Agency (SA) from 9/7/2021 through 9/10/2021. The facility was found to not be in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated the complaints for CI MS#16634, and CI MS#17870. related to abuse and visitation and cited F563, F609, and F610. The SA did not substantiate CI MS#17888 related to Resident/Patient Treatment with dignity and respect, Rehabilitation, Quality of care and treatment, and injury of unknown origin. The SA cited F636, F656, F690, F695 and F880 in the annual survey. The facility has a license for 52 with a census of 38.	F 000		
F 636 SS=D	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication.	F 636		10/27/21

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

Electronically Signed | 10/20/2021

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F 636	Continued From page 1 (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts. §483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs. (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.)	F 636		

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F 636	Continued From page 2 (iii)Not less than once every 12 months. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, physician interview, record review and facility policy review the facility failed to code the Minimum Data Set (MDS) correctly regarding Bi-level Positive Airway Pressure (BIPAP) for one (1) of three (3) resident's with BIPAP's observed. Resident #9 Findings include: Record review of a statement on facility letterhead, undated revelaed " In correcting a MDS, (Formal Name of Facility) follows the RAI manual's guidelines." During an interview and observation on 09/07/21 at 03:00 PM, with Resident #9 revealed she wears oxygen (O2) at all times. O2 was in use at 2L/min (liters/minute) via nasal cannula. She reported the BiPAP machine is new, and she has never worn it. She explained no one knows how to work it. She explained a guy just brought the supplies and set the numbers. She tried it on but she told him something is not right with the setting or the mask, but it does not feel right. She reported he told her the setting are correct and did nothing else and left. She reported she didn't wear her BiPAP that night because when she asked the nurse she said she didn't know anything about the settings but knows how to put it on. During an observation and interview on 09/08/21 at 8:30 AM, Resident #9 was sitting up in her wheelchair. Oxygen was in use at 2L/min via nasal cannula. Resident reported she did not use the BiPAP last night. She explained she has not	F 636	1) Resident #9 Minimum Data Set (MDS) was modified immediately and transmitted with return validation. 2) All residents have the potential to be affected by this deficient practice. 3) An audit was initiated by the Director of Nursing on 10/15/2021 to ensure accuracy of Section O. All sections were coded appropriately. In-service was conducted with the MDS Nurse regarding appropriate coding Section O on 10/14/2021 by the Corporate Nurse. 4) Beginning 10/18/2021, the Director of Nursing will conduct audits on 4 residents/week x 4 weeks then 4 residents/week x 2 weeks. The Director of Nursing reported no issues to the Quality Assurance Committee on 10/27/2021 and will continue to monitor and report weekly through an email to QA members and continue for 3 months.	

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had any problems from not using the BiPAP but needs her oxygen at all times.

In an interview on 09/08/21 at 4:30 PM, with Resident #9, she explained she has never refused wearing the BiPAP but has not worn BiPAP since she has been here. She explained the settings for the machine was either too high when the little guy set up the machine or something because it just didn't feel or work right. She explained she used the BiPAP while at the other place but reported it just didn't work right at this place. She explained when staff would ask her if she wanted to wear BiPAP, she explained she only asked if they knew how to do the settings. She explained the nurses would just look confused. She explained the Director of Nurse (DON) did come and ask her about the mask but she explained it was not the mask, but it was the air flow and the settings. She explained no one else ever talked to her about the BiPAP machine.

During an interview on 09/08/21 at 05:00 PM, with the Assistant Director of Nurses (ADON), when asked if a resident refused medication or oxygen what does the facility do, she explained, if a resident refused medication, the nursing staff will wait 3 days before reporting it to the doctor due to the resident could just be confused and it could be a new medication but should make a nurses note regarding refusal. When ask if a resident refused oxygen what the facility would do, she explained the doctor would be notified on the 1st day of refusal so the doctor can evaluate and determine if the resident needs the oxygen. She further explained either a Physician or a Nurse Practitioner is here at the facility almost every day and at least weekly. She explained the nursing

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staff also communicates with the physicians through an app to get in touch or send a message regarding a resident. She explained she did not know anything about Resident#9 not wearing her BiPAP or any problems with the machine. She reviewed the resident's Medication Administration Record (MAR) and explained it only shows that resident has not received her BiPAP several times since admission. She explained if the resident did not want to wear the BiPAP the Nurse Practitioner or Physician should have been notified but explained there is no documentation of the physician being notified.

During an interview on 09/09/21 at 8:40 AM, with the LPN#1/Admission Nurse, she explained she did work a night shift around 08/04/21 and when she went to try and put on the BiPAP, Resident #9 complained of BIPAP not fitting correctly but never did mention anything about the settings. She explained she did not mention to the Physician or Nurse Practitioner about the resident not wearing but did report the incident to the DON.

During an interview on 09/09/21 at 08:50 AM, with the DON, she explained she did go and talk to Resident #9 after LPN#1/ Admission Nurse reported to her the resident's complaints regarding the BiPAP not fitting right. She explained when she spoke to Resident #9 she denied any problems with the settings for the BiPAP. The DON explained she offered to reorder another mask for the machine, but the resident denied wanting a new mask. The DON further explained after she spoke to the resident she just forgot about the situation and did not think any more about it and no one else mentioned anything about the BiPAP. She reported that

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during the time she talking to Resident #9, the resident denied any problems with shortness of breath.

On 09/09/21 at 2:30 PM, during an interview with Physician #1, he explained he has seen Resident #9 several times and spoken to the resident and her daughter about the disease process for Steven-Johnsons Syndrome. He explained Resident #9 was seen on 08/14/2021 and 08/19/2021 regarding shortness of breath and had a chest x-ray. He explained the resident had several lung infiltrates since admission but explained this is due to resident's Steven-Johnsons Syndrome and the BiPAP would have not helped with the infiltrates but Resident #9 would have benefited from receiving the BiPAP. He further reported he was not aware Resident #9 was not receiving the BiPAP as ordered and if she was not wanting to use it the BiPAP could have been discontinued. He explained his Nurse Practitioner or him could have discontinued it because it would not made a difference in the infiltrates and it won't fix her problem due to Steven-Johnsons Syndrome. When explained to him the resident had complained the settings were not correct or the BiPAP didn't feel like it did at the other places, he explained the oxygen flow is different in a hospital setting.

On 09/10/21 at 12:50 PM, during an interview with the Minimum Data Set (MDS) nurse/RN#2 he explained all staff should follow physician orders and care plans for each resident and if not followed there could be a problem with the residents health. When ask if a resident continues to refuse a medication or treatment what should be done, he explained the physician

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should be notified and a care plan should be revised.

On 09/10/21 at 01:15 PM, during an interview with MDS nurse/LPN#2 when asked does the facility do a check system to verify MDS before being submitted, he explained RN# 2 and therapy will review the MDS for accuracy before submitting the MDS. When asked him to review Resident #9's physician orders on admission and Section O of the MDS and see if it is correctly documented related to physician orders and plan of care, he explained the BiPAP is not documented on the MDS and that was done in error but can be corrected.

On 09/10/21 at 01:30 PM, during an interview with the DON, when asked does she review the MDS for accuracy, she explained she knows nothing about MDS and that is the MDS nurse responsibility.

Record review of Resident #9's Admission Record revealed the facility admitted Resident #9 on 07/15/21 with the diagnoses of Acute Respiratory failure with hypoxia, Anxiety, Major depressive disorder, Alcohol abuse, Obesity, Presence of artificial hip joint bilateral, Steven-Johnsons Syndrome, and Congestive Heart Failure (CHF).

Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date of 7/22/21 revealed Section O, item O0100, Special Treatments, Procedures, and Programs, line G, Non-Invasive Mechanical Ventilator (BIPAP/CPAP), column 2 was not checked.

Record review of Resident #9's Order Summary

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F 636	Continued From page 7 Report dated 9/9/2021, revealed an order dated 07/15/2021 for "BIPAP ON at bedtime." Record review of the Medication Administration Record (MAR) dated 7/1/12021-7/31/2021 revealed, "BIPAP ON at bedtime Start date 7/15/2021". A check mark was recorded for the dates of 7/15/2021, 7/19/2021 and 7/20/2021.	F 636		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §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 - (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 (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). (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 findings of the PASARR, it must indicate its rationale in the resident's medical record.	F 656		10/27/21

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F 656	Continued From page 8 (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review and facility policy review the facility failed to follow the comprehensive care plan by not securing a foley catheter tube to the residents leg and by not ensuring a resident received bi-level positive airway pressure (BIPAP) respiratory therapy for two (2) or 25 care plans reviewed, Resident #9 and Resident # 11. Resident #11 Findings Include: Record review of the facility's policy for "Minimum Data Set (MDS) and Care Plan Responsibilities" revealed no date for the policy. The policy stated, "it is the policy of the facility to develop a comprehensive care plan for each resident to provide the highest level of functioning for the resident to attain." Record review of Resident #11's Care Plan initiated 07/27/21 revealed, "Focus, Indwelling	F 656	1) A leg strap was applied to Resident #11 on 9/10/2021 in order to secure the foley catheter tube to the resident's leg. The BiPap for Resident #9 was discontinued on 9/9/2021. 2) All residents have the potential to be affected by this deficient practice. 3) On 9/13/2021, the Director of Nursing completed an audit of care plans with no negative findings. The MDS Nurse conducted an in-service on 10/18/2021 on the protocol for locating and reviewing care plans with the certified nursing assistants and the facility nurses. 4) Beginning 10/18/2021, the Director of Nursing/Assistant Director of Nursing will conduct audits on 5 resident care plans a week x 4 weeks then 3 residents a week x 2 weeks. The Director of Nursing will report to the Quality Assurance	

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F 656	Continued From page 9 Urinary Catherization Status; urinary retention, Goal, Resident will have no complications associated with urinary catherization through next review date. Target Date: 10/26/2021, Interventions ...Catheter care per routine each shift ...Keep catheter tubing secured to leg to prevent friction and discomfort ..." Observation on 09/09/21 at 09:32 AM, during of catheter care with Certified Nursing Assistant (CNA) #1 revealed CNA #1 failed to secure the tubing near the meatus while cleaning the tubing on the catheter. CNA #1 pulled on the tube with a wet wipe cloth. During the care the catheter bag was attached to the left side of the bed frame. CNA #1 turned the resident to the right side to cleanse Resident #11's buttocks. CNA #1 did not transfer the catheter bag to the right of the bed. The catheter tubing tugged tightly on the meatus. Resident #11 did not have a leg strap on to secure the catheter to prevent friction. Record review of the Admission Record revealed Resident #11 was admitted to the facility on 7/15/2021, with the diagnoses that included but not limited to Acute Kidney Failure, Retention of urine, and Anxiety disorder. The Admission Minimum Data Set (MDS) with the an Assessment Reference Date (ARD) of 07/22/21 revealed Resident#11 had a Brief interview of for Mental Status (BIMS) of 7 that indicated Resident #11 is cognitively impaired. During an interview on 09/9/21 at 02:50 PM, CNA #1 confirmed Resident #11 did not have a leg strap or securing device to her leg to prevent friction. CNA #1 said the resident has not had one every since she was admitted.	F 656	Committee weekly and will continue weekly reporting through email to the QA Committee members and will continue this for 3 months.	

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CNA #1 said she did not know the resident needed a securing device because it was not on her care plan. CNA #1 confirmed she did not secure the resident tubing while cleaning it and the tubing was tugging tightly to on the meatus. CNA #1 also confirmed the tubing was tugging tightly on the resident when she turned her to the right side and cleansed the resident's buttocks.

During an interview on 09/09/21 at 3:08 PM, Interview with Registered Nurse (RN) #1 confirmed CNA #1 did not have the securing device on the CNA's care plan. RN #1 said she thought the orders automatically transferred to the CNA's task/care plan. RN #1 said this would be corrected as of today.

During an interview on 09/09/21 at 03:10 PM, with the Director of Nursing (DON) confirmed CNA #1 failed to follow the Comprehensive Care Plan by not securing the catheter to Resident #11 leg and not holding the tip of the tubing near the meatus while providing catheter care. The DON said that could have caused the catheter friction and possible trauma to the meatus. The DON also said CNA #1 should have put the catheter bag on the right side of the bed frame to prevent the catheter from tugging on the meatus. The DON revealed she was not aware the catheter care did not transfer from the comprehensive care plan to the CNA's task/care plan.

During an interview on 09/10/21 at 12:51 PM, RN #2 said he expected the staff to follow the comprehensive care plan. RN #2 confirmed CNA #2 did not follow the care plan because the care plan states the staff should keep catheter tubing secured to the leg to prevent friction and discomfort. RN #2 also stated that the CNA's and

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floor nurses are responsible for making sure the residents have a securing device connected to their leg to prevent tugging and friction. RN #2 also said this could cause trauma and or infection.

Resident #9

Record review of Resident #9's Comprehensive Care Plan initiated 7/27/21 revealed problem, "Oxygen therapy due to Acute Hypoxic Respiratory Failure" and included the intervention/task "BIPAP/CPAP (Bi-level positive airway pressure/Continuous positive airway pressure) at night. Resident may manage device. Offer assistance as needed."

During an observation and interview on 09/07/21 at 03:00 PM, the State Survey Agency (SSA) observed Resident #9 lying in bed. Resident #9 reported the BIPAP machine is new, and she has never worn it at this facility. She explained no one knows how to work it. She explained a guy just brought the supplies and set the numbers and she tried it on, but she told him something is not right with the setting or the mask, but it does not feel right. She reported he told her the setting are correct and done nothing else and left. She reported she didn't wear her BIPAP that night because when she asked the nurse, she said she didn't know anything about the settings but knows how to put it on.

On 09/08/21 at 8:30 AM, the SSA observed Resident #9 sitting up wheelchair with oxygen in use at 2L/min (liters per minute) via nasal cannula. Resident #9 reported she did not use the BIPAP last night.

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In an interview on 09/08/21 at 4:30 PM, with Resident #9, she explained she has never refused wearing the BiPAP but has not worn BiPAP since she has been here. She explained the settings for the machine was either too high when the little guy set up the machine or something because it just didn't feel or work right. She explained she used the BiPAP while at the other place but reported it just didn't work right at this place. She explained when staff would ask her if she wanted to wear BiPAP, she explained she only asked if they knew how to do the settings. She explained the nurses would just look confused. She explained the Director of Nurse (DON) did come and ask her about the mask but she explained it was not the mask, but it was the air flow and the settings. She explained no one else ever talked to her about the BiPAP machine.

On 09/09/21 at 08:50 AM, during an interview with DON, when asked her the purpose of the care plans and physician orders, she explained to ensure the resident receives care to benefit the resident. When asked if a resident refused a treatment what should happen, she explained the physician should be notified and the care plan revised as needed.

On 09/10/21 at 12:50 PM, during an interview with Registered Nurse #2, he explained all staff should follow physician orders and care plans for each resident and if not followed there could be a problem with the resident's health. When asked if a resident has a physician order for a BIPAP should that be included in the care plan,he explained all interventions should be included on the resident's care plan. When asked if a resident

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F 656	Continued From page 13 continue to refuse a medication or treatment what should be done, he explained the physician should be notified and a care plan should be revised. Record review of Resident #9's Admission Record revealed the facility admitted Resident #9 on 07/15/21 with the diagnoses of Acute Respiratory failure with hypoxia, Anxiety, Major depressive disorder, Alcohol abuse, Obesity, Presence of artificial hip joint bilateral, Steven-Johnsons Syndrome, and Congestive Heart Failure. Record review of Resident #9's hospital discharge instructions dated 7/15/21, revealed "...BIPAP during hours of sleep or when experiencing shortness of breath or sleepiness....Your settings are 15/8/40%...when not using the BIPAP please use oxygen at two (2) liters per minute via nasal cannula." Record review of Resident #9's Order Summary Report dated 7/15/21, revealed orders for "BIPAP on at bedtime...oxygen at two (2) liters per minute via nasal cannula every shift." Record review of Resident #9's Admission MDS with ARD of 07/22/21, Section C revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicated Resident #9 is cognitively intact.	F 656		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to	F 690		10/27/21

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F 690	Continued From page 14 maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review and facility policy review the facility failed to anchor a Foley catheter tube securely while performing catheter care and failed to secure the tubing with a catheter leg strap for one (1) of three (3) catheter observations. Resident #11	F 690	1) A leg strap was applied to resident #11 on 9/10/2021 in order to secure the foley catheter tube to the resident's leg. 2) All residents with indwelling catheters have the potential to be affected by this deficient practice.	

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F 690	Continued From page 15 Findings include: Record review of the facility's" Catheter Care" undated, revealed "Policy: it is the policy of the facility to ensure that residents with indwelling catheters recieve appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Policy Explanation:1. Catheter care will be performed every shift and as needed by nursing personnel...Female: 12. ... with a new moistened cloth, starting at the urinary meatus moving out, wipe the catheter making sure to hold catheter in place so as to not pull on the catheter..." Resident #11 Observation on 09/09/21 at 09:32 AM, of catheter care with Certified Nursing Assistant (CNA) #1 revealed CNA #1 failed to secure the catheter tubing near the meatus while cleaning the tubing. CNA #1 pulled on the catheter tube with a wet wipe cloth. During the care the catheter bag was attached to the left side of the bed frame. CNA #1 turned the resident to the right side to cleanse Resident #11 buttocks. CNA #1 did not transfer the catheter bag to the right side of the bed. The catheter tubing tugged tightly on the meatus. Resident #11 did not have a leg strap on to secure the catheter to prevent friction. During an interview on 09/9/21 at 02:50 PM, CNA #1 confirmed Resident #11 did not have a leg strap or securing device to her leg to prevent friction. CNA #1 said the resident has not had a securing device on since she was admitted. The CNA confirmed she did not secure the resident tubing while cleaning it and the tubing was tugging tightly to the meatus. CNA #1 also	F 690	3) The CNA #1 was in-serviced on securing the catheter tubing on the resident's leg and securing the tip of the catheter during care on 9/10/2021 by the Assistant Director of Nursing. An immediate in-service was held on 9/10/2021 with all floor nurses and CNAs regarding the protocol for catheter care by the Assistant Director of Nursing. 4) Beginning 10/18/2021, the Assistant Director of Nursing will observe catheter care on 2 residents weekly x 4 weeks and 1 resident weekly for 2 weeks. The Assistant Director of Nursing will report to the Quality Assurance Committee weekly through email to the members and this will continue for 3 months.	

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confirmed the tubing was tugging tightly on the resident when she turned her and cleansed the tubing.

During an interview with RN #1 on 09/09/21 at 3:08 PM, revealed the facility does catheter training with the staff once a year. RN #1 confirmed CNA #1 should have secure the tubing at the tip near the meatus to prevent it from coming out or causing infection. RN #1 said CNA #1 should have removed the catheter bag from the bed frame on the left side when she turned the resident and placed it on the right side of the bed frame to keep the catheter from tugging tightly.

During an interview 09/09/21 at 03:10 PM, with the Director of Nursing (DON) The DON said CNA #1 should have held the tip of the catheter near the meatus while wiping the tubing to prevent friction. The DON also said CNA #1 should have put the catheter bag on the right side of the bed frame to prevent the catheter from tugging on the meatus.

Record review of the Admission Record revealed Resident #11 was admitted to the facility on 7/15/2021, with the diagnoses that included but not limited to Acute Kidney Failure, Retention of urine, and Anxiety disorder.

Record review of Resident #11's Care Plan initiated 07/27/21 revealed, "Focus, Indwelling Urinary Catherization Status; urinary retention, Goal, Resident will have no complications associated with urinary catherization through next review date. Target Date: 10/26/2021, Interventions ...Catheter care per routine each shift ...Keep catheter tubing secured to leg to

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F 690	Continued From page 17 prevent friction and discomfort ..." Record review of the Admission Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 07/22/21 revealed Resident#11 had Brief Interview for Mental Status (BIMS) score of 7 that indicated Resident #11 has moderate cognitive impairment.	F 690		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. 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. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review and facility policy review the facility failed to ensure a resident who was ordered a bi-level positive airway pressure (BIPAP) machine received necessary services for one (1) of three (3) residents reviewed. Resident #9. Findings include: Record review of the facility's policy for "Refusal of Medication and Treatments" with a revision date of 09/11 revealed six key elements including, ..." Refusals of treatment should be countered by discussion with the resident of the health and safety consequences of the refusal and the availability of any therapeutic alternatives that	F 695	1) Resident #9 received an order on 9/9/2021 from the medical provider to discontinue the BiPap per resident's request. 2) All residents have the potential to be affected by this deficient practice. 3) An in-service for all nurses was conducted on 10/14/2021 by the Director of Nursing regarding the protocol to follow Physician's orders. 4) Beginning 10/18/2021, the Director of Nursing and the Assistant Director of Nursing will conduct audits of the	10/27/21

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F 695	Continued From page 18 might exist. Physician and Responsible Party must be notified..." During an observation and interview on 09/07/21 at 03:00 PM, revealed the State Survey Agency (SSA) observed Resident #9 lying in bed. Resident #9 reported the BIPAP machine is new, and she has never worn it at this facility. She explained no one knows how to work it. She explained a guy just brought the supplies and set the numbers and she tried it on, but she told him something is not right with the setting or the mask, but it does not feel right. She reported he told her the setting are correct and did nothing else and left. She reported she didn't wear her BIPAP that night because when she asked the nurse, she said she didn't know anything about the setting but knows how to put it on. On 09/08/21 at 4:30 PM, interview with Resident #9, she explained she has never refused wearing BIPAP but has not worn BIPAP since she has been here. She explained the settings for the machine was either too high when the guy set up the machine or something because it just didn't feel or work right. She explained she used the BIPAP while at the other place but reported it just didn't work right at this place. She explained when staff would ask her if she wanted to wear the BIPAP, she explained she only asked if they knew how to do the settings, she explained the nurses would just look confused and would say nothing. She explained the Director of Nurses(DON) did come and ask her about the mask, but she explained it was not the mask, but it was the air flow and the settings. She explained no one else ever talked to her about the BIPAP machine.	F 695	Physician's orders on 4 residents weekly x 4 weeks and 3 residents weekly x 2 weeks. The Director of Nursing and the Assistant Director of Nursing will report to the Quality Assurance Committee weekly through email and will continue to report weekly for 3 months.	

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On 09/08/21 at 05:00 PM, during an interview with the Assistant Director of Nurses (ADON), when asked if a resident refused oxygen what the facility would do, she explained the doctor would be notified on the first day of refusal so the doctor can evaluate and determine if the resident needs the oxygen. She further explained either a Physician or a Nurse Practitioner is here at the facility almost every day and at least weekly. She explained the nursing staff also communicates with the physicians through an app to get in touch or send a message regarding a resident. She explained she did not know anything about Resident #9 not wearing her BIPAP or any problems with the machine. She reviewed the resident's Medication Administration Record (MAR) and explained it only shows that the resident has not received her BIPAP several times since admission. She explained if the resident did not want to wear the BIPAP the Nurse Practitioner or Physician should had been notified but explained there is no documentation of the physician being notified.

On 09/09/21 at 8:40 AM, during an interview with Licensed Practical Nurse (LPN) #1, Admission Nurse, she explained she did work a night shift around 08/04/21 and when she went to try and put on the BIPAP, Resident #9 complained of the BIPAP not fitting correctly but never did mentioned anything about the settings. She explained she did not notify the Physician or Nurse Practitioner about the resident not wearing BIPAP but did report the incident to the DON.

On 09/09/21 at 08:50 AM, during an interview with the DON, she explained she did go and talk to Resident #9 after LPN #1/Admission Nurse reported to her Resident #9's complaints

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F 695	Continued From page 20	F 695		

regarding BIPAP not fitting right. She explained when she spoke to Resident #9, resident denied any problems with the settings for the BIPAP. The DON explained she offered to reorder another mask for the machine, but resident denied wanting a new mask. The DON further explained after she spoke to the resident she just forgot about the situation and did not think any more about it and no one else mentioned anything about the BIPAP.

On 09/09/21 at 2:30 PM, during an interview with Physician #1, he explained he has seen Resident #9 several times and spoke to the resident and her daughter about the disease process of Steven-Johnsons Syndrome. He explained the resident was seen on 08/14/2021 and 08/19/2021 regarding shortness of breath and had a chest x-ray. He explained Resident #9 would have benefited from receiving the BIPAP. He further reported he was not aware Resident #9 was not receiving the BIPAP as ordered and if she was not wanting to use it the BIPAP could have been discontinued.

On 09/10/21 at 2:50 PM, during an interview with Resident #9's Resident Representative (RR), her daughter revealed she explained she has spoken to the doctor regarding her mother's lung disease but no one ever mentioned to her about her mother not wearing her BIPAP.

Record review of Resident #9's Admission Record revealed the facility admitted Resident #9 on 07/15/21 with the diagnoses of Acute Respiratory failure with hypoxia, Anxiety, Major depressive disorder, Alcohol abuse, Obesity, Presence of artificial hip joint bilateral, Steven-Johnsons Syndrome, and Congestive

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Heart Failure.

Record review of Resident #9's hospital discharge instructions dated 7/15/21, revealed "...BIPAP during hours of sleep or when experiencing shortness of breath or sleepiness....Your settings are 15/8/40%...when not using the BIPAP please use oxygen at two (2) liters per minute via nasal cannula."

Record review of Resident #9's Order Summary Report dated 7/15/21, revealed orders for "BIPAP on at bedtime...oxygen at two (2) liters per minute via nasal cannula every shift."

Record review of Resident #9's Admission Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 07/22/21 Section C revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated resident is cognitively intact. Section O of the MDS revealed only oxygen marked for special treatments and the section for BIPAP was not marked.

Record review of Physician Progress note dated 08/19/21 revealed Resident #9 had complaints of shortness of breath and was treated for Congestive Heart Failure. The progress note did not mention the use of the BIPAP.

Record review of Resident #9's MAR for July and August 2021 revealed the resident wore BIPAP for total of six (6) times.

Record review of nurse progress note for 08/04/21 revealed "resident did not wear BIPAP all night and was having increased anxiety ..."

Record review of Resident #9's Medication

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F 695	Continued From page 22 Administration Record (MAR) dated July 2021 revealed, "BIPAP ON at bedtime, Start Date-07/15/2021". Resident #9's MAR indicated that the resident wore the BIPAP three (3) times on 7/15/21, 7/19/21 and 7/202/1. Resident #9 had 13 days recorded as a "9" indicating "other" and 1 day on 7/29/21 recorded as "2" indicating "Refused". Record review of Resident #9's MAR dated August 2021 revealed that the resident wore the BIPAP three (3) times on 8/22/21, 8/25/21 and 8/30/21. Resident #9 had 17 days coded as a "9" indicating "other", 10 days coded "2" indicating "Refused, and one (1) day on 8/7/21 coded as a "5" indicating "Hold/See Nurses Note". The #9, "other" is not included in the legend on the MAR.	F 695		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880		10/27/21

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arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and

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F 880	Continued From page 24 transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review and facility policy review the facility failed to prevent the possible spread of infection during catheter/incontinent care observations for three (3) of six (6) observations. Resident #5, Resident #11, Resident #144. Findings include: Review of the facility's " Infection Control", undated, revealed "Policy: It is the policy of (Formal Name of Facility) to ensure that residents admitted without an infection does not develop an infection unless clinically unavoidable and that a resident who is admitted with an infection receives care and services to promote healing and to prevent additional infections from developing." Review of the facility Policy, "Hand Washing", undated, revealed, "Policy: It is the policy of the facility to provide a clean, healthy, environment for staff and residents by cleaning the hands to prevent the spread of possible infection." Resident #5 On 9/9/21 at 4:10 PM, during an observation and interview of incontinence care being provided by Certified Nursing Assistant #2 (CNA), revealed no barrier was placed on the bedside table prior to beginning incontinent care. CNA #2 entered	F 880	1) On 9/9/2021, residents #5, #11 and #144 were provided catheter care by a nursing staff member using appropriate infection control practices. 2) All residents with indwelling catheters have the potential to be affected by this deficient practice. 3) As of 9/10/2021, all residents with indwelling catheters have been provided proper catheter care using appropriate infection control practices. On 10/14/2021, the facility Quality Assurance Committee including the Administrator, Assistant Administrator, Medical Director, Infection Control Preventionist, Director of Nursing, Social Services and Corporate Nursing Consultant met and developed a root cause analysis for infection control and hand hygiene practices. On 10/14/2021, the Director of Nursing and the Infection Control Preventionist completed the "Infection Prevention and Control Assessment Tool for Long-Term Care Facilities" per Centers for Disease Control and Prevention/Department of Health & Human Services. On 10/18/2021, a mandatory in-service for all CNAs on appropriate infection control	

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F 880	Continued From page 25 Resident #5's room, put gloves on, then raised Resident #5's bed with the remote control using her gloved hands. She then positioned Resident#5 and began care. CNA #2 removed her gloves and left the room to get Lantiseptic ointment. When CNA #2 returned to the room she did not wash her hands and applied clean gloves. CNA #2 used her gloved right hand to put extra packs of ointment in the bedside table drawer. CNA #2 did not change her gloves, then applied cream to Resident #5's buttocks. CNA#2 put the dirty brief on the floor along with dirty gloves. CNA #2 donned clean gloves and adjusted the resident's bed with the remote control. CNA #2 put the brief and gloves in the garbage bag and exited the room. CNA #2 did not wash hands. She took the garbage bag and placed it in the biohazard room and then washed her hands. During an interview, CNA #2 stated to the State Agency (SA), " I would have washed my hands before coming out of the resident room". SA asked CNA #2 why did you not wash your hands. CNA#2 stated "I don't like washing my hands in the resident room." Review of the Resident #5's Admission Record revealed an original admission date of 4/28/17 with diagnoses which included Muscle Weakness, Dysphagia, Eplisepy, Osteoarthritis, Unspecified Dementia without behaviors and Hyperlipidemia. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/5/21 revealed a Brief Interview for Mental Status (BIMS) score of 03 which indicates Resident #5 has severe cognitive impairment. On 09/09/21at 4:54 PM, in an interview with CNA	F 880	practices (to include infection control, hand hygiene, barrier use) when providing catheter care with competency check offs was initiated by the Assistant Director of Nursing. All staff has started in-service using the CDC Infection Control Preventionist Modules #1 Infection Prevention & Control Program, #6A Principles of Standard Precautions and #7 Hand Hygiene; CMS YouTube video "Keep COVID-19 Out!; and also completed hand hygiene and infection control competencies. This in-service should be completed by ALL staff by 11/5/2021. 4) Beginning 10/18/2021, the Infection Control Preventionist will monitor for proper infection control procedures during catheter care 4 times a week for 3 weeks, then 2 times a week for 3 weeks. The Infection Control Preventionist will report to the Quality Assurance Committee weekly through email to the QA Committee members and will continue weekly reporting for 3 months.	

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#2, stated she should have washed her hands and changed gloves while doing care. She stated she was nervous with the SA watching and she forgot to change gloves and wash her hands. She stated not washing hands and changing gloves can cause the resident to get an infection. It can make the resident sick.

On 9/9/21 at 5:07 PM ,in an interview with the Director of Nursing (DON), stated CNA #2's actions put the resident at risk for infection, when she did not wash her hands before exiting the room. That placed the resident at risk for infection. She stated CNA #2 actions is an infection control issue. She stated CNA #2 should have changed gloves and washed her hands. She stated CNA #2 should have not placed a soiled brief and gloves on the floor. She stated by placing the soiled brief on the floor and picking it up and not washing her hands transferred whatever was on the floor to the doorknob and to other residents.

On 9/9/21 at 5:10 PM, in an interview with Assistant Director of Nursing (ADON), stated CNA #2 could have caused the resident to get an infection. She stated CNA #2 should have washed her hands and changed gloves.

Review of the CNA #2's Infection Control Orientation checklist, dated 8/18/21. revealed her initials on understanding the importance of hand washing in preventing infection,

Resident #11

Record review of the Admission Record revealed Resident #11 was admitted on 7/15/2021 with diagnoses that included Acute Kidney Failure,

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Urinary Retention, and Anxiety disorder.

Record review of the Admission Minimum Data Set (MDS) with the an Assessment Reference Date (ARD) of 07/22/21 revealed Resident#11 had a Brief Interview for Mental Status (BIMS) score of 7 that indicated Resident #11 is cognitively impaired.

Observation on 09/09/21 at 09:32 AM, of catheter care with Certified Nursing Assistant (CNA) #1 revealed CNA #1 did not have a barrier on the table. CNA #1 had wet wipes, a brief and gloves on the table. CNA #1 took the wipes off the uncleaned table and cleansed Resident #11's perineal area. CNA #1 also cleansed Resident #11's catheter tubing with the wipes that had been placed on the table with no barrier.

During an interview on 09/9/21 at 02:50 PM, with CNA #1 confirmed she did not have a barrier on the table. CNA #1 said she was nervous and forgot to put one on the table. CNA #1 said she forgot to wipe the table off and realized she could cause the resident to receive an infection by using the wipes and gloves from a table that had not been properly cleaned.

During an interview on 09/09/21 at 03:10 PM, with the Director of Nursing (DON) confirmed CNA #1 should have cleaned the table and placed a barrier on the table to prevent infection.

During an interview on 09/10/21 at 1:00 PM, with RN #1 confirmed CNA #1 should have cleansed the table and place a barrier on the table prior to providing care. RN #1 said by using dirty supplies the CNA could cause possible infection to Resident #11.

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Resident #144

During an observation of catheter care on 09/09/21 at 4:00 PM, revealed CNA#3 put gloves on bedside table. The bedside table did not have a barrier on it. CNA #3 began cleaning the catheter tubing then and stopped cleaning and went got the garbage can with gloves on. CNA #3 did not change gloves or clean her hands after picking up garbage can. She placed the garbage can beside her and continued to do catheter care with the same gloves on. CNA #3 finished and removed the garbage bag from the can and exited the room. CNA #3 did not her wash hands before exiting room.

On 9/9/21 at 4:43 PM, in an interview with CNA #3 stated she should have used a barrier on the bedside table, and she should have changed gloves after moving the garbage can. She stated her actions can cause the resident to get an infection. She stated it was contamination. She stated it can do a lot of harm to the resident's body.

On 9/9/21 at 5:04 PM, in an interview with the DON, she stated CNA #3's actions could cause infection control issues. She stated residents can get urinary tract infections. She stated CNA #3 should have changed gloves after picking up the garbage can.

On 9/9/21 at 5:06 PM, in an interview with the ADON stated CNA #3's actions were infection control. She stated whatever was on the garbage can was transferred to the resident. She stated CNA #3 should have changed gloves.

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F 880	Continued From page 29 Record review of the Admission record revealed Resident #144 was admitted to the facility on 8/20/21 with diagnoses which included Type 2 Diabetes, Benign Prostate Hypertrophy (BPH), Hyperlipidemia, and Major Depressive Disorder. Record review of the Admission MDS with an ARD of 8/27/21 revealed in Section C, Resident #144's BIMS score was 10 which indicated Resident #144 had moderate cognitive impairment.	F 880		