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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 9-26-22 to 9-29-22. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited M500, M610, M625, and M655. The census at the time of the survey was 45 and the facility is licensed for 67.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his	M 500		11/11/22

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M 500	Continued From page 1	M 500		

medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the

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M 500	Continued From page 2	M 500		

facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail

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M 500	Continued From page 3 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on resident and staff interview and facility policy review, the facility failed to provide mail delivery on Saturdays. This has the potential to affect 45 of 45 residents residing in the facility.	M 500	M500 * Residents #5 and #8 have been informed by the activity director on 10/19/22, that the registered nurse supervisor on the weekends will check the	

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M 500	Continued From page 4 Findings include: Review of the facility policy titled, "Mail and Electronic Communication", with a revision date of May 2017, revealed residents are allowed to communicate privately with individuals of their choice and may receive personal mail, email, and other electronic forms of communication confidentially. The policy interpretation and implementation revealed, under #4, that mail and packages will be delivered to the resident within twenty-four (24) hours of delivery on premises or to the facility's post office box (including Saturday deliveries). On 09/27/22 at 02:00 PM, during the Resident Council Meeting Resident #5 and Resident #8 stated that they do not get mail on the weekend. An interview, on 09/28/22 at 08:30 AM, with the Activity Director revealed that during the week, the receptionist or the business office person brings her the mail and she delivers it to the residents. She stated that she was responsible for making sure the residents get their mail and takes care of outgoing mail. An interview, on 09/28/22 at 10:36 AM, with the Business Office Director revealed that when she gets to work, she checks the mailbox and checks with the receptionist for resident mail. She stated that she, the social worker, or the activity director delivers the mail. She stated that she is not sure whether anybody works on the weekends to check for resident mail. An interview, on 09/28/22 at 10:58 AM, with the Administrator (ADM) revealed that no one in the building is assigned to get the mail and deliver it	M 500	mail box and deliver any residents' mail that's received. * All residents have the potential to be affected. *Weekend Registered Nurse supervisors will be assigned responsibility of checking for mail on 10/22/22 and ensuring delivery of resident mail as appropriate. An in-service was initiated with registered nurses on 10/21/22 by the administrator. A binder has been created for weekend nursing staff to sign verifying that the mailbox has been checked and resident mail has been distributed as appropriate. * The activity director will begin monitoring resident mail delivery on 10/22/22 and report to Quality Assurance committee weekly for 2 weeks, then monthly for 2 months, and quarterly for 2 quarters starting 10/28/22 to ensure compliance is maintained.	

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M 500	Continued From page 5 to the residents on the weekend. The ADM confirmed that residents are not getting mail on the weekend and stated that they need to establish a process for that.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interview, record review and facility policy review the facility failed to provide nail care and facial shaving for two (2) of 13 resident's reviewed for Activities of Daily Living (ADL). Resident # 29 and # 31. Findings include: A review of the facility policy, titled, "Care of Fingernails/Toenails" with a revision date of October 2010. This policy revealed under"Purpose...The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. This policy revealed under "General Guidelines... 1. Nail care includes	M 610	M610 * Residents #29 and #31 were shaved along with nails trimmed and cleaned on 9/28/22 by assigned certified nurse aide. * All residents have the potential to be affected so a 100% audit was completed on 10/4/22 by the Director of Nursing. * Shaving and nail care days have been added to the electronic smart charting on 9/29/22 for Certified nursing assistant's to see and document the exact days. Certified nursing assistant in-service began on 9/29/22 will be completed by October 28, 2022 by the Staffing Development Coordinator, regarding	11/11/22

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M 610	Continued From page 6 daily cleaning and regular trimming". A review of the facility policy, titled, "Shaving the Resident" with a revision date of October 2010, revealed under "Purpose...The purpose of this procedure is to promote cleanliness and to provide skin care". Resident #29 An observation and interview on 09/26/22 at 11:30 AM, of Resident #29 revealed he had approximately 1-inch hair growth on his chin and above his lip with hair stubble on his cheeks. This observation revealed the resident had a brown substance under all of his long, jagged fingernails. Resident #29 revealed that he likes to be shaved and would like his nails cut. An observation on 09/26/22 at 4:02 PM, revealed that Resident #29 was unshaven, and his fingernails were long and jagged with a brown substance under all his fingernails. An observation on 09/27/22 at 8:30 AM, revealed that Resident #29 was unshaven, and his fingernails were long and jagged with a brown substance under all his fingernails. An interview on 09/27/22 at 01:50 PM with Certified Nursing Assistant (CNA) #1 revealed that when giving the resident either a bed bath or a shower it is the CNA's responsibility for shaving the resident, cleaning and cutting their nails. She revealed it is the nurses responsibility to cut the diabetic nails, but the aides can clean them. An interview on 09/27/22 at 02:23 PM with Resident #29 revealed he got a bed bath today but didn't get shaved or his nails cut.	M 610	completing and documenting the tasks. Nurses will be in-serviced on auditing to ensure tasks are completed according to the care plan by the Staff Development Coordinator by October 28, 2022. Agency staff will have an orientation binder, beginning 10/24/22, to sign for acknowledgement prior to 1st shift of working at the facility. * Infection control preventionist will monitor nail care 3 times weekly for 4 weeks, then monthly and follow up accordingly beginning 10/22/22. Audits will be presented to the Quality Assurance committee weekly beginning 10/28/22 for 2 weeks, then monthly for 2 months, and quarterly for 2 quarters to ensure compliance is maintained.	

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M 610	Continued From page 7 An observation and interview on 09/27/22 at 2:50 PM, with Licensed Practical Nurse (LPN) #2 revealed she is his nurse today and it is the LPN or Registered Nurses's (RN) responsibility to do his weekly body audit and nail care since he is diabetic. She revealed his last body audit and nail care was 9/13/22. She confirmed his nails are long and dirty and he doesn't look like he has been shaved in a while. She revealed the dirty nails could cause an infection or bacteria. An observation and interview on 09/27/22 at 03:10 PM, with the Director of Nursing (DON) confirmed that Resident #29 was unshaven and had dirty, long uneven nails. She revealed the nurses are responsible for doing a weekly body audit and for Resident #29 that includes cutting his nails since he is diabetic. An observation on 09/28/22 at 8:45 AM, revealed that Resident #29 was unshaven, and his fingernails were long and jagged with a brown substance under all his fingernails. Record review of Resident #29's Face Sheet revealed he was admitted to the facility on 8/24/2022 with diagnoses that included Type II Diabetes mellitus with diabetic neuropathy, Muscle weakness, Unspecified injury to unspecified level of the lumbar spinal cord, Osteoarthritis, Chronic Obstructive Pulmonary Disease, and Peripheral Vascular Disease. Record review of Resident #29's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/31/2022 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #29 is cognitively intact.	M 610		

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Resident #31

An observation on 9/26/22 at 10:55 AM, revealed Resident #31 had hair stubble on his cheeks, chin and neck and his fingernails were long.

An observation and interview on 9/26/22 at 3:10 PM, revealed Resident #31 had hair stubble on his cheeks, chin and neck and his fingernails were long with a brown substance under three nails. The resident was able to answer simple yes or no questions. When asked if the resident would like to be shaved, he answered yes and if he wanted his nails cut shorter, he answered yes.

An observation on 9/27/22 at 1:30 PM, revealed Resident #31's nails were long and three nails had a brown substance under them. This observation also revealed that the resident had hair stubble on his cheeks, chin, and neck.

An interview on 9/27/22 at 1:35 PM with CNA #2 revealed she is Resident #31's CNA. She revealed the resident is on the bath schedule to receive his baths from 3 PM to 11 PM on Tuesday, Thursday, and Saturday. She revealed that nail care is part of a resident's bath along with shaving if they need it.

An observation on 9/27/22 at 1:40 PM, with Certified Nurse Assistant (CNA) #2 confirmed that Resident #31 had hair stubble on his face and his fingernails were too long with an unknown brown substance under the nails. CNA #2 confirmed that Resident #31 needed to be shaved and his nails needed to be cleaned and trimmed. She revealed the resident having long dirty nails could cause him to accidentally scratch himself.

An observation on 9/27/22 at 1:48 PM, with

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M 610	Continued From page 9 Licensed Practical Nurse (LPN) #1 revealed she is Resident #31's nurse. She confirmed that Resident #31's nails were long and dirty, and his face had hair stubble that needed to be shaved. LPN #1 confirmed that Resident #31's nails needed to be cleaned, trimmed and he needed to be shaved. She revealed that the resident feeds himself and if he put his fingers in his mouth with that brown substance under them then it could have caused an infection. It is the CNA's responsibility to do the resident's baths according to their schedule. She revealed that nail care and shaving is a part of the baths. An interview on 9/27/22 at 2:00 PM, with the DON revealed the residents are on a schedule to get a bath and the CNAs are responsible for completing those baths. She confirmed that nail care and shaving is part of the bath and the CNAs are aware of what's expected of them. The DON confirmed that Resident # 31's nails were dirty and long, and the resident needed to be shaved. She revealed that every resident gets a skin audit weekly by a nurse and that includes nails. She revealed his nails did not get that way in a weeks' time and it should have been caught and took care of. She revealed there is no excuse for his nails and face looking like it does. She confirmed that the resident's nails being long with an unknown brown substance under them could cause an infection or bacteria. Record review of Resident #31's Face Sheet revealed the resident was admitted to the facility on 3/7/20 with medical diagnoses that included Unspecified Dementia without behavioral disturbance, Cognitive communication deficit, Hemiplegia following Subarachnoid hemorrhage affecting left nondominant side.	M 610		

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M 610	Continued From page 10 Record review of Resident #31's Minimum Data Set with an Assessment Reference Date of 8/24/22 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 10 which indicates the resident is moderately cognitively impaired and in Section G it revealed that the resident requires extensive assistance with personal hygiene.	M 610		
M 625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. 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 prevent a decline in the resident's range of motion (ROM) as evidenced by failing to apply the correct hand splint and knee bolster for one (1) of three (3) residents for positioning and mobility. (Resident # 17). Findings include: Record review of the facility policy titled, "Resident Mobility and Range of Motion", revised July 2017, revealed "Policy Statement 1. Residents will not experience an avoidable reduction in range of motion (ROM) 2. Residents with limited range of motion will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable 3. Resident with limited mobility will receive appropriate services,	M 625	M625 * Resident #17 was assessed by Occupational Therapy (OT) on 9/28/22 and splint was placed on resident after hand roll. Occupational Therapy picked resident up on caseload for splint usage on 9/28/22. * 1 out of 45 residents had the potential to be affected by this practice. * Occupational Therapy will do an in-service with demonstration once resident #17 is discharged from their caseload. Until resident #17 is discharge from caseload, only Occupational therapy will be applying the splint. The in-service will include how, and when to place the splint to right hand. An in-service was started on 10/23/22 by the Director of nursing on range of motion specifically	11/11/22

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M 625	Continued From page 11 equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable ..." An observation on 09/26/22 at 10:30 AM and 03:48 PM, revealed right-hand contracture with no splint in place. An observation, on 09/27/22 at 08:30 AM and 02:40 PM, revealed right-hand splint and knee extension bolster not in place. An interview on 09/27/2022 at 02:45 PM, with Certified Nursing Assistant (CNA) #1 revealed she had never seen a splint or bolster on Resident #17's hand or legs. CNA # 1 located the leg bolster in the resident's closet and four hand splints were in the drawer. CNA #1 verified that the splint and bolster were on Resident # 17's Smart Chart care plan and verified she uses the smart chart care plan to document the care performed. She stated that she did not see the instructions for the splints and bolster. She confirmed the splints and bolster should be put on the resident. An observation and interview on 09/27/2022 at 03:10 PM, with the Director of Nursing (DON) confirmed Resident #17 did not have a splint on her right hand or a bolster to her legs. She confirmed there were four hand splints in Resident # 17's drawer and a bolster in the closet. The DON stated that a possible complication of not applying the splints is worsening of the contracture. The DON revealed she believed the application of the splint was on the Medication Administration Record (MAR). The DON stated the nurses or CNA's can apply the splints, but the nurse should check behind the CNA to ensure it was applied. The DON	M 625	applying assistive devices including splints, knee bolsters and documentation. Agency staff will have an orientation binder to sign for acknowledgement prior to 1st shift of working at the facility beginning 10/24/22. Bolster has been discontinued. Specific button has been added to the electronic record on 9/28/22 for staff to document when the splint has been applied and an order will be acquired to state the exact time to place splint on and specific time of when to remove splint. * The Director of nursing will monitor splint placement beginning 10/25/22 3 times per week. Documentation will be audited by the minimum data department nurses and Director of Nursing, weekly for documentation of splint application. Rounds will be made by the director of nursing 3 times per week for 2 weeks, then 2 times per week for 4 weeks to ensure splint is applied as ordered. Audits will be presented to the Quality Assurance Committee weekly beginning 10/28/22 x2 weeks, then monthly and then quarterly x2.	

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confirmed if the CNA's apply splints, it will be on the Smart Chart Care plan. The DON confirmed she was responsible for reviewing orders to ensure they are completed correctly and include the time scheduled. The DON confirmed there was no time code listed on the physician's orders or the MAR and the nurse should have obtained a clarification order.

An observation and interview, on 09/27/2022 at 3:30 PM, with Licensed Practical Nurse (LPN) #1 revealed she did not remember seeing splints on the MAR. Record review of the MAR with LPN# 1 confirmed there was no time scheduled for applying the splints or nurse signature that they had been applied. She confirmed a clarification order should have been obtained and if there was no signature on the MAR it was not done.

An observation and interview on 09/28/2022 at 11:35 AM, with the Occupational Therapist (OT) revealed the splint and the brace were not in place. The OT attempted to apply the splint to Resident #17's right hand. The OT stated she was unable to apply the splint to Resident #17's hand because it was too big. The OT confirmed the contracture to the right hand may have worsened since she could not get the splint on. During the observation no skin concerns to the right hand were noted. The OT evaluated and measured the contractures.

An interview, on 09/29/2022 at 09:25 AM, with OT revealed she was able to place a bath cloth roll in Resident # 17's right-hand and after eight (8) hours she was able to apply the hand splint that the resident had in her room.

An interview on 09/29/2022 at 09:35 AM, with the DON confirmed after reviewing the OT notes that

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M 625	Continued From page 13 Resident # 17 did have a decline in ROM to the right hand. Record review of Physician's Order dated 11/13/2020 revealed Resident to wear right splint and knee extension bolster 6 hours a day, check every 2 hours. Report to Occupational Therapy if any problems. Record review of the CNA's "Assigned Tasks List" for Resident #17 revealed "Wear right grip splint and knee extension bolster 6 hours a day, check every 2 hours while in place, remove after 6 hours and report to nurse any concerns." Record review of Resident # 17's Medication Administration Record (MAR) for September 2022 revealed, "Resident to wear right splint and knee extension bolster 6 hours a day, check every 2 hours. Report to Occupational Therapy if any problems." This was not initialed as completed for the entire month of September 2022. Record review of Resident # 17's Occupational Therapy Plan of Care (POC) dated 10/06/2020, revealed right upper extremity (UE) completes up to 50% of normal in Range of Motion (ROM) and the POC dated 09/28/2022 revealed the right UE completes 25% of normal ROM. Record review of Resident #17's Face Sheet revealed she was admitted on 03/13/2017 with diagnoses of Hemiplegia following Cerebral Infarction affecting right dominant side. Record review of the quarterly Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 08/09/2022 revealed Resident #17 had a Brief Interview for Mental Status (BIMS) of	M 625		

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M 625	Continued From page 14 rarely/never understood indicating, Resident #17 was severely cognitively impaired.	M 625		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interview, record review and facility policy review the facility failed to date and store respiratory equipment to prevent the likelihood of infection and failed to place appropriate O2 signage on the resident's doors for two (2) of five (5) resident's reviewed for respiratory care. Resident # 136 and #337. Findings include: A record review of the facility's policy titled "Oxygen Administration", revised October 2010, revealed Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration...Equipment and Supplies ...4. "No Smoking/Oxygen in Use" signs; ... Steps in the Procedure: # 2. Place an "Oxygen in Use" sign on the outside of the room entrance door. Close the door ..." Resident # 136	M 655	M655 * Oxygen signage was added to the doors, Oxygen humidification bottles, and Oxygen tubing were replace, labeled, and dated for residents #136 and #337 on 9/29/22 by staff development licensed practical nurse.. The Oxygen cannula and nebulizer mask were labeled and stored appropriately for resident #337 on 9/29/22 by the staff registered nurse. A 100% audit was done on 9/29/22 by the staff registered nurse and the staff development licensed practical nurse and oxygen door signage was put into place and all oxygen tubing, water bottles, cannulas and nebulizer masks were labeled/stored appropriately. * All residents with respiratory orders have the potential to be affected. * The oxygen policy was revised on	11/11/22

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M 655	Continued From page 15 An observation on 9/26/22 at 10:40 AM, revealed that Resident #136 was receiving Oxygen (O2) via nasal cannula at 2 Liters Per Minute (LPM) with no name or date on the O2 tubing and no O2 sign on the resident's room door. An observation on 9/26/22 at 3:40 PM, revealed that Resident #136 was receiving O2 via nasal cannula at 2 LPM with no name or date on the O2 tubing and no O2 sign on the resident's room door. An observation on 9/27/22 at 8:40 AM, revealed that Resident #136 was wearing a nasal cannula and receiving O2 at 2 LPM. This observation revealed the resident's O2 tubing and O2 humidification bottle was not dated or labeled and there was no O2 signage on the resident's room door. An interview on 9/27/22 at 2:15 PM, with LPN # 2 revealed she is Resident #136's nurse and O2 tubing should be changed by the nurse every 24-48 hours, label with date and time both the tubing and the humidification bottle. LPN # 2 confirmed that Resident #136's O2 tubing and humidification bottle was not labeled, dated, or timed and the O2 tubing needed to be changed. She revealed that if the resident's O2 tubing and O2 bottle was not labeled, dated, and timed then we would not know when it needed to be changed. An interview on 9/27/22 at 2:30 PM, with the Director of Nurses (DON) confirmed that resident's O2 tubing needed to be labeled, dated, and timed when it is changed. She revealed that it is the policy of the facility that each resident's O2 tubing needed to be changed weekly on	M 655	10/20/22 and put into place to include adding oxygen door signage when oxygen is ordered, when/who/how to change water and tubing, and how to properly store tubing and masks. Nurses will be in-serviced on the policy by the Director of Nurses by October 28, 2022. Agency staff will have an orientation binder, beginning 10/24/22, to sign for acknowledgement prior to 1st shift of working at the facility. * The Director of Nursing and the infection control preventionist will monitor compliance through weekly rounds for 8 weeks, then monthly. Audits began on 10/3/22 and will be presented to the quality assurance committee weekly beginning 10/28/22 for 2 weeks, then monthly for 2 months, and quarterly for 2 quarters to ensure compliance is maintained.	

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M 655	Continued From page 16	M 655		

Sunday nights. She confirmed that if the resident's O2 tubing is not changed then it could lead to an infection.

An interview on 9/29/22 at 9:15 AM, with the DON revealed that those resident's that were using O2 needed to have O2 signage on their room door. She revealed that the reason for the signage on the door is to make others aware. She revealed if someone happened to come in with a lighter or smoking then it could cause a fire in the building and be detrimental.

An interview on 9/29/22 at 9:30 AM, with the Administrator confirmed that O2 signage definitely needs to be on the resident room doors for the ones that are using O2. He confirmed that if a resident or visitor had a lighter near a room with O2 then it could cause a fire and that is why we need the O2 signage.

An interview on 9/29/22 at 10:00 AM, with LPN #3 and Registered Nurse (RN)-Minimum Data Set (MDS) #1 confirmed that Resident # 136 had an order to change the O2 tubing every Sunday. They revealed that dating and labeling the O2 tubing is a nursing standard that nurses should know needs to be completed. LPN #3 revealed that the reason the O2 tubing needed to be dated and labeled is to let the nurses know when it needs to be changed. LPN #3 confirmed that if it is not changed then it could lead to bacteria. RN-MDS #1 confirmed that if the O2 tubing is not changed then it could lead to infection.

An interview on 9/29/22 at 11:30 AM, with LPN # 4-Staff Development confirmed that Resident #136 did not have an O2 sign on his room door.

Record review of Resident #136's Face Sheet

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revealed he was admitted to the facility on 9/22/22 with medical diagnoses that included Dependence on supplemental oxygen and Chronic Obstructive Pulmonary Disease (COPD).

Record review of Resident #136's Physician's Orders revealed the following orders:
Order dated 9/22/22 "O2 at 2 Liters per Minute (LPM) via NBP (nasal bi-prong) continuously (COPD)"
Order dated 9/25/22 "Change O2 ear cushion, O2 tubing and water humidifier every week on Sunday 11 PM-7 AM shift and As Needed (PRN)."

Resident #337

An observation on 9/26/22 at 10:50 AM, revealed no oxygen in use signage on Resident #337's door. The oxygen humidification bottle, oxygen cannula, and nebulizer mask were not dated. The oxygen cannula and nebulizer mask were not stored in a protective bag.

An observation, on 9/27/22 at 8:25 AM, revealed no oxygen in use signage on Resident #337's door. The oxygen cannula and nebulizer mask were not stored in a protective bag. The nebulizer mask was not dated.

An observation and interview with Resident #337, on 9/27/22 at 3:50 PM, revealed no oxygen in use signage on Resident #337's door. The oxygen cannula and nebulizer mask were not stored in a protective bag. The nebulizer mask was not dated. Resident #337 revealed that staff had not given her anything to store her oxygen tubing or nebulizer mask in. She stated she was not aware of the oxygen tubing or nebulizer being changed.

During an observation and interview with the

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M 655	Continued From page 18 Director of Nursing (DON), on 9/27/22 at 3:55 PM she revealed that staff dated the oxygen humidification and tubing today. She stated that she could not verify that the oxygen tubing had been replaced, but that it should have. She also stated that the oxygen tubing and nebulizer mask should be stored in a bag. She stated that oxygen tubing and nebulizer masks should be changed weekly on Sunday night and documented on the Electronic Medication Administration Record (EMAR) During an interview, with the Director of Nursing on 9/29/22 at 9:29 AM, she verified that there was no documentation on the EMAR that the oxygen tubing and nebulizer mask was changed. She stated that due to the lack of documentation on the EMAR she could not verify that the oxygen tubing or nebulizer mask was changed. During an interview, with the Director of Nursing, on 9/29/22 at 9:30 AM, she revealed that the facility did not have a policy related to dating, labeling, storing, or changing tubing on oxygen or nebulizers During an interview, with the Staff Development Coordinator on 9/29/22 at 10:25 AM, she verified that no oxygen in use signage was in place on the door. On 9/29/22 at 10:00 AM, in an interview the Administrator confirmed that the facility had no policy related to changing and dating tubing or nebulizers. Record review of a typed statement dated 9/29/22 and signed by the Administrator revealed "(Proper Name of Facility) does not have a specific policy stating when to change and date	M 655		

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M 655	Continued From page 19 tubing on oxygen or nebulizers." Record review of September 2022 Physicians' Orders revealed an order dated 9/13/22 for DuoNeb every four (4) hours as needed (PRN) and an order dated 9/12/22 for Oxygen at two (2) liters per minute via nasal cannula as needed. Record review of the EMAR for September 2022 revealed no documentation that the oxygen tubing, humidification or nebulizer mask was changed this month. Record review of the Face Sheet revealed that Resident # 337 was admitted to the facility on 9/8/22 with diagnoses that included Obstructive sleep apnea and re-admitted on 9/22/22 with diagnoses of Acute Respiratory Failure with hypoxia and Acute Respiratory Failure with hypercapnia. Record review of the Admission/Discharge MDS Section C with an ARD of 9/15/22, Staff assessment revealed short-term and long-term memory OK and Cognitive skills for daily decision making independent-decisions consistent/reasonable.	M 655		