STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255292	A. BUILDING _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704

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F 000	INITIAL COMMENTS The State Agency (SA) conducted and annual re-certification survey and two (2) Compliant Investigations (CI) MS CI # 20493 and MS CI # 20654 at the facility from 2/6/23 through 2/9/23. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA identified non-compliance and cited F677 for MS CI # 20654 for Activities of Daily Living (ADL) care. There were no deficiencies cited for CI MS#20493. The SA also cited F656, F686, F695, F759. The census at the time of the survey was 52 and the facility is licensed for 60 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §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	F 656		3/10/23

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

Electronically Signed | 02/23/2023

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F 656	Continued From page 1 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. (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. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, record review and facility policy review the facility failed to implement the comprehensive care plan for a resident who needed care to promote the healing of a pressure ulcer and was dependent on staff for incontinent care for one (1) of 16 resident care plans reviewed. Resident #8. Findings include: Record review of the facility policy titled, "Care Plan Process" with a revision date of 08/17	F 656	On 2/8/23 Director of Nursing immediately assessed resident #8 with no negative findings noted. On 2/8/23 Director of Nursing provided one on one education with Certified Nurse Aide#1 and Certified Nurse Aide #2 on implementing/following care plan approaches. This has the potential to affect ten residents who have care plans that require assistance for incontinent care	

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F 656	Continued From page 2 revealed on page 4 ..."The Care Plan must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being. The facility staff shall follow the care plan...". An observation on 2/6/23 at 10:30 AM, revealed Resident #8 sitting on the side of the bed with no brief and her pants pulled down to her knees while Certified Nurse Assistant (CNA) #2 and CNA #1 were assisting the resident out of bed. This observation revealed when the resident stood up that she had a formed bowel movement stuck between her buttock cheeks that was approximately 4 inches long and ran up under the brown and red stained 4x4 dressing on her sacrum. CNA #1 stated, "Oh she has had a bowel movement" and CNA #2 stated, "Just hurry up and put her diaper on so we can sit her down". The CNA's put a clean brief on the resident, pulled her pants up and assisted her to the wheelchair. An interview on 2/6/23 at 11:10 AM, with CNA #1 revealed that Resident #8's bowel movement had not been cleaned yet. She revealed they were letting her eat her breakfast, before they cleaned her up. She revealed that Resident #8 had been sitting in her bowel movement since they got her up around 10:30 AM and that is not good. She revealed, "I wouldn't want to have to sit in mine". An interview on 2/6/23 at 11:30 AM, with CNA #2 confirmed that Resident #8 had a bowel movement stuck between her buttock cheeks when they got her up at around 10:30 AM. She confirmed they were letting the resident eat her	F 656	with pressure ulcers. Beginning February 8, 2023, Director of Nursing and Staff Development nurse immediately initiated in-services with Registered nurses, licensed nurses and certified nurse aides on the policy titled Care Plan Process with revision date of 8/17 and to ensure that care plan approaches are implemented/followed when providing care for each resident. In-services will be ongoing until all nurses and certified nurse aides in-serviced. These ten residents care plans were reviewed by Director of Nursing on 2/8/23 to ensure it includes incontinent care on the residents with pressure ulcers. The facility Quality Assurance Committee meeting was held on February 21, 2023, with the committee consisting of Administrator, Director of Nursing, Medical Director via phone, Nurse Case Manager, Assessment Nurse, Infection Preventionist, Therapy Director, Maintenance Supervisor and Charge Nurse with Care Plan Process discussed. No policy change was made to the Care Plan Process. Beginning February 13, 2023, The Director of Nursing will observe incontinent care provided by staff to dependent residents with pressure ulcers to ensure the care plan is implemented/followed on at least three residents one time a week times four weeks then one time a month times three months or until compliance is met. The Quality Assurance Committee will address	

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F 656	Continued From page 3 breakfast before they cleaned her up. She confirmed that the resident had been sitting in her bowel movement since 10:30 and that is not good especially with her having a sore at the top of her butt. An interview on 2/6/23 at 12:30 PM, with Registered Nurse (RN) #1-Treatment Nurse confirmed that Resident #8 has a facility acquired pressure ulcer on her sacrum, is incontinent of both bowel and bladder and has to have incontinent care performed by staff. An interview on 2/8/23 at 1:30 PM, with Minimum Data Set (MDS)/Licensed Practical Nurse (LPN) revealed she was responsible for completing the resident's care plans and putting them in the computer based on the MDS assessments and staff communication. An interview on 2/8/23 at 1:50 PM, with RN-Corporate Nurse confirmed that the resident should have had incontinent care regarding her bowel movement while the CNAs were in the room and should have had the supplies they needed before they entered the room to perform incontinent care. She revealed that the resident sitting in a bowel movement for 30-40 minutes would not be good for the resident's wound. An interview on 2/9/23 at 8:30 AM, with RN #1-Treatment nurse revealed the purpose of the care plan is to address and identify problems with the resident and if it is not implemented then the resident could get worse. An interview on 2/9/23 at 8:50 AM, with MDS/LPN revealed the purpose of the care plan is to see how to take care of the residents and if it is not	F 656	concerns identified from the reviews monthly for four months and make recommendations or changes as needed. The Quality Assurance Committee will meet March 9, 2023 then monthly thereafter for four months to review monitoring of processes and policies to ensure compliance until resolved.	

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F 656	Continued From page 4 implemented then care could be omitted. Record review of Resident #8's Face Sheet revealed she was admitted to the facility on 03/20/15 with medical diagnoses that included Type 2 diabetes mellitus with diabetic neuropathy unspecified, Obesity and Nutritional deficiency and a current diagnosis of Pressure ulcer of sacral region, unspecified stage. Record review of a care plan with a problem onset date of 1/11/2023 revealed" (Formal name of Resident #8) has a pressure ulcer to her sacrum ...Approaches ...Provide Pericare with each incontinence episode ...." Record review of a care plan with a problem onset date of 6/6/2016 revealed, "(Formal name of Resident #8) needs assist with ADL's (Activities of Daily Living) ... Approaches ...Incontinence care every two hours as needed ..." Record review of Resident #8's MDS with an Assessment Reference Date of 11/23/22 revealed in Section C a Brief Interview for Mental Status of 12, which indicates that the resident is cognitively intact.	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, record review and facility policy	F 677	On 2/8/23 Treatment Nurse assessed resident #8 with no negative findings	3/10/23

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F 677	Continued From page 5 review, the facility failed to provide incontinent care for a resident who was dependent on staff as evidenced by incontinent care not being performed following a bowel movement for one (1) of five (5) residents reviewed that were dependent for their Activities of Daily Living (ADLs) /toilet use. Resident #8 Findings include: Record review of the facility policy titled "Activities of Daily Living" with a revision date of 12/20 revealed under "Procedures ...#1 Activities of Daily Living (ADL's) are to be resident specific and reflect current resident status". An observation on 2/6/23 at 10:30 AM, revealed Resident #8 sitting on the side of the bed with no brief and her pants pulled down to her knees while Certified Nurse Assistant (CNA) #2 and CNA #1 were assisting the resident out of bed. This observation revealed when the resident stood up that she had a formed bowel movement stuck between her buttock cheeks that was approximately 4 inches long and ran under the brown and red stained 4x4 dressing on her sacrum. CNA #1 stated, "Oh she has had a bowel movement" and CNA #2 stated, "Just hurry up and put her diaper on so we can sit her down". The CNA's put a clean brief on the resident, pulled her pants up and assisted her to the wheelchair. An interview on 2/6/23 at 11:10 AM with CNA #1 revealed that Resident #8's bowel movement had not been cleaned yet. She revealed they were letting her eat her breakfast, before they cleaned her up. She revealed that Resident #8 had been sitting in her bowel movement since they got her	F 677	noted. On 2/8/23 Director of Nursing provided one on one education with Certified Nurse Aide #1 and Certified Nurse Aide #2 on providing ADL care to an incontinent resident. This has the potential to affect one of twenty three residents reviewed that were dependent for their Activities for Daily Living/toilet use. Beginning February 8, 2023, Director of Nursing and Staff Development nurse immediately initiated in-services with Registered nurses, licensed nurses and certified nurse aides on the policy titled Activities for Daily Living with revision date of 12/20 and to ensure that incontinent care is provided every two hours and as needed; staff is to notify charge nurse immediately if resident declines to have incontinent care performed; charge nurse should document any refusals of care and to ensure staff has all supplies needed prior to entering room to provide care. In-services will be ongoing until all nurses and certified nurse aides in-serviced. The facility Quality Assurance Committee meeting was held on February 21, 2023, with the committee consisting of Administrator, Director of Nursing, Medical Director via phone, Nurse Case Manager, Assessment Nurse, Infection Preventionist, Therapy Director, Maintenance Supervisor and Charge Nurse with Activities for Daily Living discussed. No policy change was made to the Activities for Daily Living.	

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F 677	Continued From page 6 up around 10:30 AM and that is not good. She stated, "I wouldn't want to have to sit in mine". An interview on 2/6/23 at 11:30 AM with CNA #2 confirmed that Resident #8 had a bowel movement stuck between her buttock cheeks when they got her up at around 10:30 AM. She confirmed they were letting the resident eat her breakfast before they cleaned her up. She confirmed that the resident had been sitting in her bowel movement since 10:30 and that was not good especially with her having a sore at the top of her buttocks. An interview on 2/6/23 at 12:30 PM, with Registered Nurse (RN) #1-Treatment Nurse confirmed that Resident #8 has a facility acquired pressure ulcer on her sacrum, is incontinent of both bowel and bladder and has to have incontinent care performed by staff. An interview on 2/6/23 at 3:10 PM, with Resident #8 confirmed that the staff have to provide incontinent care. She confirmed she has a sore on her bottom that bothers her. An interview on 2/8/23 at 9:00 AM, with the Administrator confirmed that Resident #8 probably should have been cleaned when they got her up and saw that she had a bowel movement. An interview on 2/8/23 at 11:00 AM, with CNA #1 revealed that during the observation on 2/6/23 at 10:30 AM when she and CNA #2 were getting Resident #8 out of the bed and discovered the bowel movement they realized they did not have wipes in the room and therefore they could not clean the resident. She revealed that they were	F 677	Beginning February 13, 2023, The Director of Nursing will monitor by observation of incontinent care provided by staff to our dependent residents to ensure that incontinent care is performed following an incontinent episode on at least five residents one time a week times four weeks then one time a month times three months or until compliance is met. The Quality Assurance Committee will address concerns identified from the reviews monthly for four months and make recommendations or changes as needed. The Quality Assurance Committee will meet March 9, 2023 and then monthly thereafter for four months to review monitoring of processes and policies to ensure compliance until resolved.	

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F 677	Continued From page 7	F 677		

too embarrassed to tell the State Agency that they did not have wipes in the room and decided to let her eat before they went back and cleaned her up. She admitted that they should have made sure they had the supplies they needed in the room before attempting to get the resident up and clean her.

An interview on 2/8/23 at 1:50 PM, with the RN-Corporate Nurse confirmed that the resident should have had incontinent care regarding her bowel movement while the CNAs were in the room and should have had the supplies they needed before they entered the room to perform incontinent care. She revealed that the resident sitting in a bowel movement for 30-40 minute would not be good for the resident's wound.

An interview on 2/8/23 at 2:00 PM, with the Director of Nurses (DON) confirmed the CNAs should have had the supplies they needed when they went in the room to perform the incontinent care and that the resident sitting in a bowel movement could cause the residents' wound to get infected.

Record review of the "Completed Care Details" report dated 2/7/23 with a 30 day lookback revealed documentation that indicated Resident #8 had pericare completed 35 times in the last 14 days for an average of 2.5 times per day.

Record review of a care plan with a problem onset date of 6/6/2016 revealed, "(Formal name of Resident #8) needs assist with ADLs ... Goal & (and) Target Date: Formal Name of Resident #8) will be assisted with ADL's while promoting max level of independence through review date of 3/7/23 Approaches ...Incontinence care every two

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F 677	Continued From page 8 hours as needed ..." Record review of Resident #8's Face Sheet revealed she was admitted to the facility on 03/20/15 with medical diagnoses that included Type 2 Diabetes Mellitus with diabetic neuropathy unspecified, Obesity and Nutritional deficiency and a current diagnosis of Pressure ulcer of sacral region, unspecified stage. Record review of Resident #8's Minimum Data Set with an Assessment Reference Date of 11/23/22 revealed in Section G that the resident needed extensive assistance with toilet use and in Section C a Brief Interview for Mental Status score of 12, which indicates that the resident is cognitively intact.	F 677		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, record review and facility policy	F 686	On 2/8/23 Treatment Nurse assessed resident #8 with no negative findings	3/10/23

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F 686	Continued From page 9 review, the facility failed to provide care to promote the healing of a pressure ulcer as evidenced by incontinent care not being performed after a bowel movement for one (1) of nine (9) residents reviewed for pressure ulcers. Resident # 8 Findings include: Record review of the facility policy titled, "Pressure Ulcer Prevention and Treatment Interventions Guidelines" with a revision date of 10/22 revealed "A. Skin Hygiene Inspection ... #3. Keep local areas of skin clean, dry, and free of body wastes, perspiration, and wound drainage" ....D. Incontinence and Moisture Management. 1. Assess and treat incontinence. When incontinence cannot be controlled, use appropriate peri-care with barrier ointment or cream to perineal area after each episode of incontinence ..." An observation on 2/6/23 at 10:30 AM, revealed Resident #8 sitting on the side of the bed with no brief and her pants pulled down to her knees while Certified Nurse Assistant (CNA) #2 and CNA #1 were assisting the resident out of bed. This observation revealed when the resident stood up that she had a formed bowel movement stuck between her buttock cheeks that was approximately 4 inches long and ran under the brown and red stained 4x4 dressing on her sacrum. CNA #1 stated, "Oh she has had a bowel movement" and CNA #2 stated, "Just hurry up and put her diaper on so we can sit her down". The CNA's put a clean brief on the resident, pulled her pants up and assisted her to the wheelchair.	F 686	noted. On 2/8/23 Director of Nursing provided one on one education with Certified Nurse Aide #1 and Certified Nurse Aide #2 on Pressure Ulcer Prevention and Treatment Interventions Guidelines. This has the potential to affect one of ten residents reviewed for pressure ulcers. Beginning February 8, 2023, Director of Nursing and Staff Development nurse immediately initiated in-services with Registered nurses, licensed nurses and certified nurse aides on the policy titled Pressure Ulcer Prevention and Treatment Interventions Guidelines with revision date of 10/22 and to ensure that incontinent care is provided every two hours and as needed for those residents with pressure injuries; staff is to notify treatment nurse/charge nurse if dressing becomes soiled/dislodged. In-services will be ongoing until all nurses and certified nurse aides in-serviced. The facility Quality Assurance Committee meeting was held on February 21, 2023, with the committee consisting of Administrator, Director of Nursing, Medical Director via phone, Nurse Case Manager, Assessment Nurse, Infection Preventionist, Therapy Director, Maintenance Supervisor and Charge Nurse with Pressure Ulcer Prevention and Treatment Interventions Guidelines discussed. No policy change was made to the Pressure Ulcer Prevention and Treatment Interventions Guidelines.	

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F 686	Continued From page 10 During an interview on 2/6/23 at 11:10 AM, with CNA #1 revealed that Resident #8's bowel movement had not been cleaned yet. She revealed they were letting her eat her breakfast, before they cleaned her up. She revealed that Resident #8 had been sitting in her bowel movement since they got her up around 10:30 AM and that is not good. She stated, "I wouldn't want to have to sit in mine". On 2/6/23 at 11:30 AM, during an interview with CNA #2 confirmed that Resident #8 had a bowel movement stuck between her buttock cheeks when they got her up at around 10:30 AM. She confirmed they were letting the resident eat her breakfast before they cleaned her up. She confirmed that the resident had been sitting in her bowel movement since 10:30 and that was not good especially with her having a sore at the top of her buttocks. In interview on 2/6/23 at 12:30 PM, with Registered Nurse (RN) #1-Treatment Nurse confirmed that Resident #8 has a facility acquired pressure ulcer on her sacrum, is incontinent of both bowel and bladder and has to have incontinent care performed by staff. An interview on 2/6/23 at 2:30 PM, with Licensed Practical Nurse (LPN) #3 confirmed that Resident #8 has a wound on her sacrum and sitting in a bowel movement could cause the wound to get infected. Resident #8 reported during an interview on 2/6/23 at 3:10 PM, that the staff have to provide incontinent care for her. She confirmed she has a sore on her bottom that bothers her.	F 686	Beginning February 13, 2023, The Director of Nursing will monitor by observation of incontinent care provided by staff to ensure that incontinent care is performed following an incontinent episode on at least three residents with pressure ulcers that require incontinent care assistance one time a week times four weeks then one time a month times three months or until compliance is met. The Quality Assurance Committee will address concerns identified from the reviews monthly for four months and make recommendations or changes as needed. The Quality Assurance Committee will meet March 9, 2023 and then monthly thereafter for four months to review monitoring of processes and policies to ensure compliance until resolved.	

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LEGACY MANOR NURSING AND REHABILITATION	1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704

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F 686	Continued From page 11	F 686		

An interview on 2/8/23 at 9:00 AM, with the Administrator confirmed that Resident #8 probably should have been cleaned when they got her up and saw that she had a bowel movement.

An interview on 2/8/23 at 11:00 AM, with CNA #1 revealed that during the observation on 2/6/23 at 10:30 AM when she and CNA #2 were getting Resident #8 out of the bed and discovered the bowel movement they realized they did not have wipes in the room and therefore they could not clean the resident. She revealed that they were too embarrassed to tell the State Agency that they did not have wipes in the room and decided to let her eat before they went back and cleaned her up. She admitted that they should have made sure they had the supplies they needed in the room before attempting to get the resident up and clean her.

An interview with the RN-Corporate Nurse on 2/8/23 at 1:50 PM, she confirmed that the resident should have had incontinent care regarding her bowel movement while the CNAs were in the room and should have had the supplies they needed before they entered the room to perform incontinent care. She revealed that the resident sitting in a bowel movement for 30-40 minutes would not be good for the resident's wound.

The Director of Nurses (DON) confirmed during an interview on 2/8/23 at 2:00 PM, the CNAs should have had the supplies they needed when they went in the room to perform the incontinent care and that the resident sitting in a bowel movement could cause the residents' wound to get infected.

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F 686	Continued From page 12 Record review of Resident #8's Face Sheet revealed she was admitted to the facility on 03/20/15 with medical diagnoses that included Type 2 Diabetes Mellitus with diabetic neuropathy unspecified, Obesity and Nutritional deficiency and a current diagnosis of Pressure ulcer of sacral region, unspecified stage. Record review of Resident #8's Minimum Data Set with an Assessment Reference Date of 11/23/22 revealed in Section G that the resident needed extensive assistance with toilet use and Section C indicated Resident #8's Brief Interview for Mental Status score was 12, which indicated that the resident is cognitively intact.	F 686		
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 and resident interviews, record review and facility policy review the facility failed to post oxygen in use signage on a resident's door for a resident using oxygen for one (1) of 5 residents reviewed who were receiving oxygen. Resident # 48. Findings include:	F 695	On 2/8/23 Staff Development Nurse placed an oxygen in use sign on resident #48 door. This had the potential to affect one of four residents reviewed who were receiving oxygen. Beginning February 8, 2023, Director of	3/10/23

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F 695	Continued From page 13 Record review of the facility policy titled, "Oxygen-Administration, Concentration, Storage, Assemblage" with a revision date of 10/17 revealed under, "Oxygen Safety ...#5 Post an oxygen safety warning sign on the door where oxygen is stored or in use." An observation on 2/6/23 at 11:00 AM, revealed Resident #48 was receiving Oxygen (O2) via nasal cannula at 2 liters/min (LPM), with no oxygen in use sign posted on the resident's room door. An observation on 2/7/23 at 2:45 PM, revealed Resident #48 lying in bed watching TV and receiving O2 via nasal canula at 2L/minute with no oxygen signage on the resident's door. An interview on 2/8/23 at 8:21 AM with the Director of Nurses (DON) confirmed that if a resident is receiving O2 then they should have an O2 in use sign on their door. An interview on 2/8/23 at 8:25 AM with LPN #4 confirmed that Resident #48 receives O2. She confirmed that if a resident is receiving O2 then they should have an O2 in use sign on their door to make people aware that it is in use so that they do not bring stuff in that could cause it to blow up. An interview on 2/8/23 at 8:40 AM with the Staffing Coordinator/Licensed Practical Nurse (LPN) revealed that if a resident is receiving O2 then they should have an O2 sign on their door and confirmed that Resident #48 receives O2 and did not have an O2 sign on his door.	F 695	Nursing and Staff Development nurse immediately initiated in-services with Registered nurses, licensed nurses and certified nurse aides on the policy titled Oxygen-Administration, Concentration, Storage, Assemblage with revision date of 10/17 and to ensure all residents using oxygen has an oxygen in use sign on door. In-services will be ongoing until all nurses and certified nurse aides in-serviced. The facility Quality Assurance Committee meeting was held on February 21, 2023, with the committee consisting of Administrator, Director of Nursing, Medical Director via phone, Nurse Case Manager, Assessment Nurse, Infection Preventionist, Therapy Director, Maintenance Supervisor and Charge Nurse with Oxygen-Administration, Concentration, Storage, Assemblage discussed. No policy change was made to the Oxygen-Administration, Concentration, Storage, Assemblage. Beginning February 13, 2023, The Director of Nursing will monitor by observation that an oxygen safety warning sign is on the door where oxygen is stored or in use one time a week times four weeks then one time a month times three months or until compliance is met. The Quality Assurance Committee will address concerns identified from the reviews monthly for four months and make recommendations or changes as needed. The Quality Assurance Committee will meet March 9, 2023 and then monthly thereafter for four months to review monitoring of processes and policies to	

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F 695	Continued From page 14 An interview on 2/8/23 at 8:40 AM with the Minimum Data Set (MDS)/LPN confirmed that if a resident has O2 then they need a sign on the door of their room. An interview on 2/8/23 at 9:00 AM with the Administrator confirmed that it is the policy of the facility that if a resident is receiving O2 then they should have a sign on their door that indicated O2 in use to make people aware to not come in with anything that might make it combustiable Record review of Resident #48 Face Sheet revealed the resident was admitted to the facility on 12/2/21 with medical diagnoses that included Shortness of breath and hypoxemia. Record review of the February 2023 Physician Orders revealed and order dated 12/29/22 Oxygen @ (at) 2L/MIN via (by) nasal cannula as needed for shortness of breath ..." Record review of Resident #48's Minimum Data Set with an Assessment Reference Date of 11/16/22, indicated in section O that the resident had oxygen in use. Section C indicated that the resident had a Brief Interview for Mental Status score of 15 which indicates that the resident is cognitively intact.	F 695	ensure compliance until resolved.	
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced	F 759		3/10/23

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F 759	Continued From page 15 by: Based on observation, staff interview, record review, and policy review the facility failed to maintain a medication error rate of less than five (5) percent, when three medications were not administered per physician's orders. This consisted of three (3) errors out of 35 opportunities resulting in a medication error rate of 8.57%. Resident #23 and Resident #45. Findings include: Record review of the facility policy "Administration of Medications" with a revision date of 10/17, revealed "Purpose To administer medications in accordance with best practices ...Oral Medication Administration Procedures ...3 Verify the physicians order, comparing the medication label to the MAR (Medication Administration Record) to verify the following ...b. Right dosage ..." Resident #23: An observation and interview with Licensed Practical Nurse (LPN) #1 on 2/8/23 at 8:05 AM revealed LPN #1 set up and administer medications to Resident #23. Resident # 23 asked LPN#1 "Are you sure this is all my medication this don't look right." LPN #1 signed off all medications due for 9:00 AM on the E-MAR (Electronic Medication Administration Record) as given. The State Agency (SA) asked the nurse if he was finished administering Resident #23's s medication. LPN #1 stated he was and began moving the medication cart to another area of the hall. Record review of the Physician Order List for	F 759	On 2/8/23 Director of Nursing immediately assessed resident #45 with no negative findings noted. On 2/8/23 Director of Nursing immediately assessed resident #23 with no negative findings noted. Medical Doctor and Resident Representatives notified of errors per Director of Nursing on February 8, 2023. On 2/8/23, Director of Nursing provided one on one education with Licensed Practical Nurse #1 and Licensed Practical Nurse #2 on Administration of Medications. All residents have the potential to be affected by the deficient practice. Beginning February 8, 2023, Director of Nursing and Staff Development nurse immediately initiated in-services with Registered nurses and licensed nurses on the policy titled Administration of Medications and to ensure that medications are compared with cards to verify the five rights of medication administration. In-services will be ongoing until all nurses in-serviced. The facility Quality Assurance Committee meeting was held on February 21, 2023, with the committee consisting of Administrator, Director of Nursing, Medical Director via phone, Nurse Case Manager, Assessment Nurse, Infection Preventionist, Therapy Director, Maintenance Supervisor and Charge Nurse with Administration of Medications discussed. No policy change was made to the Administration of Medications.	

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F 759	Continued From page 16 Resident #23 revealed an order dated 4/18/2016 "Metformin HCL ER 500mg tablet-Give two tabs (1000 mg) by mouth twice a day ...Colace 100 mg capsule-give 1 tab (tablet) by mouth twice a day ..." Recod review of the E-MAR and an interview with LPN #1 on 2/08/23 at 8:20 AM, revealed Metformin HCL ER (extended release) 500 mg (milligrams) tablet -Give two tablets (1000 mg) by mouth twice daily and Colace 100 mg- Give one capsule by mouth twice daily. LPN#1 confirmed he only gave one Metformin and he should have gotten two pills and confirmed he did not give the Colace at all. LPN #1 confirmed he did sign the medications as administered but he did not give the medication. LPN # 1 opened the cart and prepared the Colace as directed and the other half of the Metformin. LPN #1 stated it is the facility's practice that medications are to be verified using the E-MAR with the medication label on the card or bottle, placed in the medication cup and then click prepared on the E-MAR after each individual medication set up. Then, administer the medication and sign the medications as administered on the E-MAR after completion. LPN #1 confirmed he did not click prepared on the E-MAR after each medication was verified and confirmed he should have. LPN # 1 revealed a possible complication from not receiving Metformin is elevated blood sugars and constipation is a concern from missing Colace. An interview with the Director of Nursing (DON) on 2/8/23 at 10:50 AM, revealed a possible complication from not administering Metformin is problems with blood sugars and constipation for not administering Colace therapy.	F 759	Beginning February 13, 2023, The Director of Nursing or Pharmacy Consultant will monitor by observation of medication administration of three nurses to ensure that medications are administered per physician orders one time a week times four weeks then one time a month times three months or until compliance is met. The Quality Assurance Committee will address concerns identified from the reviews monthly for four months and make recommendations or changes as needed. The Quality Assurance Committee will meet March 9, 2023 and then monthly for four months to review monitoring of processes and policies to ensure compliance until resolved.	

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F 759	Continued From page 17	F 759		

An interview with Resident #23 on 2/8/23 at 3:27 PM, revealed he often takes himself to the bathroom and feels his Colace is controlling his constipation. When asked about his diabetes he expressed he was happy his sugar is being controlled.

Record review of Resident #23's Face Sheet revealed he was admitted on 12/23/2008 with diagnoses of Cardiomyopathy, Type 1 and 2 Diabetes, Peripheral Vascular disease, and Constipation.

Record review of the Admission MDS Section C with an Assessment Reference Date (ARD) of 01/11/23 revealed Resident #23 had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was cognitively intact.

Resident #45:

An observation with LPN #2 on 2/8/23 at 9:35 AM revealed LPN #2 set up and administer medications for Resident #45. LPN #2 returned to cart and signed all medications as given. LPN # 2 was asked if she was finished preparing giving all medication due for Resident # 45. LPN #2 confirmed that she did not administer Vitamin D 325 mcg (micrograms) but she signed the E-MAR as given. LPN # 2 revealed she should have clicked prepared after each medication to ensure she had them all, but she did not do that. LPN # 2 prepared the Vitamin D3 as ordered and administered as ordered

An interview on 2/8/23 at 11:09 AM, with LPN # 2 revealed complications from not giving Vitamin D is bone loss or weakening bones.

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F 759	Continued From page 18	F 759		

An interview with the Staffing Coordinator/Floor nurse on 2/08/23 at 2:42 PM, revealed when she gives medications she checks the directions on the medication card. She revealed nurses are to check the E- MAR three times to verify correct, punches the pill in a medication cup, then clicks prepared, and moves to the next medication. The Staffing Coordinator revealed after all medications are verified and prepared, the cart is locked the medications are given to the resident and signed as given.

An interview with the Minimum Data Nurse (MDS) on 2/8/23 at 3:18 PM, revealed she works the medication cart when needed. She revealed when she gives medications, she verifies that the label and the E-MAR matches and puts the medication in the cup, clicks prepared on the E-MAR, closes the cart, administers the medications and returns to the cart to sign document as given. The MDS nurse also revealed the possible complications from not receiving metformin would be increased blood sugars and labs, Colace an increase in constipation, and Vitamin D 3 an increase for fracture related to bone loss.

Record review of Resident #45's Face Sheet revealed he was admitted on 06/08/22 with diagnoses of Dysphagia,Dementia, Type 2 Diabetes and Gastrostomy tube .

Record review of the Admission MDS Section C with an Assessment Reference Date (ARD) of 12/27/22, revealed Resident # 45 had a Brief Interview for Mental Status (BIMS) score of 5, indicating she had severe cognitive impairment.

An interview with the Administrator on 2/9/23 at

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F 759	Continued From page 19 8:44 AM, revealed he has no medical background, but if a resident does not receive diabetic medicine as ordered it can cause problems with blood sugars, and if missing Vitamin D3 for a period of time a fracture would be possible.	F 759		