STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14RO	A. BUILDING: _____ B. WING _____	04/06/2023

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with a Complaint Investigation (CI) MS # 21111 at the facility from 4/4/2023 to 4/6/2023. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA identified non-compliance and cited M500 and M610. There were no deficiencies cited for CI MS# 21111. The census at the time of the survey was 54 and the facility is licensed for 60 beds.	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	M 500		5/5/23

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M 500	Continued From page 1 medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his 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;	M 500		

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M 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the 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	M 500		

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M 500	Continued From page 3 residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail 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	M 500	M-500 Resident Rights/Exercise of Rights 1. A privacy bag was placed on	

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M 500	Continued From page 4 Based on resident observation and staff interviews the facility failed to promote dignity related to a catheter bag stored without a privacy bag for one (1) of two (2) residents with urinary catheters. Resident # 13. Findings include: Record review of the statement typed on facility letterhead signed by the Administrator and dated April 5, 2023, revealed, " ...We do not have a policy on the use of a privacy catheter bag. " An observation on 4/04/23 at 10:52 AM , revealed a catheter bag hanging on the left side of Resident #13's bed with no privacy bag and visible to the SA and any visitors walking in the hallway. An observation and interview on 4/05/23 at 2:20 PM, Certified Nurse Assistant (CNA) # 3 confirmed the catheter bag was hanging on the right side of the bed with no privacy bag and there should be one and confirmed that it could be embarrassing for a resident if their bag of urine was visible for everyone to see. An interview with Licensed Practical Nurse (LPN) #1 on 4/4/23 at 2:25 PM, she confirmed all residents with catheters should have a privacy bag and revealed it is a dignity issue. An interview with the Director of Nursing (DON) on 4/5/23 at 8:00 AM, revealed she was made aware by staff that Resident #13 did not have a privacy bag for his catheter and confirmed all residents with catheters should have one because they have the right to dignity. Record review of the April 2023 Physician Orders	M 500	resident #13's catheter bag on April 4, 2023. The privacy bag was added to the certified nursing assistants resident's care task in the electronic system American Health Tech to be documented on every shift. 2. All residents with catheters have the potential to be affected by the deficient practice of not using a privacy bag on a catheter bag. 3. All registered and licensed nurses and certified nursing assistants were in-serviced by the Director of Nurses on placing privacy bags on the catheter bags on April 13, 18 & 19, 2023. The resident's care task for the certified nursing assistants in the electronic record was altered to include privacy bags to be on all catheter bags. 4. The Director of Nurses and the Registered Nurse Supervisor will monitor the placement of the privacy bags three times a week for two weeks, then weekly for two weeks, then monthly which began on April 7, 2023. The Director of Nurses will bring any concerns to the Quality Assurance Committee beginning April 10, 2023. A Quality Assurance meeting with the Medical Director will be held on May 2, 2023 to review/approve Plan of Corrections. The	

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M 500	Continued From page 5 revealed an order dated 1/27/23, revealed "Change 18F (French) Coude catheter every month". Record review of the Face Sheet revealed that the facility admitted Resident #13 to the on 8/16/19 with diagnoses of Malignant neoplasm of the prostate, Benign prostatic hyperplasia with lower urinary tract, Chronic kidney disease and Alzheimer's disease.	M 500	Director of Nurses or the Administrator will report any concerns to the Quality Assurance Committee Monthly times three months then quarterly times one year. If problems are identified with current corrective action plan, the Quality Assurance committee will revise the corrective action plan as needed until substantial compliance is achieved.	
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 interviews, facility policy review, and record review, the facility failed to ensure fingernails were clean and trimmed as evidenced by long and jagged nails with a brown substance under nails for threer (3) of 54 residents observed. Resident #14, Resident #16, and Resident #42 Findings include:	M 610	M-610 ADL Care Provided for Dependent Residents 1. Resident #14 nails were cleaned and cut on April 4, 2023 by the Registered Nurse Supervisor. Resident #16 nails were cleaned and cut on April 4, 2023 by the Registered Nurse Supervisor. Resident #42 nails were cleaned and cut by the Director of Nursing, April 4, 2023.	5/5/23

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M 610	Continued From page 6 Resident #14 Record review of the facility's, "Nail Care" Policy, revised 10/17, revealed: Purpose ...To promote cleanliness, safety, and a neat appearance ...1. Perform hand hygiene. 7. Remove any debris from under the nails. 8. Trim the nails straight across. 14. Document all appropriate information in the clinical record. During an interview and observation on 04/04/23 at 12:05 PM, Resident #14's fingernails were long and jagged approximately one and one-half (1 1/2) inches past the tips of fingers on both hands. Resident #14 revealed he doesn't like his nails that long and has already asked about getting them cut. He revealed they haven't been cut since he was admitted. He revealed he told the Social Director about it and she said she would get someone to cut them. An interview and observation on 04/04/23 at 02:25 PM, Licensed Practical Nurse (LPN) #2 revealed the aides are allowed to do nail care on the residents that are not diabetic. She revealed that Resident #14 is a diabetic and the Registered Nurse (RN) Supervisor or Treatment Nurse does his nail care. LPN #2 asked Resident #14 if he wanted his nails cut Resident #14 replied "Yes". LPN #2 confirmed that his nails were very long and needed to be cut. In an interview on 04/04/23 at 04:29 PM, the Social Director revealed, yesterday Resident #14 came to her office around 11:15 AM and asked if someone could cut his fingernails. She stated I went immediately to the RN Supervisor and asked her to please cut his nails that he had come to my office requesting them to be cut.	M 610	2. All Residents have the potential to be affected by the deficient practice. 3. All Licensed Practical Nurses, Registered Nurses and Certified Nursing Assistants were in-serviced on the policy Nail Care on April 13, 18 & 19, 2023 by the Director of Nursing. Orders were written for nail care and placed on the Electronic Medical Administration Record for nurses to check and initial weekly to assure that proper nail care is being done on all residents. 4. Nail care has been added to all resident's Electronic Medical Administration Record (EMAR). Licensed Practical Nurses or registered Nurses will assess all fingernails weekly and clean and trim as indicated. The Registered Nurse Supervisor will monitor nail care five times a week while making daily rounds. The Director of Nursing will monitor the EMAR weekly for four weeks and then monthly for two months. Monitoring began on April 7, 2023. The director of Nurses will report any concerns to the Quality Assurance Committee. The Director of Nurses or the Administrator will report any concerns to the Quality Assurance Committee weekly for four weeks and then quarterly. The Quality Assurance Committee met with the Medical Director on April 10, 2023, post annual State Survey to review	

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M 610	Continued From page 7 In an interview on 04/04/23 at 04:35 PM, the Director of Nurses (DON) revealed that she wasn't sure about the schedules for the nails to be done and she would have to get with the RN Supervisor. She confirmed that all the residents should be getting their nails cleaned daily when they are bathed and they should be kept trimmed regularly. Record review of the Electronic Administration Record (EMAR) for March and April 2023 revealed no nail care order. An interview on 04/05/23 at 3:55 PM, the Minimum Data Set (MDS) Coordinator revealed she wasn't sure why the nail care was not showing up on the Electronic Administration Record (EMAR) and confirmed it should be since the resident is diabetic and the nurses need to sign it off. A review of the Face Sheet revealed Resident #14 was admitted to the facility, on 3/10/23 with diagnoses that included End stage renal disease and Type 2 Diabetes Mellitus. A review of the MDS, Section C with an Assessment Reference Date (ARD) of 3/20/2023, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #14 is Cognitively intact. Resident #16 An observation on 04/04/23 at 10:16 AM, revealed Resident #16 was lying in bed, fingernails were long and jagged, approximately one-half inch past the tips of fingers on both hands, there was a brown substance under each	M 610	potential tags. The Medical Director will meet with the Quality Assurance Committee on May 2, 20223 to review/approve the Plan of Correction for the actual tags. The Quality Assurance Committee will monitor quarterly for one year until the deficient practice is resolved and will make revisions and/or corrections when needed to the current plan of corrections.	

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M 610	Continued From page 8	M 610		

fingernail.

An observation on 04/04/23 at 02:05 PM revealed Resident #16 lying in bed with nails long jagged untrimmed, and a brown substance under nails on both hands.

An interview on 04/04/23 at 2:15 PM, the RN Supervisor revealed she or the Treatment Nurse are the ones that usually cut the diabetic's nails, but the aides can clean them, and they will let us know when they need to be trimmed. The RN Supervisor revealed I don't know if their nails need to be done unless the aides let me know.

An interview and observation on 04/04/23 02:25 PM, in an interview with LPN #2 revealed the aides are supposed to keep the nails clean and can trim them but if they are diabetic the RN Supervisor or Treatment Nurse does the nail care. She confirmed that Resident #16's nails were long, dirty, and jagged and needed to be cleaned and trimmed.

An interview on 04/05/23 at 02:04 PM, the RN Supervisor revealed Resident #16 gets his nails cut as needed which could be every other week or even a month, it's just according to when the aide lets us know they need to be cut. She revealed this is the same for every resident that is a diabetic.

Record review of the Electronic Administration Record (EMAR) revealed Diabetic Nail Care Weekly: Keep Fingernails clean and trimmed. Order date of 11/09/17. There was no documentation for nail care completion for March, and April 2023

A review of the Face Sheet revealed Resident

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M 610	Continued From page 9	M 610		

#16 was admitted to the facility on 11/09/17 with diagnoses that included, Hemiplegia following unspecified cerebrovascular disease affecting the right dominant side, Cerebral infarction due to thrombus of left middle cerebral artery and Type 2 Diabetes mellitus.

A review of the MDS, Section C with an ARD of 1/9/2023, revealed a BIMS score of 0, indicating Resident #16 has severe cognitive impairment.

Resident #30

In an interview with Resident # 30 on 4/04/23 at 11:43 AM, she stated that she was unsure of the last time she had a shower. Resident #30 stated that she gets a 'wash up' but no shower and that she would like to have a shower.

A record review of Resident # 30's Care plan revealed a problem onset date of 10/14/2019 revealed, Resident needs assist with ADL's D/T (due to) a decline in mobility R/T (related to) OA (Osteoarthritis)bilateral knees. The goal revealed the resident will be assisted with ADLS (Activities of Daily Living) while promoting max level of independence through next review-3/12/23. Review of the approaches revealed no approaches related to bathing or residents preference for showers.

A record review of the Minimum Data Set (MDS), with a Assessment Reference Date (ARD) of 12/12/2022, revealed, section F, Preferences for Customary Routine and Activities, Interview for Daily Preferences, C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Is coded 1, indicating that it is Very important.

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M 610	Continued From page 10 In an interview on 4/5/2023 at 9:15 AM, with Certified Nursing Assistant (CNA) # 1, stated that she is usually assigned to Resident # 30 during the day shift and sometimes on the evening shift. CNA # 1 stated that Resident # 30 likes to take her showers during the evening shift before she goes to bed. She stated that if Resident # 30 asked her for a shower on the evening shift, she would give her one, but that she could not remember the last time she had given Resident # 30 a shower. An interview with the Director of Nursing (DON) and the MDS Coordinator on 4/6/23 at 8:45 AM they verified that since the resident indicated on the MDS that choosing what type of bath she wanted was very important and that they should have asked the resident what she wanted and indicated her choice on her care plan. They verified that the residents choice was not indicated on her care plan , but it should be and that not taking the residents choices into consideration could possibly make the resident feel like her choices were not important. A record review of the MDS, with an ARD of 3/10/2023. Section C, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact. A record review of the Face Sheet revealed Resident # 30 was admitted on 10/14/2019 with diagnoses that included Malignant neoplasm of parathyroid gland and Bilateral primary osteoarthritis of hip and knee . Resident #42 An interview and observation on 04/04/23 at 10:22 AM, revealed Resident #42 was sitting in	M 610		

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M 610	Continued From page 11	M 610		

his wheelchair with fingernails long and jagged approximately one-half inch past the fingertips, and a brown substance under the nails on both hands. Resident #42 stated "They are too long. I would like them to be cut. It's been a while since they were cut and I don't like them this long."

An observation on 04/04/23 at 02:15 PM, Resident #42 was sitting in his wheelchair, fingernails remaining untrimmed, approximately one-half inch past the fingertips, with a brown substance under his nails on both hands.

An interview and observation on 04/04/23 at 02:20 PM, CNA #2 revealed she was assigned to Resident #42 today. She revealed it is the responsibility of the nurse to cut the diabetic residents' nails and the aides are responsible for cleaning them and notifying the nurses that they need to be trimmed. She confirmed that Resident #42's nails were long and dirty and needed to be cleaned and trimmed. She wasn't sure the last time they were done.

An interview on 04/04/23 at 02:35 PM, the RN Supervisor revealed she and the Treatment Nurse do the nails of the diabetics. She revealed she relies on the aides to let her know when the nails need to be cut since she doesn't see the residents every day. She revealed there are no set days for nail care. She confirmed that Resident #42's nails needed to be cleaned and cut and it was the responsibility of the aide to let her know.

Record review of the EMAR for Resident #42 with an order date of 11/20/20 revealed Nail Care Weekly: Check condition and Clean PRN (as needed). There was no documentation for nail care completion for March and April 2023.

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M 610	Continued From page 12 A review of the Face Sheet revealed Resident #42 was admitted to the facility on 11/20/20 with diagnoses that included Hemiplegia following cerebral infarction affection left nondominant side and Type 2 Diabetes mellitus. A review of the MDS, Section C with an ARD of 2/8/2023, revealed a BIMS score of 7, indicating Resident #42 has severe cognitive impairment.	M 610		