MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30PL	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA COMMUNITY LIVING CENTER	4403 HOSPITAL ROAD PASCAGOULA, MS 39581

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey, along with two (2) Complaint Investigations (CI) MS #21491 and CI MS #21492, at the facility from 05/21/23 through 05/25/23. 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 requirement. The SA investigated MS #21491 related to pressure sore precautions and there were no deficiencies cited related to the complaint. MS #21492 was investigated related to neglect and facility staffing and M225 was cited. The SA also cited M500, M610, M620, and M705. The facility held a license for 100 beds with a census of 93.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse.	M 225		6/20/23

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M 225	Continued From page 1 b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level III	M 225	All residents were assessed by the	

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M 225	Continued From page 2 Based on observation, interviews, record reviews, and facility policy review, the facility failed to ensure there were sufficient staff to meet the needs of residents for one (1) of two (2) Units in the facility, the South Wing. This deficient practice had the potential to affect 55 residents who reside on the South Wing. Findings include: Review of the facility's policy, "Staffing", revised October 2017, revealed, " ...Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Policy Interpretation and Implementation ...2. Staffing numbers ...of direct care staff are determined by the needs of the residents based on each resident's plan of care ...Direct care staffing information per day ...is submitted to the CMS (Centers for Medicare and Medicaid Services) payroll-based journal (PBJ) ...no less than once a quarter ...." A record review of the "PBJ Staffing Data Report" for October 1 through December 31, 2022, revealed "Excessively Low Weekend Staffing" was triggered which meant the data submitted by the facility indicated that weekend staffing data was excessively low. A record review of the facility's floor plan revealed the "South Wing" consists of resident rooms 1-34. During an interview on 10/21/23 at 11:15 AM, with CNA #2, she said she started her shift at 7:00 AM and had to leave at 11:30 AM. CNA #2 said she was assigned to the South Wing, Rooms 1-8.	M 225	Director of Nursing on 05/24/2023 with no adverse effects found. Ads were placed on 05/25/2023 for contract nurses and certified nursing assistants and will run continuously until all staffing needs are met. The Direct Care Staff will be increased to include weekends to ensure we are adequately staffed effective 05/25/2023 and will be maintained continuously to meet state and federal staffing requirements and to provide adequate care for all residents who reside in the facility. The on-call person will make great efforts to maintain the proper staffing ratio and make calls or texts to achieve this when a call-out has been placed by an employee effective 05/25/2023 and ongoing, if there is any issues with coverage the on- call person will notify the Director of Nursing and the Administrator for further guidance. All residents have the potential to be affected. The Staffing Development Nurse was in-serviced on 05/30/23 by the Director of Nursing on the importance and requirements of daily direct care staffing needs. The Certified Nursing Assistants and Nurses that were on duty on 05/21/23 were educated by the Administrator on resident rights, dignity and respect, activities of daily living (ADL) care and routine check policies on 05/23/2023. All staff were in-serviced by the Social Worker on resident rights and dignity beginning 05/30/2023 and ending	

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M 225	Continued From page 3 She confirmed she did not provide care to rooms 24-34 because there were only two (2) CNAs assigned to the South Wing, and she could not get to those residents. She said that CNA #1 had come in at 10:00 AM to care for the residents in rooms 24-34 on the South Wing. On 05/21/23 at 12:20 PM, during an observation and interview with Resident #25, there was a strong, foul odor in the room. Resident #25 explained that she had a bowel movement around 10:00 AM, but no one had come to change her. She said that she had told a Certified Nurse Aide (CNA) that she needed assistance, but the CNA did not come back to clean her up. Resident #25 said she had to eat lunch while sitting in her dirty brief. Resident #25 also commented that the staff do not like for her to use her call light because they say they are short of staff and don't have time to answer the light. On 5/21/23 at 12:30 PM, in an interview with Certified Nurse Aide (CNA) #3, she stated that there were two (2) CNAs working on South Wing. On 5/21/23 at 12:35 PM, in an interview with CNA #1, she explained she was called in around 10:00 AM and was assigned to the South Wing. CNA #1 said she answered Resident #25's call light when she came in at 10:00 AM and told the resident that she was starting her rounds at the beginning of the hall and would work her way back to her. On 05/21/23 at 12:40 PM, during an observation with CNA #1 and CNA #3, Resident #25 had a large, loose bowel movement that had saturated and leaked through her brief onto the incontinence pad on the bed. The resident's	M 225	06/14/2023. The Quality Assurance Performance Improvement (QAPI) Team met on 05/24/2023 and discussed policy related to staffing and postings according to state and federal regulations, no revisions needed at this time. The QAPI team implemented a plan that Direct care staffing needs will be maintained by Human Resource Director, records of daily staffing needs will be discussed and maintained by the Administrator and the Director of Nursing, and any critical needs will be addressed immediately beginning 05/25/2023 and ongoing thereafter. The Facility Assessment Tool Part one (1) our resident profile and part three (3) facility resources were reviewed and will be updated no later than 06/20/2023. Ads were placed on 05/25/2023 for contract nurses and certified nursing assistants and will run continuously until all staffing needs are met. The Staff Development Registered Nurse and on- call nurse will update the Director of Nursing daily on any staffing changes or needs beginning 05/25/2023 and ongoing thereafter. The Director of Nursing, the Assistant Director of Nursing and the Human Resources Director will notify the Staff Development Registered Nurse of any new hires so they may be added to the direct care schedule accordingly effective 05/25/2023. Beginning on 05/30/2023 the Administrator will provide a weekly report to the Regional Director of Operations on direct care staffing needs and ongoing	

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M 225	Continued From page 4 buttocks, sacrum, and thighs had red discoloration and excoriation. The resident was crying and complaining of pain during care. A record review of the "Admission Record" revealed the facility admitted Resident #25 on 8/24/17 and she had diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side and Type 2 Diabetes Mellitus. A record review of the "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 4/13/23 revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Further review revealed she required extensive assistance with toilet use and was always incontinent of bowel. During an interview on 5/23/23 at 10:00 AM with the Activity Director, she confirmed that she usually worked a double shift as a CNA twice a week due to low staffing. During an interview on 5/24/23 at 3:30 PM, with Staff Development Registered Nurse (RN) #1, she stated that the facility had been short of staff for a while. RN #1 said that 35 of the 55 residents on the South Wing required extensive assistance and would require five (5) or six (6) CNAs to meet those residents' needs adequately. RN #1 also said she was aware that the facility only had three (3) CNAs scheduled for Sunday 5/21/23 on day shift on the South Wing. RN #1 said she tried to ask people to work extra or work a double shift and was unsuccessful. RN #1 confirmed that it would be "impossible" for two (2) CNAs to meet the needs of 55 residents.	M 225	thereafter. Any findings will be brought to the monthly QAPI meeting beginning 06/20/2023 and ongoing thereafter.	

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M 225	Continued From page 5 During an interview on 5/24/23 at 4:00 PM, with the Director of Nursing (DON) and the Administrator, they confirmed the facility was short of staff. The Administrator said that the facility is unionized, and the union dictates the pay and the amount of time that staff can work. The Administrator commented that new employees go to work "down the street" to make more money. The Administrator stated that she had talked with the corporate office to make them aware of the staffing concerns and the facility had discussed bonus pay for new hires. She said the facility currently hired contract workers through the facility and not through outside contract workers. The Administrator said she did not know that only three (3) CNAs were scheduled to work the South Wing on 5/21/23 and that staffing shortages were discussed during daily stand-up meetings. The DON confirmed that she was aware there were three (3) CNAs scheduled for Sunday, but she thought some of the staff might stay over to assist, and she thought RN #1 would call and let her know if the facility was short-staffed. She said she would have called in the admission nurse, office staff, or would have come in herself to cover staffing if she had known. The DON confirmed she has had to pull the office staff to work as CNAs to provide care. During an interview on 5/25/23 at 3:00 PM with the Medical Director (MD), he said he was aware the facility was short of staff, however, he was not aware that the facility was extremely short of staff until today (5/25/23) and he had talked to the Administrator about it. Record Review of the "Facility Assessment Tool", undated, revealed there was no information completed for "Part 1: Our Resident Profile" to include information regarding resident census,	M 225		

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M 225	Continued From page 6 diseases/conditions, physical and cognitive disabilities, and resident acuity. There was also no information completed for "Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies" to include a Staffing plan to ensure a sufficient number of qualified staff are available to meet each resident's needs and there was no description of how the facility determines and reviews individual staff assignments for coordination and continuity of care for residents. A record review of the facility's staffing grid dated October 1, 2022, thru December 31, 2022, confirmed the facility has less than 2.8 % of staff on weekends to provide resident care between a census of 90 and 99 residents. Review of the staffing grid confirmed the facility had less than 2.8% on October 1,2,8,9,15,16,22,29 and 30 (2022), November 12,13,26 and 27(2022), December 3, 4,10,11,`17,18,24,25 and 31(2022) and January 1, 2023. A record review of the facility's staffing grid dated May 1, 2023, thru May 21, 2023, confirmed the facility failed to have enough staff to meet the residents needs for six (6) of (21) days reviewed for staffing.	M 225		
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	M 500		6/20/23

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M 500	Continued From page 7 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 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	M 500		

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M 500	Continued From page 8 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 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	M 500		

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M 500	Continued From page 9	M 500		

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 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

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M 500	Continued From page 10 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 observation, interviews, record review, and facility policy review, the facility failed to maintain the dignity of a resident during mealtime for one (1) of 22 sampled residents (Resident #25) and failed to ensure the residents had a safe, clean, homelike environment in the main dining are for one (1) of four (4) communal areas observed. Findings Include: Resident #25 A record review of the facility's policy "Dignity and Respect", undated, revealed " ... It is the policy of this facility to treat each resident with respect and dignity and care for each resident in a manner and environment that promotes maintenance or enhancement of his or her quality of life. Procedure 1. The staff shall display respect for residents ... as constant affirmation of their individuality and dignity as human beings ...Definition: Dignity means that in their interactions with residents, staff carries out activities that assist the resident to maintain their	M 500	The facility failed to maintain the dignity of a resident during meal time for resident #25. Resident #25 was interviewed by the Administrator on 05/23/2023, educated on her resident rights and the facility policy on dignity and respect. The Certified Nursing Assistants (CNA) and Nurses that were on duty on 05/21/2023 were educated by the Administrator on resident rights, dignity and respect, activities of daily (ADL) care and routine check policies on 5/23/2023. All residents who require assistants with Activities of Daily Living have the potential to be affected. All staff were educated beginning 05/23/2023 ending 06/16/2023 on residents' rights as well as dignity and respect policy by the Social Worker. The Quality Assurance Performance Improvement Team (QAPI) met on 5/24/2023 and discussed policy and procedure on dignity and respect, ADL care and routine checks, with no revisions	

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M 500	Continued From page 11 self-esteem ... Examples ...10. Honoring requests to be toileted during meals ..." On 05/21/23 at 12:20 PM, during an observation and interview with Resident #25, she was lying in bed with her lunch meal tray on the bedside table, and there was a strong foul odor in the room. Resident #25 stated she was not sure how long the meal tray had been sitting there because she was unable to eat. She explained that she had a bowel movement around 10:00 AM, but no one had come to change her. She said that she had told a Certified Nurse Aide (CNA) that she needed assistance, but the CNA did not come back to clean her up. Resident #25 said she had to eat lunch while sitting in her dirty brief and it made her feel disgusted. She further explained that she was embarrassed because her roommate had to smell the odor from her bowel movement during the lunch meal. On 05/21/23 at 12:40 PM, in an observation of incontinence care with CNA #1 and CNA #3, Resident #25 had a large, loose bowel movement that had saturated and leaked through her brief onto the incontinence pad on the bed. On 05/23/23 at 3:00 PM, during an interview with the Director of Nursing (DON), she explained that it was not acceptable for a resident to have to wear a soiled, dirty brief while eating lunch or for any long period of time. On 05/23/23 at 3:30 PM, during an interview with the Administrator, she explained she expected all staff to treat residents with dignity and respect and not allow a resident to wear a soiled brief during meals. A record review of the "Admission Record"	M 500	needed at this time. The Social Worker will use a daily monitoring tool beginning 05/30/2023 ending 08/31/2023 to ensure that Resident #25 and all current residents are being treated with a dignified existence and their resident rights are being followed. This will be completed through observation and communication with residents. Any adverse findings will be addressed and resolved immediately and reported to the Administrator or Director of Nursing by the Social Worker. All findings will be reported to the QAPI Team monthly beginning 06/20/2023 and ending 08/31/203 for review and recommendations.	

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M 500	Continued From page 12 revealed the facility admitted Resident #25 on 8/24/17 and she had diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side and Type 2 Diabetes Mellitus. A record review of the "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 4/13/23 revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Further review revealed she required extensive assistance with toilet use and was always incontinent of bowel. Main Dining Room A record review of the facility's policy, "Resident Rights, "with a revision date of 11/28/2016 revealed, " ...The resident has a right to a safe, clean, comfortable and homelike environment ..." On 05/21/23 at 02:23 PM, in an interview with Resident #78, he revealed it has been raining in the main dining room for the past 13 months. He stated the facility painted the ceiling white about a month ago after it rained, because of the green spots on the ceiling. He stated the put pans down to catch the water when it rains. On 05/21/23 at 02:35 PM, an observation of the main dining room revealed brown stains in the light fixtures and orange stains on the ceiling near the light fixtures. On 05/22/23 at 09:20 AM, in an interview with Licensed Practical Nurse (LPN) #2, she confirmed when it rains, the ceiling leaks in the main dining room.	M 500		

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M 500	Continued From page 13 On 05/22/23 at 3:00 PM, an observation of the main dining room revealed water on the floor near entry below the light fixtures, with brown water in the light fixtures. On 05/25/23 at 09:45 AM, in an interview with the Maintenance Director, he confirmed it leaks in the main dining room when it rains. The Director stated he was hired in April 2019, and since his employment, he had observed issues with the building leaking off and on when it rains. The Director also revealed that when it rains in the main dining room, he has even observed smoke coming from the lights, as the water evaporates. The Director explained that prior to the roof being replaced in January of this year, he had patched the roof several times in various places, trying to stop the roof from leaking. However, despite the roof being replaced in January, they have continued to have problems with leaking in the main dining room and have been unable to identify where the water is coming from. The Maintenance Director denied seeing mold or mildew in the building. On 05/25/23 at 10:30 AM, in an interview with the Administrator, she revealed that she started working at the facility in February of this year. She confirmed that the dining room leaks when it rains, and from what she has been told by the Maintenance Director, the problems with the roof leaking have been an ongoing problem. The Administrator noted that her concern is that the leaking has the potential to cause problems related to resident health and safety. On 05/25/23 at 11:20 AM, an observation in the main dining room revealed four small puddles of water on the floor near the entry, under the light fixtures.	M 500		

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M 500	Continued From page 14 On 05/25/23 at 01:09 PM, in an interview with the Maintenance Director, he confirmed the puddles of water that had been observed earlier that day on the floor in the main dining room came from rain.	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 III Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident who was dependent on staff for incontinence care received those services for one (1) of five (5) residents reviewed for incontinence care. Resident #25. Findings Include: A review of the facility's policy "Routine Resident Checks", dated 6/1/2000, revealed, " ...It is the policy of this facility to make routine resident checks to assure that the resident's safety and wellbeing are maintained. Procedure 1. To ensure the safety and well-being of our residents, a	M 610	Resident #25 was interviewed by the Administrator on 05/23/2023, educated on her resident rights and the facility policy on dignity and respect. The Certified Nursing Assistants (CNA) and Nurses that were on duty on 05/21/2023 were educated by the Administrator on resident rights, dignity and respect, activities of daily (ADL) care and routine check policies on 5/23/2023. All residents who require assistants with Activities of Daily Living have the potential to be affected. All staff were educated beginning 05/23/2023 ending 06/16/2023 on	6/20/23

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M 610	Continued From page 15 resident check will be made every two (2) hours by nursing service personnel ..." On 05/21/23 at 12:07 PM, in an interview and observation with Resident #25, she reported that at 10:00 AM this morning, she informed a Certified Nurse Aide (CNA) that she needed to be changed because she had a bowel movement. She stated the CNA did not come back, and she still had not been changed and she had to eat her lunch meal while sitting in a soiled brief. There was a strong, foul odor in the resident's room. During an observation and interview on 05/21/23 at 12:20 PM, CNA #1 entered the resident's room and explained she arrived to work today around 10:00 AM and was assigned Resident #25. CNA #1 said that she answered Resident #25's call light around 10:00 AM, but the resident had only asked who her aide was, and did not mention that she had a bowel movement or that she needed to be changed. She said that she explained to the resident that she was starting her rounds at the beginning of the hall and working her way back to her. Resident #25 insisted that she did tell someone that she needed to be changed and that she could have told another CNA. On 05/21/23 at 12:40 PM, during an observation of incontinence care with CNA #1 and CNA #3, Resident #25 was wearing a brief that was saturated with loose feces that had leaked through the brief and onto the incontinence pad. Her buttocks, thighs, and sacrum were red and excoriated and she was crying and stated that she was hurting. On 05/22/23 at 02:15 PM, during an interview with Registered Nurse (RN) #2, she explained Resident #25 did tell her at 9:00 AM on 5/21/23	M 610	residents' rights along with the dignity and respect policy by the Social Worker. The Quality Assurance Performance Improvement Team (QAPI) met on 5/24/2023 and discussed policy and procedure on dignity and respect, activities of daily (ADL) care and routine check with no revisions needed at this time. The Social Worker will use a daily monitoring tool beginning 05/30/2023 and ending 08/31/2023 to ensure that Resident #25 and all current residents are being treated with a dignified existence and their resident rights are being followed. This will be completed through observation and communication with residents. Any adverse findings will be addressed and resolved immediately and reported to the Administrator or Director of Nursing by the Social Worker. All findings will be reported to the QAPI Team monthly beginning 06/20/2023 and ending 08/31/203 for review and recommendations.	

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that she needed to see an aide and she told Resident #25 that she would get someone, but she did not see any CNAs and she went on to pass out breakfast trays. She said the resident did not express why she needed assistance and she did not ask the resident what she needed. She confirmed that she told Resident #25 to be patient and the CNAs would be on the way and that Resident #25 asked again to see an aide and she told her to use the call light and give it 15 minutes to see if they arrive.

On 05/22/23 at 02:22 PM, during an interview with CNA #1, she reported that she answered the call light for Resident #25 when she first arrived at 10:00 AM, but Resident #25 only asked her who her aide was, and she did not specify what she needed, and she (CNA #1) did not ask the resident what she needed. She stated that she did not provide any care for Resident #25 on 05/21/23 until 12:20 PM.

On 05/22/23 at 02:45 PM, during an interview with CNA #2, she stated that she was unaware that Resident #25 needed to be changed. CNA #2 confirmed that she did not complete rounds or provide care to Resident #25 while she was at the facility on 5/21/23.

On 05/22/23 at 03:00 PM, during an interview CNA #3, she confirmed she was working on 05/21/23 day shift and she never assisted or provided care for Resident #25 until she assisted CNA #1 with incontinence care around 12:30 PM.

On 05/23/23 at 09:10 AM, in an observation and interview with CNA #1, Resident #25 had an opened, excoriated area to her left buttock and left abdominal fold. CNA#1 reported that the areas are new. Resident #25 said the new open

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areas appeared after being left in a soiled brief on 05/21/23 and she had a new Physician's Order for cream to those areas.

On 05/23/23 at 09:25 AM, during an interview with RN #3, she confirmed Resident #25 had new opened areas to her buttocks and abdominal fold and the nurse practitioner had written new orders for cream for moisture-associated areas on 05/22/23.

On 05/23/23 at 03:00 PM, during an interview with the Medical Director, he explained he was aware of the concerns with resident care, and he expected all residents to be provided with care and assistance as needed.

On 05/23/23 at 03:10 PM, during an interview with the Director of Nursing (DON), she explained that she expected staff to assist residents and to provide care every two (2) hours.

On 05/23/23 at 3:30 PM, during an interview with the Administrator, she explained she expected staff to complete care every two (2) hours.

A record review of the "Admission Record" revealed the facility admitted Resident #25 on 8/24/17 and she had diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side and Type 2 Diabetes Mellitus.

A record review of the "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 4/13/23 revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Further review revealed she required extensive assistance with toilet use and was always

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M 610	Continued From page 18 incontinent of bowel. A record review of the "Order Summary Report" with "Active Orders As Of: 05/25/23, revealed Resident #25 had a Physician's Order, dated 05/22/23, to "Cleanse MASD (moisture associated skin damage) to bilateral buttocks with mild soap and water, pat dry, apply barrier cream with zinc...two times a day for MASD wound care." A record review of the facility's document "Task ... Schedule for May 2023 ...", revealed on 05/21/23, there was no documentation that Resident #25 received any care during the day shift hours of 7:00 AM through 3:00 PM.	M 610		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observations, staff interviews, record review and facility policy review, the facility failed to remove expired insulin from medication cart for one (1) of two (2) medication carts reviewed.	M 705	On 5/24/2023 the Regional Nurse Consultant audited all medication carts to ensure that there were no expired medications. All expired medications, specifically insulin, were inspected and replaced with a new insulin supply at this	6/20/23

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M 705	Continued From page 19 Findings include: A record review of the facility's policy, "Specific Procedure for All Medications," dated 11/1/2008, revealed, "To administer medications in a safe and effective manner ... Check expiration date on package/container. When opening a multi-dose container, place the date on the container ..." On 5/22/23 at 2:40 PM, an observation of the North Hall medication cart with Licensed Practical Nurse (LPN) #1 revealed a vial of Novolog Injection Solution (Insulin Aspart) with an open date of 4/3/23, and Levemir Subcutaneous Solution 100 unit/ml with an open date of 4/16/23. On 5/22/23 at 2:55 PM, in an interview with LPN #1, she revealed an open vial of insulin should not be used after 28 days, as it has expired. The LPN confirmed that expired insulin should be removed from the cart on the expiration date, as it is considered ineffective. On 5/22/23 at 04:58 PM, in an interview with the Director of Nursing (DON), she confirmed that insulin should be dated when opened, and removed from the medication cart upon the 28-day expiration date. The DON explained that expired insulin would not be effective, and she expects her staff to pull expired medications from the cart on the day they expire.	M 705	time. All residents have the potential to be affected. All Nurses were in-serviced beginning 5/24/2023 ending 5/30/2023 on policy and procedure on medication expirations and the importance of disposal of medications form the medication cart on the day of it expires by the Assistant Director of Nursing and the Director of Nursing. The Quality Assurance Performance Improvement (QAPI) Team met and discussed the adverse event on 5/24/2023 and the negative outcome that this will have on any resident that receives expired insulin or any other medication. The QAPI team recommended that the medication carts are audited weekly for four (4) weeks then monthly for three (3) months beginning 05/30/2023 and ending 09/30/2023 by the Director of Nursing or the Assistant Director of Nursing. The audits will be brought to the monthly QAPI meeting beginning 06/20/2023 and ending 09/30/2023 for review and recommendation.	