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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. 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	M 225		8/4/23

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M 225	Continued From page 1 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 II Based on observation, resident and staff interviews, and facility policy review the facility failed to provide enough staff to meet the needs of the residents for four (4) of 4 days of survey. Findings include: The facility Administrator provided a statement on 6/23/23 that the facility follows the state regulations for 2.8 staffing ratio and they do not have a policy to staff according to acuity level. An interview on 06/19/23 at 12:45 PM, with Resident #6 on the A hall revealed the resident stated he was wet. He stated that he had not been changed since the night shift. An observation on 6/19/23 at 12:48 PM revealed Licensed Practical Nurse (LPN) #4 and Certified	M 225	1. On 6/19/2023, Licensed Practical Nurse #4 and Certified Nursing Assistant #3 provided incontinent care to Resident #6. On 06/19/2023, the Director of Nursing conducted a body audit of Resident #6 with no noted skin concerns. 2. All residents have the potential to be affected by this practice. 3. On 6/19/2023, the Administrator reviewed staffing which reflected a census of 91 with direct care Per patient day of 2.97. Interviews conducted with cognitively intact residents on the same hall as Resident #6 by the Administrator to assure no additional concerns regarding incontinent care with no further negative findings voiced.	

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M 225	Continued From page 2 Nursing Assistant (CNA) #3 provided incontinent care to Resident #6. The resident's brief was saturated with dark yellow colored urine and CNA #3 stated the resident's brief should not be that wet. She stated that he should have already been changed and that they get here and start checking residents and then the trays come out, so they have to stop and pass the meal trays out. She stated she had to help change out a mattress on a bed. She stated that they only have two CNAs on this hall. LPN #4 confirmed the resident probably needed changing earlier but they did not have enough staff to do it all. An interview on 06/20/23 at 10:15 AM, with CNA #7 revealed the facility is short-staffed a lot she revealed today they had a call in which left them with only two aides for D hall. She revealed D hall is a very busy hall with a lot going on with the residents. During the resident council meeting held 6/20/23 at 2:30 PM, with 17 residents in attendance, it was revealed by five residents that staff still take a long time to answer call lights. All resident's agreed that this issue had been discussed in numerous resident council meetings. Resident #55 revealed he has had CNA's come in his room, turn his light off, tell him they would be back, but never come back. He revealed he has complained about this to staff and in previous resident council meetings, but it had not got any better. Resident #38 agreed with Resident #55 and stated that he had to lay in urine for an hour and a half before because they had done that to him. Resident #51, Resident #80 and Resident #26 agreed that staffing on 3PM-11PM and 11PM-7AM were slow to answer the call lights. These complainants confirmed that they had discussed all of this in previous resident council	M 225	On 6/19/2023, the Administrator and Director of Nursing conducted resident interviews throughout the facility to assure no further instances of missed Activity of Daily Living care. No negative findings noted. On 6/26/2023, the Administrator provided education to the Director of Nursing, Assistant Director of Nursing, Workforce Manager, Human Resources Coordinator and Admissions regarding staffing needs and resident acuity. 4. Beginning the week of 6/26/2023, the Administrator, Human Resources Coordinator and Workforce Manager will review staffing five times a week for four weeks, then two times a week for four weeks to assure sufficient number of direct care staff scheduled and matches actual staff members clocked in to work. The process to manage call outs will require staff member notification to the Workforce Manger or the Administrator at least two hours prior to start of shift. Workforce Manager will utilize "On Shift" notification system to alert all direct care staff of shift availability. Additional notifications will be conducted by the Administrator, Director of Nursing, Charge Nurse or Workforce Manager by means of phone call or text messaging of team members directly. Any negative variances will be addressed immediately. Findings of staffing review will be brought to Quality Assurance Performance Improvement Committee on 7/26/2023 for review and recommendations monthly for three months.	

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meetings, but it had not been resolved and feel like the facility does not have enough staff on duty.

An interview on 06/20/23 at 3:00 PM, with the Workforce Scheduler revealed that the facilities main issue is having trouble with call ins and staffing CNAs for the 3-11 PM shift. She stated it is just hard to find staff that would be willing to work. She revealed she has an alert system that she does by sending all the staff a text when there is a call in. She stated there are a few that will pick up an extra shift but if we can't get it covered, we do the best that we can. She revealed she is the one that decides how many aides are needed for each hall based on census and acuity of the residents. She revealed A and D halls have a heavier load since there are more bed bound residents on those halls and yesterday there were only two aides on D hall because of a call in. She confirmed that wasn't enough staff. She revealed she tries to find a replacement for the shift but is not always able to get someone to cover it.

An interview on 6/20/23 at 3:45 PM, with Social Services confirmed that the complaint about staff not answering the call lights has been ongoing, but thought it was getting better.

An interview on 6/21/23 at 10:00 AM, with the Administrator confirmed that the complaint of call lights not being answered is still ongoing. She revealed that they have done education and in-services with staff regarding the importance of answering the call light in a timely manner. She stated that sometimes the staff will go in the resident's room, turn off the light and tell them they will be back if there is something they need to do that is more pressing, but then they do not

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go back, so we have, educated on that.

An interview on 06/21/23 at 10:25 AM, with the Human Resources (HR) Coordinator revealed the facility has done some hiring for CNA's but not all of them have stayed and there is a lot that only want to be PRN (as needed). She revealed the facility has hired 20 CNAs with 13 of them being PRN, 7 are full time but two of those are out on sick leave and four of them just started on June 15th and are still in training.

An interview on 06/21/23 at 2:30 PM, with the Administrator revealed she did have some staffing issues but have been working on getting the staffing improved and confirmed that the facility was still admitting new residents to the facility that also needed additional care.

An interview on 6/22/23 at 11:10 AM, with Certified Nurse Assistant (CNA) #6 revealed that they have been told as soon as a call light goes off to respond to the call light and see what the resident needs even if we are tied up with something. She stated that if it is not an emergency, we tell the resident we will be back as soon as possible to assist with their needs. She revealed that if they were passing trays on the halls or in the dining room it may take a little longer to respond.

Record review of the Resident Council Meeting Minutes revealed the following:
" 01/20/23- complaint of call light response with no resident complainant listed.
" 04/2023- complaint of call lights not being answered or long waits per resident #38 and 55.
" 05/31/23- complaint of Resident #38 complained of no response to call light and stayed in urine for 4 hours; late slow call light

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M 225	Continued From page 5 response was mentioned with no resident names. Record review of Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/20/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident is cognitively intact. Record review of Resident #26's MDS with an ARD of 5/1/23 revealed in Section C a BIMS score of 15, which indicated the resident is cognitively intact. Record review of Resident #38's MDS with an ARD of 4/6/23 revealed in Section C a BIMS score of 10, which indicated the resident is moderately cognitively impaired. Record review of Resident #51's MDS with an ARD of 6/10/23 revealed in Section C a BIMS score of 15, which indicated the resident is cognitively intact. Record review of Resident #55's MDS with an ARD of 1/6/23 revealed in Section C a BIMS score of 15 , which indicated the resident is cognitively intact. Record review of Resident #80's MDS with and ARD of 4/4/23 revealed in Section C a BIMS score of 15, which indicated the resident is cognitively intact.	M 225		
M 610 SS=D	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:	M 610		8/4/23

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M 610	Continued From page 6 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 observations, resident and staff interviews, facility policy review, and record review the facility failed to provide care to maintain hygiene as evidenced by failure to provide shower, and nail care for two (2) of twenty-six residents reviewed. Resident #25 and Resident #30. Findings include: Review of the facility policy titled, "Activities of Daily Living (ADLs) revealed under, "Policy: ... Care and services will be provided for the following Activities of Daily living: 1. Bathing, dressing, grooming, and oral care;" ... Also revealed under, "Policy Explanation and Compliance Guidelines: ...3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene." Resident #25 An observation on 06/19/23 at 10:55 AM, of Resident #25's nails revealed long nails on both hands with a brown substance underneath,	M 610	1. On 6/20/2023, Resident #30 received a shower by Certified Nursing Assistant #1. Activity of Daily Living entry for 6/19/2023 recording bath as received was corrected to reflect care as given 6/20/2023. On 6/20/2023, the Administrator in-serviced C.N.A #1 regarding the policy for Activities of Daily Living (ADL) care, bathing schedule and policy regarding documentation. 2. All residents have the potential to be affected by this practice. 3. Beginning the week of 6/26/2023, the Director of Nursing and Director of Clinical Education began in-servicing staff regarding the policy for Activities of Daily Living (ADL) care, bathing schedules and the policy regarding documentation of care. 4. Beginning 6/26/2023, the Director of Nursing conducted monitoring rounds of ten reisdents to assure ADL care completed as ordered. Monitoring rounds to occur three times a week for four weeks, then weekly for four weeks. Direct care staff, upon completion of	

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M 610	Continued From page 7 fingers bent inwards toward palms and nails were impressed into the skin in the palms. An interview with Resident #25 on 6/20/23 at 2:45 PM, revealed she would like to have her nails trimmed and stated when they get long, they start digging into the palms of her hands. An observation and interview on 6/20/23 at 2:50 PM, with Certified Nurse Aide (CNA) #2 confirmed that Resident #25's nails were long with a brown substance underneath. She stated, "Yes, they do need cleaning and trimming." She revealed that the CNAs are responsible for cleaning and trimming the nails, if the resident was not a diabetic and she stated that long nails could cause skin problems to the resident's inner palms. On 6/20/23 at 2:56 PM, an observation and interview with Licensed Practical Nurse (LPN) #3 confirmed that Resident #25's nails were long, needed trimming and cleaning. She revealed the aides or nurses would be able to do nail care for the resident as she was not a diabetic. An interview on 6/20/23 at 3:00 PM, with the Director of Nursing (DON) confirmed that Resident #25's nails needed trimming and cleaning and that this could cause skin concerns. Record review of Resident #25's Admission Record revealed the resident was admitted to the facility on 8/28/18 with medical diagnoses that included Major Depressive Disorder, Anxiety Disorder, Dysphagia and Contracture, Right Hand. Record review of Resident # 25's Minimum Data Set (MDS) with an Assessment Reference Date	M 610	bathing/showers, will initial care to the shower sheet. Beginning 7/1/2023, the Director of Nursing will review shower sheets weekly to assure shower/baths given. Any negative findings will be addressed at that time. Findings of monitoring rounds and audits will be brought to the Quality Assurance Performance Improvement Committee for review and recommendatons on 7/26/2023, then monthly for three months.	

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(ARD) of 5/10/23 revealed a Brief Interview for Mental Status (BIMS) score of 08, which indicated the resident is moderately cognitively impaired.

Resident #30

An interview with Resident #30 on 06/19/23 at 10:30 AM, revealed she has not been receiving her showers routinely. She revealed that she likes to get her shower early in the morning right after breakfast. She stated, "I'm supposed to get my shower on Monday, Wednesday, and Friday, but they (the staff) never come to take me."

An interview with Resident #30 on 6/20/23 at 3:00 PM, revealed she did not receive her shower yesterday. She revealed CNA # 1 gave her a shower today and it just depends on how busy they are whether I get more than one shower a week.

Record review of Resident #30's ADLs task for 6/19/23 revealed that the bathing task was initialed as performed by CNA #1 at 13:38 (1:38 PM).

An interview on 6/20/23 at 3:55 PM, with Certified Nurse Aide (CNA) #1 confirmed that Resident #30 was supposed to receive a shower yesterday and confirmed that she did not give the resident a shower. The Survey Agent (SA) inquired why she was unable to give residents a shower yesterday, and she stated, "You all came in and then things got busy." SA inquired from CNA #1 whether she documented on the Activities of Daily Living (ADL) that a bath was completed yesterday, and she stated, "I really don't know." The CNA revealed she should not have documented the shower task as performed if it was not done.

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M 610	Continued From page 9 An interview with the Administrator on 6/20/23 at 4:05 PM, acknowledged that the ADL bathing task for yesterday was initialed as completed by CNA #1 which indicated Resident #30 had received a shower. She revealed she spoke with CNA # 1 and the resident did not get a shower yesterday. She acknowledged that the resident should get her showers on the scheduled days. Record review of Resident # 30's Admission Record revealed the resident was admitted to the facility on 12/26/21 with medical diagnoses that included Type 2 Diabetes Mellitus with Unspecified Complications, Essential Hypertension and Other Seizures. Record review of Resident #30 's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/17/23 revealed under section C a Brief Interview for Mental Status (BIMS) score of 15, which indicated resident is cognitively intact.	M 610		
M 640 SS=D	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, and facility policy review the facility failed to ensure the safety of resident as evidenced by failure to secure smoking materials	M 640	1. On 6/19/2023, the Administrator obtained smoking items from Resident #57. 2. All residents have the potential to be	8/4/23

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M 640	Continued From page 10 for one (1) of 18 smokers in the facility. Resident #57. Findings include: A review of the facility policy titled, "Safe Smoking" with an effective date of November 1, 2016, revealed, "Purpose ...To maximize our ability to provide a safe environment for all residents/patients who smoke, while taking into account non-smoking residents. Procedure ...4. Staff members will monitor or obtain fire-igniting materials (matches/lighters) for the benefit of smokers at the nurses' station or other designated location... 5. Tobacco materials (cigarettes/cigars/chewing tobacco/snuff/electronic smoking devices) themselves, in addition to fire igniting materials, may have increased control or be removed if smoking policy violations have occurred or as a general safety policy for all residents..." An observation and interview on 06/19/23 at 02:55 PM, revealed Resident #57 sitting in her wheelchair, with a white plastic container in the shape of a cigarette box positioned between her legs, the State Agent (SA) inquired what the box was and Resident #57 stated my cigarettes and opened the lid and revealed a pack of cigarettes with approximately five (5) cigarettes remaining and a lighter. Resident #57 pulled out the lighter and then replaced it back in the box. She revealed she bought them with her when she was admitted, and she wasn't the only one with extra cigarettes and lighters in their rooms. An interview on 06/19/23 at 03:15 PM, Certified Nurse Aide (CNA) #4 revealed the CNAs are responsible for taking the residents out on smoke breaks and it is hard to keep an eye on the	M 640	affected by this practice. Administrator conducted individual interview 11 of 11 residents who smoke to assure all smoking materials secured. No further findings identified. 3. On 6/26/2023, the Administrator began in-servicing all staff regarding the facility smoking policy. 4. Beginning 6/26/2023, the Administrator will conduct interviews with residents who smoke to assure smoking materials are stored as per facility policy. The Administrator will conduct smoking rounds to assure residents do not have any smoking materials in possession. Interviews and smoking rounds will be conducted three times weekly for four weeks, then weekly for eight weeks. Any negative variances will be corrected immediately. Findings will be brought to the Quality Assurance Performance Improvement Committee on 7/26/2023, for review and recommendations monthly for thee months.	

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cigarettes and lighters because a lot of times the families bring them in to the residents. She revealed when we find them, we report it to the nurses or Administrator. She revealed it is just a cycle and we are doing the best we can to catch them because we are limited in what we can do.

An observation and interview with the Administrator (ADM) on 06/19/23 at 03:35 PM, revealed Resident #57 sitting in her wheelchair in her room with the cigarette container on her lap. Resident #57 opened the white box which revealed a pack of cigarettes and a lighter. The Administrator confirmed that she was not supposed to have the cigarettes and lighter and they were to be kept in a locked box in the utility room.

An interview on 06/20/23 at 03:30 PM, with CNA #5 revealed a lot of times the smokers will be acting up, we try to keep a handle on it but sometimes they will be wanting to light their own cigarette and then fuss about returning the lighter. She revealed this has been a problem.

A record review of Resident #57's Admission Record revealed the resident was admitted to the facility on 05/02/2023 with diagnoses of Cerebral infarction, Malignant neoplasm of bladder, Depression, Cognitive Communication Deficit, and Weakness.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of May 9, 2023, revealed Resident #57 had a Brief Interview for Mental Status (BIMS) score of 7, which indicated the resident had a severe cognitive impairment.