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M 000	Initial Comments The State Agency (SA) conducted five (5) Complaint Investigations (CIs), MS #21753, MS #21752, MS #21999, MS #22320, and MS #22376, at the facility from 8/14/23 through 8/17/23. 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. MS #21752 was investigated for dietary services, personal funds, nursing services, and residents not groomed adequately and MS #21753 was investigated for pharmaceutical and nursing services. There were no deficiencies cited related to those complaints. MS #22376 was investigated for pressure sores and physical environment, MS #22320 for physical environment, no air conditioning, staffing, and residents left wet for extended periods, and MS #21999 was investigated for facility staffing, abuse, and services not performed per the plan of care and the facility was cited M500 and M970.	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	M 500		9/19/23

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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 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

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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 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

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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 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

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M 500	Continued From page 4 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 procedure review, the facility failed to ensure residents' individual preference were followed related to resident choice of the type of bath they preferred for two (2) of seven (7) sampled residents. Resident #4 and Resident #6. Findings include: Review of the facility's procedure, "Bath, Shower/Tub", dated August 25, 2014, revealed, " ...The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin ...Documentation ...The following information should be recorded on the resident's ADL (Activity of Daily Living) record and/or in the resident's medical record: 1. The date and time the shower/bath was performed. 2. The name and title of the individual(s) who assisted the resident with the shower/tub bath. 3. Data obtained during the shower/bath ...4. How the resident tolerated the shower/tub bath 5. If the resident refused the shower/tub bath, the reason (s) why and the intervention taken. Reporting ...1. Notify the supervisor if the resident refuses the shower/tub bath ..." Resident #4 During an interview with Resident #4 on 8/14/23 at 8:45 PM, she said that she does not receive a	M 500	Resident #6 was given a bath on 8/16/2023 by assigned certified nursing assistant. Resident #4 has medical exemption from shower use and was given a bed bath. All residents have the potential to be affected by this deficient practice. The Director of Nursing completed an in-service with certified nursing assistants and liscensed nursing staff on 8/21/2023 about completing documentation of resident bath refusal. The Social Services Director shall interview five residents weekly x three (3) weeks starting 8/29/2023 ending 9/19/2023 and then monthly x three (3) months starting 10/1/2023 ending 12/1/2023 to ensure resident baths are being completed, document findings and take corrective action as needed. The Director of Nursing will complete audit of nurse charting for bath refusals weekly x three (3) weeks starting 8/29/2023 ending 9/19/2023 and then monthly x three (3) months starting 10/1/2023 ending 12/1/2023, document findings and take corrective action as needed. The Social Services Director and Director of Nursing will report findings to the Quality Assurance Performance and Improvement	

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M 500	Continued From page 5 shower, and the facility had told her that she could have showers three times a week on Tuesdays, Thursdays, and Saturdays (TTS). Resident #4 expressed that she did not feel clean with bed baths and had reported her concerns to the Director of Nursing (DON) and the Ombudsman. In an interview on 8/15/23 at 3:30 PM (Tuesday), with Resident #4, she stated that the Certified Nurse Aide (CNA) had given her a bed bath and she did not receive a shower again. During an interview on 8/16/23 at 09:00 AM, with CNA #1, she confirmed that Resident # 4 did not receive a shower on 8/15/23 because the resident had refused. CNA #1 said she gave the resident a full bed bath and reported the refusal to the nurses. CNA #1 confirmed that she failed to document the resident's refusal to take a shower on the task sheet. During an interview on 8/16/23 at 09:15 AM, with Licensed Practical Nurse (LPN) #1, she denied that she was informed that Resident #4 had refused her shower on 8/15/23. During an interview on 8/16/23 at 09:30 AM, with LPN #2, she said she did not recall CNA #1 telling her that Resident #4 had refused her shower. During an interview on 8/16/23 at 10:00 AM, with the DON, she confirmed that she had talked with Resident #4 about her not receiving showers and had thought that the problem was resolved. The DON said the resident did not let her know that she still had not been receiving showers. An interview on 8/16/23 at 1:00 PM, with the Ombudsman, revealed on 8/11/23, Resident #4	M 500	Committee at the monthly meeting starting on 09/19/2023 ending 11/21/2023, for review, revision, and resolution of plan as needed.	

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had voiced concerns to him about not receiving showers and the resident felt that the staff did not want to get her up for showers because of her weight.

Record review of the "Admission Record" revealed the facility admitted Resident #4 on 2/9/23 and she had diagnoses including Paraplegia, Limited mobility, and Morbid Obesity.

Record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/21/23 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 14 that indicated Resident #4 was cognitively intact.

Record review of the "TTS Shower Schedule", dated 8/15/23, revealed Resident #4's name was listed on the document which indicated she received showers on TTS.

Record review of the facility's "Documentation Survey Report", dated August 2023, revealed Resident #4 received one (1) shower on 8/3/23 and received a bed bath on the other scheduled days bath days for August.

Record review of the medical record for August 2023 revealed there was no documented refusals of showers for Resident #4.

Resident #6

During an interview on 8/16/23 at 10:00 AM, the sister of Resident #6 stated that the facility does not give the resident showers on his shower days. She explained that she had complained to the Administrator, the DON and the Assistant Director of Nurses (ADON) that her brother had a strong

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body odor and the roommate had reported to her that the facility did not give him showers. She felt as if he did not get showers because he had confusion and was unable to speak for himself.

In an interview with the roommate, Resident #7, on 8/16/23 at 10:15 AM, he stated that Resident #6 did not get a shower most of the time because he was confused and had a hard time expressing himself. Resident #7 said the CNAs came into the room and talked Resident #6 into getting a bed bath instead of a shower and he felt like they did this because they did not want to get him up.

Record review of the Quarterly MDS with an ARD of 07/09/23 revealed Resident #7 had a BIMS score of 14 that indicated Resident #7 was cognitively intact.

During an interview on 8/16/23 at 10:30 AM, with the DON, she explained that she when she first came to the facility a year ago, she had changed the bath schedules so that most of the showers would be given on day shift. She stated that the nurses assign the showers to the CNAs. She confirmed that Resident #6 was scheduled for showers on TTS and stated that if a resident refuses a shower, the CNA should document the refusal and notify the nurse. She further explained that the nurse should also document the refusal in the resident's chart. The DON confirmed there were no refusals documented for Resident #6 by either CNAs or the Nurses for the month of August.

During an interview on 8/16/23 at 11:15 AM, with CNA #1, she confirmed that Resident #6 did not get a shower on 8/15/23 and that she gave the resident a complete bed bath. CNA #1 said she had only been working at the facility for two (2)

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weeks and had been told that Resident #6 received bed baths because he did not like to get up. CNA #1 explained that Resident #6 had said that he did not want to get up for a shower. CNA #1 confirmed she did not document the resident's refusal but stated that she did inform LPN #1 and LPN #2 of the refusal.

In an interview on 08/16/23 at 6:30 PM, with Resident #6's brother, he stated he was at the facility on 8/15/23 at 3:00 PM to cut his brothers hair but was told his brother did not want to get up. He was not told that Resident #6 had refused a shower and he would have encouraged him to get his shower while he was there, because he knew his brother enjoyed showers.

During an interview on 8/17/23 at 8:00 AM, with LPN #1, she stated that she was not aware that Resident #6 had refused a shower and therefore, did not document a refusal.

During an interview on 8/17/23 at 8:30 AM, with LPN #2, she said CNA #1 did not tell her that Resident #6 had refused a shower and that is why she did not document it in a nurses note.

Record review of the "Admission Record" revealed the facility admitted Resident #6 on 9/7/21 with diagnoses that included Multiple Sclerosis and Quadriplegia.

Record review of the Annual MDS with an ARD of 08/08/23 revealed Resident #6 had a BIMS score of 7, which indicated his cognition was moderately impaired.

Record review of the "TTS Shower Schedule", dated 8/15/23, revealed Resident #6's name was listed on the document which indicated he

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M 500	Continued From page 9 received showers on TTS. Record review of the facility's "Documentation Survey Report", dated August 2023, revealed Resident #6 received one (1) shower on 8/3/23 and received a bed bath on the other scheduled bath days for August. Record review of the medical record for August 2023 revealed there was no documented refusals of showers for Resident #6.	M 500		
M 970	45.33.4 Control of insects, rodents, etc. Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized. This Statute is not met as evidenced by: Level II Based on interviews, record review and facility policy review the facility failed to maintain an environment free of pests for six (6) of seven (7) sampled residents interviewed for pests. Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, and Resident #7. Findings include: Review of the facility's policy, "Pest Control Policy", reviewed 4/10/23, revealed, " ...Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents...6. Maintenance services assist, when appropriate	M 970	The rooms of Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, and Resident #7 were inspected for pest and corrective action taken on 8/16/2023. All residents have the potential to be affected by this deficient practice. The Administrator contacted pest control on 8/16/2023 for treatment of ants and spiders. On 8/18/2023 the Administrator contacted snake services for inspection and treatment. On 8/31/2023 the Adminstrator completed staff inservice on pest reporting and intervention. The Administrator and Maintenance Supervisor will complete rounds weekly x	9/19/23

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M 970	Continued From page 10 and necessary, in providing pest control services." Resident # 1 During an interview on 8/15/23 at 10:00 AM, with Resident #1, revealed he had seen several ants and spiders in his room and had reported it to the maintenance department and to the Administrator. The resident said he was moved into another room until the maintenance department sprayed and cleaned his room. Resident #1 also said they moved him back in his room after two (2) days. Resident #1 stated that there had been a large hole in his wall near the air-conditioning unit and that ants and spiders could be coming through the hole, but maintenance had repaired the hole. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 7/22/2019 with a diagnoses of Type 2 diabetes Mellitus. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/15/23 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 13 that indicated Resident #1 was cognitively intact. Resident #2 During an interview on 8/15/23 at 10:15 AM, with Resident #2, she stated there had been ants and black spiders in her room and she was afraid of spiders. The resident also complained about a hole in the wall near the air condition that had been repaired. Resident #2 said the facility had found snakes in the ceiling and they could have	M 970	three (3) weeks starting 8/29/2023 ending 9/19/2023 and then monthly x (3) months starting 10/1/2023 ending 12/1/2023 to ensure pest treatment is effective, document findings and take corrective action as needed. The Administrator and Maintenance Supervisor will report findings to the Quality Assurance Performance and Improvement Committee at the monthly meeting starting on 9/19/2023 ending 11/21/2023, for review, revision, and resolution of plan as needed.	

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come through the hole in the wall. The staff thoroughly cleaned the room and the facility had moved her out of her room for two days.

Record review of the "Admission Record" revealed the facility admitted Resident # 2 on 12/8/21, with a diagnosis of Chronic Obstructive Pulmonary Disease.

A record review of the Quarterly MDS with an ARD of 08/07/23 revealed Resident #2 had a BIMS score of 14 that indicated Resident #2 was cognitively intact.

Resident #3

During an interview with Resident #3, she said she had seen ants and spiders in her room and was moved to another room.

A record review of the "Admission Record" revealed the facility admitted Resident #3 on 7/27/23 with a diagnosis of Strain of Left Quadriceps Muscle, Fascia, and Tendon.

A record review of the Admission MDS with an ARD of 08/02/23 revealed Resident #3 BIMS score of 13 that indicated Resident #3 was cognitively intact.

Resident #4

In an interview on 8/14/23 at 8:45 PM, with Resident #4, she said that she had seen ants and spiders in her room and that she had reported the pests to the nursing staff several times.

Record review of the "Admission Record" revealed the facility admitted Resident #4 on 2/9/23 and she had diagnoses including

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M 970	Continued From page 12 Paraplegia, Limited mobility, and Morbid Obesity. Record review of the Annual MDS with an ARD of 06/21/23 revealed Resident #4 had a BIMS score of 14 that indicated Resident #4 was cognitively intact. Resident #5 During an interview on 8/15/23 at 11:00 AM, with Resident #5, she said she had had ants and black spiders in her room and that she was afraid of spiders. Resident #5 reported that she was told by another resident that the facility had snakes. Record review of the "Admission Record" revealed the facility admitted Resident #5 on 4/4/21 and she had diagnoses of Bipolar Disorder and Schizophrenia. Record review of the Quarterly MDS with an ARD of 07/08/23 revealed Resident #5 had a BIMS of 12 that indicated Resident #5 had moderately impaired cognition. Resident #7 During an interview on 8/16/23 at 10:15 AM, with Resident #7, he said he had seen ants and spiders in his room, and he had reported it to the nursing staff. He also stated that he had not seen a pest control provider in the building and alleged that the facility had not sprayed or done anything to get rid of the pest. Record review of the "Admission Record" revealed the facility admitted Resident #7 on 10/14/22 with a diagnosis of Heart Failure.	M 970		

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	30SR	A. BUILDING: _____ B. WING _____	C 08/17/2023

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M 970	Continued From page 13 Record review of the Quarterly MDS with an ARD of 07/09/23 revealed Resident #7 had a BIMS score of 14 that indicated Resident #7 was cognitively intact. In an interview on 8/14/23 at 9:15 PM, with Licensed Practical Nurse (LPN)#3, she explained that she works all shifts and had been told by several residents that ants were in the rooms. She said that she had seen ants on the floor in resident's rooms and in the hallway but denied seeing spiders or snakes. She had been told by the maintenance department that they found dead snakes in the ceiling. During an interview on 8/14/23 at 09:30 PM, with Certified Nursing Assistant (CNA) # 2, she confirmed that she had seen spiders and ants in the hallway on the west wing, but she had not seen snakes. She stated she told the nurse about the spiders and ants and the nurse had reported it to the maintenance director. An interview on 8/14/23 at 09:45 PM, with CNA #3 revealed she had seen ants and spiders in the resident's rooms and in the hallway and had reported the sightings to the nurses several times. She also stated that the ants and spiders come out at night when its dark, but she had not seen any snakes in the building. An interview on 8/15/23 at 09:00 AM, with the Activity Director (AD) confirmed the residents had voiced concerns about ants, spiders, and snakes in the building and was asking for more pest control visits. The AD said those concerns were taken to the Administrator. On 8/15/23 at 09:15 AM, in an interview with the Maintenance Director (MD), he stated that he	M 970		

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M 970	Continued From page 14	M 970		

treated ant mounds outside by putting ant killer on the mounds. He confirmed that he had been advised by several staff members and residents that there were ants and spiders in the building. He explained that he had seen ants, and spiders in the building and there were a few small water snakes spotted in the ceiling. The MD said he was told by the Administrator that exterminators come into the facility monthly to spray the building and he would call them back out to treat the ants, spiders, and snakes.

During an interview on 8/15/23 at 10:00 AM, with Technician #1, he explained that has come out to the facility several times in the last six (6) months but had not come out for August 2023 because another technician had come out this month. Technician #1 said he inspected the facility looking for evidence of pests and checking the stations that are set up outside and in non-residential areas. He said he had not been told there was a concern related to ants or spiders. When the technicians arrive to the facility, they report to the Administrator and ask if the facility has any concerns. Technician #1 said that the Administrator had advised that there was a problem with snakes coming into the building and he advised the Administrator that the pest control services does not include snakes. He advised that pest control services would use "spider boards" in resident rooms to catch spiders.

During an interview on 8/15/23 at 10:15 AM, with Technician #2, he confirmed that he provided pest control service to the facility on 8/14/23. He stated that he went to the Administrators office and asked if the facility has any concerns, and the Administrator did not express any concerns related to ants or spiders. He said that the

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M 970	Continued From page 15 Administrator commented that the facility was having problems with snakes, and he explained to the Administrator that the pest control company does not treat snakes. Technician #2 advised that while on his way out of the building, a staff member in the front office advised that she had spiders coming through her window and he placed glue boards by the window to catch the spiders. During an interview on 8/16/23 at 11:00 AM, with the Administrator, he confirmed the facility had problems with ants, spiders, and water snakes and was unable to recall when he was first notified of the pests. The Administrator stated that the facility had a pest control company that comes to the facility monthly and that he thought the technicians automatically sprayed the building for the pests. The Administrator said he did not realize he had to let the Technicians know he was having a problem with ants and spiders. The Administrator also confirmed the Technicians had advised him that their company does not handle snakes and the Maintenance Director from the Corporate Office was trying to find someone to treat the facility for the snakes. Record review of the facility's, "Resident Council minutes", dated 4/27/23, and 5/31/23 revealed the resident's voiced concerns about "spiders, bugs, reptiles". Record review of the facility's, "Pest Control Service Agreement", (undated), revealed, " ...1. Service (Proper Name of Pest Control Provider) agrees to provide Pest Control Service* for control of the following pest: Roaches, Ants** and Silverfish, Rats and Mice, FIRE ANTS ...6. Customer Cooperation ...The customer is responsible for communicating with all persons in	M 970		

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M 970	Continued From page 16 the premises about the treatment and the nature of services offered ...Standards of Performance for (Proper Name of Facility Corporation) ...2. General Requirements ...D. (Proper Name of Pest Control Provider) will provide services to your property a minimum of one time per month ...4. Insect Control A. Patient Rooms ...technician will inspect and/or treat patient rooms at the frequency specified on the service schedule. As a precaution, no treatments involving the use of pesticides will be rendered to patient areas until all patients have been removed ..."	M 970		