

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER The Maples at Centennial		STREET ADDRESS, CITY, STATE, ZIP CODE 510 Centennial Circle North Platte, NE 69101	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49263</p> <p>Licensure Reference Number 175 NAC 12-006.09(B)</p> <p>Based on observations, record review, and interviews; the facility failed to ensure 1 (Resident 13) of 14 sampled resident's MDS (Minimum Data Set, a federally mandated comprehensive assessment tool utilized for care planning) was coded with current level of assist. The facility census was 47.</p> <p>The findings are:</p> <p>A record review of the facility policy MDS 3.0 Completion with implementation date of 8/1/23, revealed that the facility would conduct an initial and periodic comprehensive, accurate and standardized assessment of each resident's functional capacity, using the Resident Assessment Instrument (RAI) specified by the State.</p> <p>A record review of Resident 13's annual MDS, dated [DATE] revealed in section GG that Resident 13 was dependent on staff for transfers. The MDS defined the term dependent as the helper does ALL of the effort. Resident does none of the effort to complete the activity, or that the assistance of 2 or more helpers is required for the resident to complete the activity.</p> <p>An observation on 6/25/24 at 8:50 AM revealed NA (Nurse Aide)-P in Resident 13's room preparing to take Resident 13 to the bathing room for a bath. Resident 13 was laying in their bed. NA-P explained to Resident 13 what they were going to do, then Resident 13 sat themselves up and then scooted to the edge of the bed while gripping NA-P's hand. NA-P then assisted Resident 13 to stand up, pivot, and sit down in their wheelchair.</p> <p>An interview on 6/26/24 at 9:25 AM with NA-O revealed NA-O had worked in the facility since August 2023 and that they were familiar with the level of assistance Resident 13 required for their cares. NA-O stated that Resident 13 was able to stand and pivot transfer with the assistance of 1 staff and a gait belt.</p> <p>A record review of facility nursing staff Activities of Daily Living (ADL) documentation on Resident 13 for the month of April 2024, revealed Resident 13 required limited to extensive assist of one staff for transfers.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>A record review of facility nursing staff ADL documentation on Resident 13 for the month of May 2024, revealed Resident 13 required limited to extensive assist of one staff for transfers.</p> <p>A record review of facility nursing staff ADL documentation on Resident 13 for the month of June 2024, revealed Resident 13 required limited to extensive assist of one staff for transfers.</p> <p>An interview on 6/26/24 at 9:35 AM with the MDS Coordinator revealed [gender] completed Section GG of each resident's MDS by interviewing a nurse aide and asking them how the resident transferred, received information from the therapy department if the resident was receiving therapy, and had recently started utilizing a new assessment that was available in Point Click Care (a long-term care electronic medical record system). MDS Coordinator revealed that sometimes residents were coded as dependent if the resident was having behaviors and required two staff assistance, but did not know if this was the reason they had coded Resident 13 this way on their MDS.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49263</p> <p>Licensure Reference Number 175 NAC 12-006.09(E)</p> <p>Based on record review, observations, and interviews; the facility failed to develop and implement comprehensive care plans based on the resident assessments and needs for 6 (Residents 22, 28, 29, 30, 48, and 54) of 14 sampled residents. The facility census was 47.</p> <p>The findings are:</p> <p>Comprehensive Care Plans Policy dated 9/18/2023 revealed under Policy:</p> <p>It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p> <p>Under Policy Explanation and Compliance Guidelines:</p> <p>3. The Comprehensive care plan will describe, at a minimum, the following:</p> <p>a. The services that are to be finished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>A.</p> <p>A record review of Resident 22's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning), dated 3/23/24 revealed in Section C a Brief Interview for Mental Status (BIMS, is a mandatory tool used to screen and identify the cognitive condition of residents upon admission into a long-term care facility) score of 9/15, which indicated the resident had moderate cognitive impairment, Section I revealed diagnoses of arthritis and pain, and Section J revealed the resident had received both routine and as needed pain medications in the prior 5 days.</p> <p>A record review of Resident 22's physician's orders revealed the following active orders:</p> <p>-Monitor pain level every day and night shift.</p> <p>-Acetaminophen (a medication used to treat mild pain) 325 milligrams (MG), two tablets every 6 hours as needed for pain, headache, or fever.</p> <p>-Acetaminophen 325 MG, two tablets twice a day (BID) for pain.</p> <p>-Gabapentin (an anticonvulsant medication sometimes used for nerve pain) 100 MG, one capsule BID for pain.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident 56's Care Plan, under the Activities of Daily Living section, revealed no information regarding Resident 56's assistance needs for eating, toileting, dressing, personal hygiene, or bathing.</p> <p>An interview on 6/26/24 at 11:05 AM with the Administrator revealed the facility leadership was aware of the residents' care plans containing out of date information and of the care plans not comprehensively addressing each of the residents' needs.</p> <p>47406</p> <p>D.</p> <p>A record review of Resident 28's MAR (Medication Administration Record) revealed resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 28's medical chart revealed a diagnosis of Monoarthritis.</p> <p>A record review of MDS dated [DATE] revealed in Section GG0115. Functional Limitation in Range of Motion of upper and lower extremity marked 0 indicating no impairment for: upper extremity (shoulder, elbow, wrist, hand) and lower extremity (hip, knee, ankle, foot).</p> <p>A record review of Resident 28's Care Plan did not reveal that the resident had limited ROM, positioning devices or preventive skin care for the left hand.</p> <p>An observation on 6/24/24 at 7:49 AM revealed Resident 28 was in bed with [gender] left hand closed. The resident was unable to open it [gender] left hand. The observation did not reveal any positioning or protective devices in place.</p> <p>An observation on 6/24/24 at 12:32 PM revealed Resident 28 was eating lunch in the dining room and feeding [gender] after the kitchen staff cut the meat into bit size pieces on [gender] plate. Resident 28's left hand was closed and had no positioning or protective devices in place.</p> <p>An observation on 6/25/24 at 8:39 AM revealed staff pushing Resident 28 to the dining room for breakfast in a wheelchair. Resident 28's left hand was closed and had no positioning or protective devices between the palm and fingers.</p> <p>An observation on 6/26/24 at 8:25 AM revealed Resident 28 in the dining room eating breakfast. Resident 28's left hand was closed and had no positioning or protective devices in place.</p> <p>In an interview with Nurse Aide (NA)-G on 6/25/24 at 12:00 PM revealed that Resident 28 needs extensive assistance with cares and the staff anticipate the resident's needs. NA-G further revealed Resident 28 had contractures of the left hand prior to admission to the facility. The staff tried using a carrot device and washcloth in the hand, but resident kept taking it out.</p> <p>In an interview on 6/25/24 at 10:58 AM with the Director of Nursing (DON) revealed Resident 28 was unable to open [gender] left hand and when the DON attempted to open the hand and was unable to. Resident said it was painful when DON was trying to open it. No redness or open area noted to palm of hand. DON stated [gender] would notify the physician.</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>E.</p> <p>A record review of Resident 29's EMAR (a legal electronic record of the medications administered to a patient at a facility by a health care professional) revealed Resident 29 admitted to the facility on [DATE].</p> <p>A record review of Resident 29's Diagnosis is Colostomy (is surgery to create an opening for the colon (large intestine) through the belly (abdomen)).</p> <p>A record review revealed Resident 29's medical chart did not reveal any documentation for ostomy in the physician orders, EMAR, or care plan.</p> <p>A record review revealed Resident 29's MDS dated [DATE] under Section H0100. Appliances C revealed the resident has an ostomy (an artificial opening in an organ of the body, created during an operation).</p> <p>A record review of Resident 29's Care plan revealed no documentation of an ostomy.</p> <p>An observation on 6/24/24 at 10:17 AM revealed Resident 29 has an ostomy bag in place.</p> <p>In an interview with Resident 29 on 6/23/24 at 3:18 PM revealed [gender] has an ostomy and the staff care for it by changing the wafer every 3-4 days and emptying the bag.</p> <p>In an interview on 6/25/24 at 2:30 PM with the DON confirmed Resident 29's ostomy was not documented on the Physician's Orders, EMAR or Care Plan.</p> <p>Ostomy Care - Colostomy, Urostomy, and Ileostomy Policy revised 11/27/23 revealed:</p> <p>It is the policy of this facility to ensure that residents who require colostomy, urostomy, or ileostomy services receive care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.</p> <p>Under Policy Explanation and Compliance Guidelines:</p> <p>4. The resident's goals and preferences for care and treatment of the ostomy will be used to formulate a plan of care for the ostomy (i.e. self-care, dependent care).</p> <p>5. The frequency of pouch changes and the products required for changing ostomy devices will be noted on the resident's person-centered care plan.</p> <p>9. The comprehensive care plan will reflect any special products or pouching techniques needed to prevent or manage any skin breakdown surrounding the ostomy.</p> <p>50348</p> <p>F.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident 30's Face Sheet dated 6/25/24 revealed the resident was admitted on [DATE] and was receiving dialysis care upon admission.</p> <p>A record review of the residents Diagnosis List dated 6/25/24 revealed that the resident had a diagnosis of End Stage Renal Disease (ESRD, a disease in which the kidneys do not function as they should, leaving waste products in the blood).</p> <p>A record review of Resident 30's Care Plan revealed that there was no focus or interventions for dialysis on the Care Plan.</p> <p>A record review of Resident 30's Order Summary Report dated 6/26/24 included the following order: Complete Pre/Post Dialysis Communication before and after dialysis on Monday, Wednesday, and Friday.</p> <p>A record review of Resident 30's Nurses Notes dated 3/2/24-6/25/24 revealed that there were no notes mentioning dialysis for care plan meetings.</p> <p>An interview on 6/25/24 at 3:18 PM with the DON confirmed that dialysis was not on Resident 30's Care Plan.</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>47406</p> <p>Licensure Reference Number 175 NAC 12-006.09</p> <p>Based on observations, record reviews and interviews; the facility failed to ensure 1 (Resident 5) of 1 sampled resident had labs completed per the physicians' order. The facility census was 47.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of Resident 5's Census Record revealed the resident admitted to facility on 11/14/23.</p> <p>A record review of Resident 5's Medical Chart did not reveal a diagnosis of Hypothyroidism diagnosis.</p> <p>A record review of MMR (Medication Regimen Review) dated 4/23/24 and 5/24/24 under Findings/Recommendations from the pharmacist revealed the following: Resident has an order for a yearly Thyroid-stimulative hormone (TSH).</p> <p>A record review of Physician Orders for the June 2023 TAR (Treatment Administration Review) revealed an order for a lab draw for TSH, and fax results to the physician. The lab was ordered revealed a start date of 9/15/2022 and is to be completed annually.</p> <p>A record review of Physician's Order on the June 2023 MAR (Medication Administration Review) revealed a medication order with a start date of 12/1/2023 to give 75 mcg (micrograms) of Levothyroxin by mouth daily with a indication for thyroid.</p> <p>A record review of TSH labs revealed last results were dated 9/16/22. Further review of Resident 5's medical chart did not reveal any other TSH labs.</p> <p>In an interview with DON on 6/24/24 at 3:22 PM confirmed that Resident 5's TSH lab has not been completed since 9/16/22.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50348</p> <p>Licensure Reference Number 175 NAC 12-006.09</p> <p>Based on record review and interview; the facility failed to follow dialysis instructions for assessment of the arterial venous (AV) graft (an abnormal connection between an artery and a vein in an arm or leg) and a dialysis catheter (a flexible tube used for dialysis treatment) for 1 (Resident 30) of 1 sampled resident. The facility census was 47.</p> <p>Findings are:</p> <p>A review of policy Hemodialysis dated 8/1/23 revealed the following:</p> <ul style="list-style-type: none"> -The policy purpose was to assure that the resident receives care and services for the provision of Hemodialysis that is consistent with professional standards of practice. This included ongoing a assess of condition, complications before and after dialysis treatments. -The nurse will ensure that the dialysis access site is checked before, and after dialysis, treatments. The dialysis graft is to be auscultated every shift for patency by a listening for a bruit/thrill. If absent the nurse will immediately notify the attending physician, dialysis facility and or nephrologist. -External dialysis catheters will be assessed every shift to ensure that the catheter dressing is intact and not soiled. <p>A record review of Resident 30's Order Summary Report dated 6/26/24 included the following:</p> <ul style="list-style-type: none"> -Complete Pre/Post Dialysis Communication before and after dialysis on Monday, Wednesday, and Friday. -Do not submerge dialysis catheter site. Must stay clean and dry. Every day and night shift for infection prevention. -Must remove bandage to AV graft site 4 hours after dialysis treatment for prevention. -Send midodrine (a medication that is used to increase a blood pressure) with resident to dialysis -Wrap upper arm containing [NAME] Cream (a mixture of lidocaine and prilocaine that is used for its numbing properties) 1 hour before dialysis and wrap with saran wrap. <p>A record review of Nurse's Notes dated 3/2/24 - 6/25/24 revealed no documentation of assessment for the following:</p> <ul style="list-style-type: none"> -Checking bruit (is a whooshing sound.) /thrill (is like a vibration caused by blood flowing through the fistula and can be felt by placing your fingers just above your incision line) of AV graft site upper arm graft. <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No documented monitoring for sign or symptom of infection, drainage, or dressing status for Resident 30's 2 dialysis access sites.</p> <p>-No documented ointment being applied prior to dialysis.</p> <p>An interview on 6/24/24 at 2:16 PM with Resident 30 revealed the nursing staff do not look at the dialysis sites, and the staff do not listen to a bruit/thrill, and most times they do not take off the dressing when gets back to the facility.</p> <p>An interview on 6/25/24 at 1:43 PM with Registered Nurse (RN) reveals that the nursing staff are responsible for assessing the dialysis sites, documenting, and notifying the physician if needed. States that all assessments are documented in the nurses' notes.</p> <p>An interview on 06/25/24 at 3:18 PM with the Director of Nursing confirmed that there were not assessments or documentation for Resident 30 either on the treatment record, or in the nurses' notes.</p>		

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Based on interviews and record reviews; the facility failed to obtain a clinically valid rationale for the continuance of a psychotropic medications for 1 (Resident 26) of 5 sampled residents. The facility census was 47.</p> <p>Findings are:</p> <p>A record review of the facility policy Use of Psychotropic Medication with a last revised date of 4/24/2023 revealed a resident should receive a gradual dose reductions, unless clinically contraindicated, in an effort to discontinue psychotropic medications.</p> <p>A record review of an annual Minimum Data Set (MDS, a standardized assessment tool that measures health status in nursing home residents), with an Assessment Reference Date of 5/1/2024 revealed Resident 26 was admitted to the facility on [DATE]. The MDS also revealed Resident 26 had a Brief Interview for Mental Status (a mandatory tool used to screen and identify the cognitive condition of residents upon admission into a long-term care facility) score of 14, which indicated Resident 26 was cognitively intact.</p> <p>A record review of Resident 26's Orders with a date of 6/24/2024 revealed an order for sertraline 100 milligrams (mg.)</p> <p>A record review of a Note To Attending Physician/Prescriber indicated the pharmacist had identified the need for a dosage reduction of Resident 26's sertraline. The physician had responded that a dosage reduction was clinically contraindicated with a rationale of because [NAME].</p> <p>An interview on 6/24/2024 at 3:15 PM with the Director of Nursing confirmed the rationale for the continued use of Resident 26's sertraline was not a clinical rationale.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49766</p> <p>Licensure Reference 175 NAC 12- 006.10(D)</p> <p>Based on observations, interviews, and record review; the facility failed to ensure medications were administered at the right time for 3 (Resident 10, 11, and 21) of 3 sampled residents and to ensure the medication error rate was less than 5%. The medication error rate was 12%. The facility census was 47.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility policy Medication Administration with an implemented date of 8/1/2023 revealed medication on an empty stomach include glipizide and insulin. The policy also stated to administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician.</p> <p>A record review of Resident 10's Order Entry for Novolog with a date of 6/24/2024 revealed directions to administer 15 minutes prior to meals.</p> <p>An observation on 6/24/2024 at 8:04 AM revealed Registered Nurse (RN)-A administered Novolog to Resident 10. Resident had been in the dining room eating a banana just prior to administration.</p> <p>An interview on 6/24/2024 at 8:13 AM with RN-A confirmed Resident 10 was not administered the Novolog 15 minutes before breakfast as ordered.</p> <p>B.</p> <p>A record review of Resident 21's Order Entry for glipizide with a date of 6/24/2024 revealed directions to administer 30 minutes before a meals.</p> <p>An observation on 6/24/2024 at 8:26 AM revealed Medication Aide (MA)-B administered glipizide to Resident 21. Resident was in the dining room eating a bowl of cereal at the time of administration.</p> <p>An interview on 6/24/2024 at 8:50 AM with MA-B confirmed Resident 21 was not administered glipizide 30 minutes before breakfast as ordered.</p> <p>C.</p> <p>A record review of Resident 11's Medication Administration Record with a date of July 2024 revealed an order for Prostat to be administered at 9:00 AM.</p> <p>An observation on 6/24/2024 at 11:54 AM revealed MA-B administered Prostat to Resident 11.</p> <p>An interview on 6/24/2024 at 12:03 PM with MA-B confirmed Resident 21's Prostat was administered late because Resident 21 had requested it be given at lunch.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER The Maples at Centennial		STREET ADDRESS, CITY, STATE, ZIP CODE 510 Centennial Circle North Platte, NE 69101	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49263</p> <p>Licensure Reference Number 175 NAC 12-006.18(B)</p> <p>Based on observations, record reviews, and interviews; the facility failed to distribute residents' laundry in a manner that prevented the potential for cross contamination, and failed to ensure the cleanliness of nebulizer equipment for 1 (Resident 29) of 1 sampled resident to prevent the potential for cross contamination. The facility census was 47.</p> <p>The Findings Are:</p> <p>A.</p> <p>A record review of facility policy Infection Prevention and Control Program with implementation date of 4/1/24, revealed that laundry and direct care staff would handle, store, process, and transport linens to prevent the spread of infection and that clean linen would be delivered to resident care units on covered linen carts with the covers down.</p> <p>An observation on 6/25/24 at 8:59 AM of the Laundry Supervisor (LS) revealed the LS was distributing residents' personal laundry. LS parked the rolling clean linen cart outside resident room [ROOM NUMBER] and opened the cart cover on the side of the cart facing the center of the hallway and propped the cover on the top of the cart. LS then obtained one resident's clean laundry from the cart at a time for residents residing in rooms 401, 402, 404, 405, and 408, and carried the laundry from the cart parked outside room [ROOM NUMBER] to each of the rooms without the benefit of a protective covering. The clean linen cart was left uncovered and unattended while LS delivered the laundry to each room. LS then closed the cart cover, and pushed the cart to the 500 hallway, parking it outside room [ROOM NUMBER]. LS then opened the cart cover on the side of the cart facing the center of the hallway and propped the cover on the top of the cart. LS then obtained one resident's clean laundry from the cart at a time for residents residing in rooms 502, 505, 507, 509, and 511, and carried the laundry from the cart parked outside room [ROOM NUMBER] to each of the rooms without the benefit of a protective covering. LS then closed the cart cover and pulled the linen cart to another hallway.</p> <p>An interview on 6/25/24 at 9:13 AM with LS confirmed that the clean linen cart was left uncovered throughout the time it was parked on the 400 hall and while it was parked on the 500 hall. LS also confirmed that the clean laundry was carried from the parked linen cart to each resident room without a protective covering on it.</p> <p>47406</p> <p>B.</p> <p>A record review of Nebulizer Therapy Policy revised 4/16/2024 revealed: It is the policy of this facility for nebulizer treatments, once ordered, to be administered by nursing staff as directed using proper technique and standard precautions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Policy Explanation and Compliance Guidelines: 16. Disassemble and wash the nebulizer with water, hot soapy water, rinse and allow to air dry.</p> <p>Care of the Equipment:</p> <ul style="list-style-type: none"> -Clean after each use. -Wash hands before handling equipment. -Disassemble parts after every treatment. -Wash the nebulizer cup and mouthpiece with hot soapy water and rinse. -Place in basket and allow to air. <p>A record review of Resident 29's Clinical Census revealed the resident admitted on [DATE].</p> <p>A record review of Resident 29's Care plan revealed: Respiratory Status Impaired: Resident has impaired respiratory status and is at risk for shortness of breath, respiratory distress, increased anxiety, and hypoxia with an intervention of provide nebulizer therapy as ordered date initiated: 05/29/2024.</p> <p>A record review of Resident 29's undated Diagnosis Sheet revealed a diagnosis of lobar pneumonia.</p> <p>A record review of Resident 29's Physicians Orders on the EMAR (Electronic Medication Administration Record, a legal record of the medications administered to a patient at a facility by a health care professional) revealed the following:</p> <ul style="list-style-type: none"> - Change nebulizer mask/pipe and tubing weekly. Wipe down machine with disinfectant wipes every night shift every Sun for neb. - Clean nebulizer mask/pipe after each use with soap and water and place in a basket to dry. - Ipratropium/Sol Albuter 1 vial inhale orally every 4 hours as needed for SOB (shortness of breath)/wheezing with a start date of 6/12/2024. - Albuterol Neb 0.083% 1 vial inhale orally every 6 hours as needed for wheezing with a start date of 5/28/2024. <p>A record review of June's EMAR revealed that a nebulizer treatment dose was not documented, the mask was undated, but documented that it was changed on 6/23/24 in the EMAR.</p> <p>An observation on 6/23/24 at 11:55 AM revealed Resident 29's nebulizer mask was laying on stand beside TV undated, unassembled and with dry whitish residue on the inside of the mask.</p> <p>An observation on 6/24/24 at 8:03 AM revealed Resident 29's nebulizer mask with dry whitish residue on the inside of the mask sitting by the Nebulizer machine unassembled and undated.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>An observation on 6/24/24 at 10:17 AM revealed Resident 29's nebulizer mask unassembled, undated and with dry whitish residue on the inside of the mask.</p> <p>An observation on 6/25/24 at 7:25 AM revealed Resident 29's nebulizer mask was undated with dry whitish residue on the inside of the mask, laying by the TV unassembled.</p> <p>In an interview on 6/25/24 at 1:22 PM with the Director of Nursing (DON) confirmed that the nebulizer mask is not dated and has dry whitish residue on the mask. The DON revealed that the facilities expectations were that the nurses should put the mask in a basket for storage when not in use, and to clean the mask with soap and water after each use.</p>		