

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Coweta Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 30049 East 151st Street South Coweta, OK 74429	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. 35474 Based on record review and interview, the facility failed to ensure mail delivery to residents on Saturdays. The DON identified 73 residents who resided in the facility. Findings: On 05/01/24 at 1:30 p.m., during a resident group meeting, four residents stated mail was not delivered on Saturdays. On 05/02/24 at 4:25 p.m., the activity director stated they obtained mail from the post office and delivered it to the residents Monday through Friday. They stated they did not know if anyone delivered mail to the residents on Saturdays. On 05/02/24 at 4:30 p.m., the administrator stated they delivered mail to the residents Monday through Friday but no one delivered mail to the residents on Saturdays.		

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>46703</p> <p>Based on record review and interview, it was determined the facility failed to ensure the discharge was documented in the resident medical record for one (#78) of one sampled resident for discharge.</p> <p>The administrator identified 73 residents who resided in the facility.</p> <p>Findings:</p> <p>Resident #78 had diagnoses which included type two diabetes.</p> <p>Review of the medical record for Resident #78 revealed no documentation notification was provided to the physician or resident representative of the transfer.</p> <p>A nurse's note, dated 03/04/24, documented a phone call to an unidentified hospital inquiring about the condition of Resident #78.</p> <p>On 05/01/24 at 1:35 p.m., LPN #1 stated they did not know why Resident #78 was transferred but the reason should be in the medical record. They stated the reason for the transfer could be found in the medical record. After reviewing the medical record LPN #1 stated there was no note regarding the transfer of Resident #78.</p> <p>On 05/02/24 at 9:20 a.m., the administrator stated Resident #78 was transferred during the transition period to an electronic medical record system and the documentation would be in the paper chart.</p> <p>On 05/02/24 at 10:19 a.m., the administrator stated the Resident #78 was transferred on the weekend and the nurse did not document the discharge to the hospital.</p>		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>35474</p> <p>Based on record review and interview, the facility failed to ensure assessments were accurate for one (#55) of 24 sampled residents whose assessments were reviewed.</p> <p>The MDS coordinator identified eight residents who received anticoagulant medications.</p> <p>Findings:</p> <p>The MDS 3.0 policy, dated 04/26/23, read in parts, .The MDS coordinator and/or IDT will use the following when completing the assessment as directed by the RAI User's Manual .Documentation in the Medical Record .</p> <p>Resident #55 had diagnoses which included hypertension.</p> <p>The quarterly assessment, dated 02/28/24, documented the resident had received an anticoagulant medication during the seven day look back period.</p> <p>The Medication Administration Record, dated 02/01/24 through 02/29/24, did not reveal Resident #55 had received an anticoagulant medication during the seven day look back period.</p> <p>On 05/02/24 at 11:36 a.m., the MDS coordinator stated they had reviewed the clinical record and had coded the anticoagulant use because the resident was administered Plavix (an antiplatelet medication). They stated they would need to submit a corrected assessment.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>41809</p> <p>Based on observation, record review, and interview, the facility failed to ensure dependent residents were offered/received baths according to preference for one (#15) of one sampled resident who was reviewed for ADLs.</p> <p>The administrator identified 58 residents who were dependent for ADLs.</p> <p>Findings:</p> <p>An ADL Care Bathing policy, dated 07/21/22, read in part, .Nursing staff will assist in bathing Residents to promote cleanliness and dignity .</p> <p>Resident #15 had diagnoses which included colostomy status and acute kidney failure.</p> <p>A quarterly assessment, dated 04/17/24, documented Resident #15 required partial to moderate assistance for bathing and was moderately impaired in cognition for daily decision making.</p> <p>On 04/29/24 at 1:33 p.m., Resident #15 was observed to have oily hair. Resident #15 stated they received approximately one shower per week.</p> <p>A Care Plan, revised 04/30/24, documented Resident #15 required one person assistance with bathing and to offer a bed bath when a shower was not tolerated or was contraindicated.</p> <p>The Task documentation in the electronic clinical record, dated 04/08/24 through 05/01/24, documented bathing on Monday, Wednesday, and Friday on the dayshift. The bathing task documented eight out of 14 opportunities were completed. No refusals were documented in the electronic clinical record.</p> <p>On 05/03/24 at 2:22 p.m., CMA #1 stated Resident #15 received two showers a week with moderate assistance but should receive three.</p> <p>On 05/03/24 at 2:25 p.m., CNA #2 stated Resident #15 received showers on Tuesday, Thursday, and Saturday. They stated they showered and shaved Resident #15 with moderate assistance. CNA #2 stated Resident #15 refused if they had a shower the day before. They stated refusals were documented on paper with signatures of the resident and nurse.</p> <p>On 05/03/24 at 4:45 p.m., the administrator stated they were not aware of issues regarding residents not receiving baths as scheduled.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>35474</p> <p>Based on observation, record review, and interview, the facility failed to ensure range of motion interventions were implemented for one (#47) of one sampled resident who was reviewed for limited range of motion.</p> <p>The administrator identified 20 residents who had limited range of motion.</p> <p>Findings:</p> <p>The Establishment of an Individual Restorative Program policy, dated 01/01/14, read in part, .To provide treatment and services to maintain and improve functional abilities per physician orders .</p> <p>Resident #47 had diagnoses which included impingement syndrome of the right and left shoulders.</p> <p>A Physician Order, dated 09/23/22, documented restorative therapy.</p> <p>The Restorative Training form, dated September 2023, documented to remove Resident #47 from the restorative nursing program.</p> <p>On 04/29/24 at 11:56 a.m., Resident #47 stated the last two fingers on their left hand was contracted. They stated they did not receive splints or devices for the contracture. Resident #47 stated one staff member would provide range of motion exercises at times but not consistently.</p> <p>The Care Plan, revised 04/30/24, documented the resident had ADL self care performance deficit, bilateral contractures, and was on restorative nursing services when the resident would participate. The Care Plan documented the resident had limited physical mobility and was on the restorative program three times per week for contractures.</p> <p>On 05/02/24 at 2:19 p.m., Resident #47 was observed in bed. The last two fingers of Resident #47's left hand was observed to have limited range of motion.</p> <p>Review of the restorative therapy binder did not reveal Resident #47 was receiving restorative nursing services.</p> <p>The Order Summary Report, dated 05/03/24, revealed the order for restorative therapy was an active order.</p> <p>On 05/03/24 at 10:01 a.m., restorative aide #1 stated they had a list of residents on the restorative program but Resident #47 was not on the current list. They stated they were not aware of any interventions for limited range of motion for Resident #47.</p> <p>On 05/03/24 at 10:07 a.m., the MDS coordinator stated Resident #47 had admitted to the facility with contractures and had been on and off of the restorative nursing program.</p> <p>(continued on next page)</p>		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 05/03/24 at 12:57 p.m., RN #1 stated Resident #47 had requested restorative therapy earlier in the day. They stated the resident had been on restorative previously but had refused.</p> <p>On 05/03/24 at 1:39 p.m., the MDS coordinator stated the care plan was incorrect because Resident #47 was not on the restorative program. They stated they would need to review the clinical record to determine what interventions were in place for the resident's contractures. No further information was provided by the end of the survey.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41809</p> <p>Based on record review, observation, and interview, the facility failed to ensure three of three shower rooms, which contained chemicals were locked and secure.</p> <p>The DON identified 73 residents resided at the facility.</p> <p>Findings:</p> <p>On 04/29/24 at 8:43 a.m., a shower room on hall #2 with unsecured chemicals was observed to not be locked. The following chemicals were observed: a spray bottle with green liquid approximately 18 ounces unlabeled, a spray bottle of bold Power hard surface and glass cleaner approximately 10 ounces, a purple top Sani-cloth tub, both labeled to keep out of reach of children. Three cans of shaving cream, two french lavender body scrub jars 5 ounces each state keep out of reach of children, one and one half gallons of shampoo & body wash, labeled to keep away from children and a razor without a safety cap.</p> <p>On 04/29/24 at 8:53 a.m., the hall #4 shower room door was observed to be unlocked with the following chemicals unsecured: spray bottle with 4oz unlabeled purple liquid, super sani wipes, eve st [NAME] body wash 10 oz approx-keep out of reach of children, sharps box 3/4 full with no cover, on top of the paper towel dispenser with uncapped razors, one medline shave cream labeled to keep out of reach of children, one fresh scent shave cream, labeled to keep out of reach of children, one medline shave cream, labeled to keep out of reach of children, two medline deodorants, labeled to keep out of reach of children, one mainstays universal fragrance oil watermelon approximately three ounces, labeled to keep out of reach of children. The door with key pad was closed and it did not lock and was easily reopened.</p> <p>On 04/29/24 at 8:59 a.m., CNA #2 and CNA #4 stated Resident #79 was a wanderer.</p> <p>On 04/29/24 at 9:01 a.m., the shower room on hall #2 was observed to be unlocked with the door latched closed.</p> <p>On 04/29/24 at 9:02 a.m., CNA #4 stated the hall #4 shower room lock had not been locking for two weeks. They stated chemicals should be locked in the cabinet to prevent access by residents. CNA #4 looked at the cabinet and stated they did not know where the lock was.</p> <p>On 04/29/24 at 9:03 a.m., CNA #3 stated the hall #2 shower door should be locked but sometimes the lock did not work. They stated they had told housekeepers and maintenance.</p> <p>On 04/29/24 at 9:05 a.m., the shower room on hall #3 was observed to be unlocked with the following chemicals unsecured:</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>3in1 body wash bottle labeled to keep away from children; a 22.5 oz 1-1/2 gal of body wash, labeled to keep away from children; two cans of shaving cream, labeled to keep away from children; a Sani-cloth purple top tub, labeled to keep out of reach of children; a wooden box without a lock contained disinfecting wipes, labeled to keep away from children; fast and easy hard surface cleaner, labeled to keep away from children; k-quat plus spray bottle 1/2 full, labeled hazardous to humans and animals; a bottle of flex fresh and fruity body wash labeled, to keep out of reach of children. The maintenance supervisor approached the shower room and locked the door.</p> <p>On 04/29/24 at 9:05 a.m., in a room by hall #5 and #6 nurses' station was observed to be open with approximately 1/4 of a gallon of hand sanitizer, labeled to keep out of reach of children.</p> <p>On 04/29/24 at 9:06 a.m., the maintenance supervisor stated the staff must have unlocked the key pads to the showers and supply storage. They stated they would need to reset the locks.</p> <p>On 04/29/24 at 9:07 a.m., the maintenance supervisor stated the room near the nurses' station on halls #5 and #6 was a PPE room and it should be locked.</p> <p>On 04/29/24 at 9:10 a.m., the maintenance supervisor locked the hall #2 shower room.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>35474</p> <p>Based on observation, record review, and interview, the facility failed to ensure the urinary drainage bag was properly positioned for one (#48) of one resident observed for urinary catheter.</p> <p>The Resident Matrix documented six residents who had a catheter.</p> <p>Findings:</p> <p>Resident #48 had diagnoses which included hydronephrosis with renal and ureteral calculus.</p> <p>The Care Plan, revised 02/06/24, documented the resident had a nephrostomy tube related to ureteral obstruction, specimens should be obtained from the nephrostomy tube by gravity, and the drainage bag should be maintained in a position below the level of the kidney at all times.</p> <p>The quarterly assessment, dated 04/17/24, documented the resident was cognitively intact for daily decision making.</p> <p>On 04/29/24 at 1:35 p.m., Resident #48 was observed lying in bed with the nephrostomy drainage bag on a towel, on the bed, by the resident's feet.</p> <p>On 05/01/24 at 3:48 p.m., Resident #48 was observed lying in bed with the nephrostomy drainage bag on a towel, on the bed by the resident's feet.</p> <p>On 05/03/24 at 10:58 a.m., CNA #2 stated they positioned the nephrostomy drainage bag on the bed but there were times they found the bag to be hanging on the bed frame between the bed and the wall. They stated in those instances they moved the drainage bag to the bed to prevent it from getting smashed between the wall and the bed.</p> <p>On 05/03/24 at 10:59 a.m., LPN #2 was observed to provide nephrostomy care. The drainage bag was observed to be on a towel, on the resident's bed by their feet after LPN #2 had completed care.</p> <p>On 05/03/24 at 11:08 a.m., LPN #2 stated they placed the nephrostomy bag on the resident's bed at the same level as the kidney. LPN #2 stated the resident had adequate output when it was positioned on the bed.</p> <p>On 05/03/24 at 11:55 a.m., RN #1 stated they would need to find out where to place the nephrostomy drainage bag for Resident #48.</p> <p>On 05/03/24 at 12:54 p.m., RN #1 stated the nephrostomy drainage bag was to be placed below the kidney, to gravity, but Resident #48 preferred for the nephrostomy drainage bag to be placed on the bed.</p> <p>On 05/03/24 at 3:23 p.m., RN #1 stated the resident's preference related to the drainage bag placement was not documented.</p> <p>(continued on next page)</p>		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/03/24 at 4:18 p.m., the resident denied wanting to have the nephrostomy drainage bag on the bed.		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>46703</p> <p>Based on record review and interview, the facility failed to ensure weights were monitored as recommended by the registered dietitian for one (#56) of one sampled resident for nutrition.</p> <p>The administrator Identified 73 residents who resided in the facility.</p> <p>Findings:</p> <p>Resident #56 had diagnoses which included adult failure to thrive and dementia.</p> <p>The electronic health record, dated 03/07/24, documented a weight of 133.2 pounds. On 04/01/24 the electronic health record documented a weight of 113.2 pounds, a loss of 20 pounds in 30 days.</p> <p>On 05/03/24 at 10:44 a.m., the registered dietitian stated they addressed the weight loss of Resident#56 by recommending weekly weights. They stated the weights may have been inaccurate and brought this to the attention of the administrator. The dietitian was told the facility had identified the inaccurate weights and were correcting it.</p> <p>On 05/03/24 at 11:50 a.m., RN #1 stated the DON, ADON or administration was responsible for reviewing recommendations made by the registered dietitian. They stated the recommendation was missed and the facility would begin the weekly weights today.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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>35474</p> <p>Based on record review and interview, the facility failed to ensure residents on antipsychotic medications were assessed for tardive dyskinesia for three (#3, 34, and #32) of five sampled residents reviewed for unnecessary medications.</p> <p>The administrator identified 50 residents who received psychotropic medications.</p> <p>Findings:</p> <p>The Psychotropic Management Guidelines policy, dated 07/26/23, read in part, .Licensed Nurse will complete Psychoactive Medication Review on Admission, Quarterly, and Annually, and as needed .</p> <p>1. Resident #3 had diagnoses which included paranoid schizophrenia.</p> <p>The Medical Director/Director of Nursing Consolidated Report from the pharmacist, dated 05/03/23, read in part, .Please ensure AIMS evaluation is done quarterly while taking antipsychotic medications .</p> <p>The Notes to Nursing form from the pharmacist, dated 06/08/23, read in part, .Please ensure AIMS evaluation is done quarterly while taking antipsychotic medications .</p> <p>Review of the electronic clinical record revealed the last AIMS assessment had been completed on 10/08/23.</p> <p>A Physician Order, dated 03/03/24, documented the resident was ordered Seroquel (an antipsychotic medication) 50 mg at bedtime.</p> <p>The quarterly assessment, dated 03/14/24, documented the resident had received an antipsychotic medication on a routine basis.</p> <p>2. Resident #34 had diagnoses which included schizophrenia.</p> <p>Review of the electronic clinical record revealed the last AIMS assessment had been completed on 09/25/23.</p> <p>The Physician Order, dated 03/18/24, documented the resident was ordered Zyprexa (an antipsychotic medication) 30 mg at bedtime.</p> <p>The quarterly assessment, dated 03/27/24, documented the resident had received an antipsychotic medication on a routine basis.</p> <p>41809</p> <p>(continued on next page)</p>		

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>3. Resident #32 admitted with diagnoses which included, Wernicke's encephalopathy, dysphagia, and dementia.</p> <p>Physician orders documented Resident #32 was ordered Depakote Sprinkle (an antipsychotic medication), Lamictal (an anticonvulsant medication), Lorazepam (an anxiolytic medication), and Zyprexa (an antipsychotic medication).</p> <p>Review of AIMS assessments for Resident #32 revealed missing quarterly assessments in September 2023, December 2023, and March 2024.</p> <p>Review of the clinical record for Resident #32 revealed psychoactive evaluations were not completed.</p> <p>On 05/03/24 at 9:54 a.m., RN #1 stated AIMS assessments were completed by the DON, to monitor for tardive dyskinesia, in the electronic clinical record. They stated they would find out how often AIMS assessments were completed.</p> <p>On 05/03/24 at 10:10 a.m., RN #1 stated they did not complete AIMS assessment but they monitored for side effects and behaviors every shift.</p> <p>On 05/03/24 at 10:27 a.m., the ADON stated the charge nurses were to complete AIMS assessments quarterly.</p> <p>On 05/03/24 at 11:10 a.m., RN #1 stated Resident #3 and Resident #32 did not have monitoring for symptoms of tardive dyskinesia but Resident #34 had involuntary movements listed on their side effect monitoring. RN #1 stated they used to complete AIMS assessments but now only do behavior and side effect monitoring on the treatment records.</p> <p>On 05/03/24 at 11:48 a.m., RN #1 stated they did not find psychoactive medication reviews, indicated in the facility's policy for Resident #3, #34, or Resident #32.</p>		

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NAME OF PROVIDER OR SUPPLIER Coweta Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 30049 East 151st Street South Coweta, OK 74429	
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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>35474</p> <p>Based on observation and interview, the facility failed to ensure medications were securely stored for two (100/200 hall medication cart and 500/600 hall medication cart) of four medication carts observed.</p> <p>The DON identified four medication carts.</p> <p>Findings:</p> <p>On 04/30/24 at 12:57 p.m., the 500/600 hall medication cart was observed to be by the nurse's station, unlocked, and unattended.</p> <p>On 04/30/24 at 12:59 p.m., LPN #1 entered the nurse's station but had their back to the medication cart which remained unlocked and unattended.</p> <p>On 04/30/24 at 1:11 p.m., CMA #2 approached the medication cart and locked it before leaving it unattended.</p> <p>On 05/01/24 at 10:55 a.m., LPN #2 was observed to enter the room for Resident #36 to perform a fingerstick blood sugar check. LPN #2 was observed to leave the 100/200 hall medication cart unlocked and unattended.</p> <p>On 05/02/24 at 2:30 p.m., LPN #2 stated they were to secure medication carts before leaving them unattended.</p> <p>On 05/03/24 at 10:35 a.m., CMA #2 stated they were to make sure they locked the medication carts when they were unattended.</p> <p>On 05/03/24 at 1:04 p.m., RN #1 stated medication carts were to be secured when they were left unattended.</p>		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>35474</p> <p>Based on observation and interview, the facility failed to ensure food was served at a palatable temperature for one (noon meal) of one meal observed for palatability.</p> <p>The administrator identified 73 residents who received meals from the kitchen.</p> <p>Findings:</p> <p>On 04/29/24 at 10:38 a.m., Resident #69 stated their food was served cold to their room and at times the dietary department put their cold salad on the plates with hot food, which wilted the vegetables in the cold salad.</p> <p>On 05/01/24 at 1:30 p.m., during a resident group meeting, Resident #39 and Resident #41 stated they ate their meals in their rooms and their food was often served cold.</p> <p>On 05/01/24 at 12:15 p.m., the last tray on the back hall cart was provided to the survey team. The cornbread, broccoli with cheese, and potatoes were not observed to be served at a palatable temperature when tasted.</p> <p>On 05/03/24 at 4:45 p.m., the adminsitator stated they had not received any complaints about cold food but would look into the concern.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>35474</p> <p>Based on observation, record review, and interview, the facility failed to ensure snacks were offered in the evening for seven (#8, 13, 53, 63, 79, 41, and #39) of seven sampled residents reviewed for snacks.</p> <p>The administrator identified 73 residents who received meals from the kitchen.</p> <p>Findings:</p> <p>The Meals and Snacks policy, dated 03/31/21, read in part, .Nursing shall be responsible for distributing snacks to the residents .An evening snack shall be provided by Nutritional Services and offered to the residents by Nursing .Nursing shall be responsible for offering and/or distributing snacks .</p> <p>On 05/01/24 at 1:30 p.m., Resident #39 and Resident #41 stated staff did not offer snacks in the evening. They stated they had to go to the nurses station to request one.</p> <p>On 05/01/24 at 8:52 p.m., four residents were observed in wheelchairs at the front nurses station requesting a snack. LPN #3 obtained snacks for the residents. Other staff were not observed offering snacks to the residents in their rooms.</p> <p>On 05/01/24 at 8:56 p.m., Resident #79 stated they had not been offered an evening snack.</p> <p>On 05/01/24 at 8:58 p.m., Resident #41 stated they had not been offered an evening snack.</p> <p>On 05/01/24 at 9:00 p.m., Resident #63 stated they had not been offered an evening snack.</p> <p>On 05/01/24 at 9:01 p.m., Resident #53 stated they had not been offered an evening snack but would like to have one.</p> <p>On 05/01/24 at 9:03 p.m., Resident #13 stated they had not been offered an evening snack and had to go to the nurses station to request one.</p> <p>On 05/01/24 at 9:03 p.m., Resident #8 stated they had obtained a snack from the nurses station.</p> <p>On 05/01/24 at 9:07 p.m., LPN #3 stated residents either came to the nurses station to get a snack or they offered snacks when they did evening treatments.</p> <p>On 05/01/24 at 9:12 p.m., CNA #6 stated if residents asked for a snack they knew where to get the snacks. CNA #6 stated they did not know how residents, who were bed bound obtained snacks, but if the resident asked for a snack they would provide a snack for them.</p> <p>(continued on next page)</p>		

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>On 05/01/24 at 9:16 p.m., CNA #5 exited the room of Resident #53 after assisting them to bed. They stated they had offered every resident a snack on their hall. They were asked if Resident #53 had been offered a snack. CNA #5 stated they had not offered Resident #53 an evening snack.</p> <p>On 05/03/24 at 3:18 p.m., RN #1 stated the nurses were to distribute snacks to make sure residents who were diabetic received one in the evening. RN #1 stated residents could also go the nurses station anytime to request a snack. They stated they knew residents who were diabetic were offered a snack because they had physician's orders and it was on the treatment sheet.</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>Provide and implement an infection prevention and control program.</p> <p>41809</p> <p>Based on observation, record review, and interview, the facility failed to ensure infection control protocols were followed during medication administration.</p> <p>The administrator identified 73 residents who received medications.</p> <p>Findings:</p> <p>The Super Sani-cloth germicidal disposable wipe directions read in parts, .Special instructions for cleaning and decontamination against HIV-1, hepatitis B virus (HBV) .All blood and other bodily fluids must be thoroughly cleaned from surfaces and objects before disinfection by the germicidal wipe. Open, unfold and use first germicidal wipe to remove visible soil .Kills HIV-1 .precleaned environmental surfaces .previously soiled with blood/body fluids .</p> <p>On 05/01/24 at 10:55 a.m., LPN #2 entered the room for Resident #36 to check their blood sugar with a glucometer that was not properly sanitized. LPN #2 wiped the glucometer with a Sani-wipe but did not wait the full two minutes and wipe it again to ensure blood borne pathogens were eradicated. LPN #2 returned to the cart, did not sanitize their hands, drew insulin into a syringe, then returned to the room to administer the medication, donned gloves and administered the insulin.</p> <p>On 05/03/24 at 1:04 p.m., RN#1 stated the infection control protocol for glucometers was to follow the manufacturer guidelines of the Sani-wipes. They stated they wipe down the glucometer and let it air dry for two minutes before and after use with purple top Sani-wipes.</p>		