

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6013445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ADLOFF PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 ADLOFF LANE SPRINGFIELD, IL 62703</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<b>COMMENTS</b>  Annual Licensure Survey	Z 000		
Z9999	<b>FINDINGS</b>  Statement of Licensure Violations:  1 of 6  350.620 a) 350.620 b)6) 350.1070 350.3240 a) 350.3240 d)  Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. b) These policies shall include: 6) A written statement for resident care services including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, resident records, dental services, and diagnostic service (including laboratory and x-ray)  Section 350.1070 Training and Habilitation Staff Appropriately qualified staff shall be provided in sufficient numbers to meet the training and habilitation needs of the residents. At a minimum, staffing shall be provided as described	Z9999	<b>Attachment A Statement of Licensure Violations</b>	

ILLINOIS DEPARTMENT OF PUBLIC HEALTH LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Z9999	<p>Continued From page 1 in Section 350.810(b) of this Part.</p> <p>Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement their Abuse and Neglect policy, failed to ensure a resident was not subjected to physical and verbal abuse, failed to ensure safe utilization of a wheelchair safety harness, failed to report an allegation of verbal abuse and physical abuse to the Illinois Department of Public Health within the specified time frame, failed to provide privacy during personal care, and failed to develop a Privacy During Care Policy.</p> <p>Findings include:</p> <p>1. On 1/5/22 at 1:40 PM, E10 (Direct Support Person/DSP) was observed pushing on R5's back forcing R5 into the chair and speaking loudly close to R5's face. E10 stated to R5, "Stop stealing other peoples' food, we are sick of that." E1 (Administrator) was immediately made aware of the abuse allegation by surveyor on 1/5/21 at 1:40 pm.</p> <p>On 1/5/22 at 1:50 PM, E10 was in the dining room with R6.</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>On 1/5/22 at 2:37 PM, (second surveyor present) E1 was asked what is being done about E10. E1 stated, "I'm going to take care of that."</p> <p>On 1/5/22 at 3:20 PM, E10 walked R12 to the living room.</p> <p>On 1/5/22 at 5:59 PM, E10 was in the living room with R1, R10, and R11.</p> <p>On 1/5/22 at 5:53 PM, E7 was asked if E7 had been in-serviced on abuse and neglect. E7 stated, "No ma'am."</p> <p>On 1/5/22 at 5:53 PM, E10 was asked if E10 had been in-serviced on abuse and neglect. E10 stated, "No."</p> <p>On 1/6/22 at 3:40 PM, E10 was at the facility and helping individuals put their coats on.</p> <p>The facility was unable to provide evidence of the allegation of verbal and physical abuse reported to E1 on 1/5/22 was reported IDPH.</p> <p>On 1/6/22 at 3:28 PM, (second surveyor present) E1 was asked if E1 sent a report to IDPH (Illinois Department of Public Health) regarding the verbal and physical abuse allegation reported 1/5/22 involving E10 and R5. E1 stated, "I didn't hear the push part. I only heard the yell part. No, I haven't reported it yet."</p> <p>E10 was observed working with individuals until 3:57 PM.</p> <p>2. Facility Roster, undated, identifies R1 as an individual who functions within the Moderate Range for individuals with Intellectual Disabilities.</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>On 12/27/21 at 10:46 AM, R1 was asleep sitting in R1's wheelchair with a chest harness placed on loosely to where the strap that goes across R1's chest was across the bottom of R1's neck.</p> <p>On 12/27/21 at 10:47 AM, R1 was noted to have redness across the bottom of R1's neck where the chest strap was located.</p> <p>Interview on 12/27/21 at 10:46 AM, E2 (Registered Nurse Trainer/RN-T) was asked why R1 had a chest harness on while in R1's wheelchair. E2 stated, "I don't know, good question."</p> <p>3. On 12/27/21 at 6:21 AM, E6 (Direct Support Person/DSP) pulled down R1's pants, exposing R1's genital area, and performed pericare while leaving R1's bedroom door open.</p> <p>On 12/27/21 at 10:18 AM, R1 and R2 were in the women's bathroom with the door open. E7 (DSP) was in the bathroom with R1 and R2. R1 was sitting on the toilet. E7 was assisting R2 with changing R2's incontinence brief. No curtain provided between R1 and R2.</p> <p>On 12/27/21 at 10:20 AM, in the adjacent women's bathroom while the door was opened, E7 brought R10 into the bathroom, and pulled R10 pants down and sat R10 on the toilet.</p> <p>On 12/27/21 at 10:26 AM, E7 assisted R1 off the toilet in the women's bathroom with the door open.</p> <p>On 12/27/21 at 11:15 AM, R4 was in the shower room, with the door open, naked. E3 (Program Specialist) and E5 (DSP) were with R4 in the</p>	Z9999		



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Z9999	<p>Continued From page 4</p> <p>shower room.</p> <p>On 12/27/21 at 1:39 PM, E7 was assisting R12 onto the toilet in the women's bathroom with the door open.</p> <p>On 12/28/21 at 2:58 PM, E1 (Administrator) was asked if staff should provide privacy during care. E1 stated, "Absolutely."</p> <p>Facility Abuse and Neglect Policy 3.402, dated 3/1/21, documents, "The facility shall be operated in a manner which ensures that individuals are not subjected to neglect or to physical, verbal, sexual, psychological abuse or punishment. An employee or person who suspects or has reason to believe that an individual has been neglected, abused, punished, exploited or is endangered shall report the incident immediately. Staff members shall receive training on definitions of neglect, abuse and punishment and the procedure for reporting it, during their orientation period, and annually thereafter. Procedure: 2. Upon being notified of any incident involving mistreatment, corporal punishment, threat, exploitation, neglect, abuse or serious injury, the Administrator shall: A. Take immediate action to protect the individual served, including immediately placing the alleged employee on Administrative Leave, pending the outcome of the facility's investigation."</p> <p>"Abuse, is the willful infliction of injury, unreasonable confinement, intimidation or punishment with the resulting physical harm, pain or personal anguish."</p> <p>"Physical abuse refers to any action intended to cause physical harm or pain, trauma or bodily harm (e.g., hitting, slapping, punching, kicking, pinching, etc.)."</p> <p>"Verbal abuse refers to any use of insulting,</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>demeaning, disrespectful, oral, written or gestured language directed towards and in the presence of the client."</p> <p>(B)</p> <p>2 of 6</p> <p>350.1060 a) 350.1060 d) 350.1060 j)</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>a)The facility shall provide training and habilitation services to facilitate the intellectual, sensorimotor, and effective development of each resident in the facility.</p> <p>d) There shall be evidence of training and habilitation services activities designed to meet the training and habilitation objectives set for every resident.</p> <p>j) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to consistently and accurately document data for active treatment programs, failed to provide a resident with an active treatment program to meet their needs during the daytime hours, and failed to ensure choice of activities were provided to the residents living in the facility.</p> <p>Findings include:</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>1. The Individual Support Plan (ISP), dated 6/12/21, identifies R2 as a 70 year old female who functions within the Profound Range for Individuals with Intellectual Disabilities. R2 has additional diagnosis including OCD (obsessive-compulsive disorder) with aggression, schizoaffective disorder, depression, dementia, and anxiety affective disorder NOS (not otherwise specified) with psychosis.</p> <p>R2's ISP documents programs including mask desensitization to be documented twice a day on Monday, Wednesday and Friday; Helmet desensitization and money to be documented daily on Monday, Wednesday and Friday; Toothbrushing and medication programs to be documented on daily</p> <p>R2's mask desensitization program was not documented 17 out of 26 times in August, 25 out of 26 times in September, 25 out of 26 times in October, 24 out of 26 times in November, and 16 out of 24 times in December.</p> <p>R2's helmet desensitization program was not documented 5 out of 13 times in August, 12 out of 13 times in September, 12 out of 13 times in October, 9 out of 13 times in November, and 8 out of 11 times in December.</p> <p>R2's money program was not documented 5 out of 13 times in August, 13 out of 13 times in September, 12 out of 13 times in October, 9 out of 13 times in November, and 8 out of 11 times in December.</p> <p>R2's toothbrushing program was not documented 13 out of 31 times in August, 28 out of 30 times in September, 26 out of 31 times in October, 25 out</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>of 30 times in November, and 26 out of 26 times in December.</p> <p>R2's medication program was not documented 14 out of 30 times in September, 11 out of 31 times in October, 19 out of 30 times in November, and 20 out of 26 times in December.</p> <p>2. ISP (Individual Support Plan), dated 12/8/21, identifies R1 as a 41 year old female with diagnoses including Muscle Weakness, Anemia, Constipation and Rhinitis who functions at Unspecified Intellectual Disability.</p> <p>R1's ISP documents the need for a Money program to be documented on 3 times a week for October and two times a week for November and December; a Medication program to be documented on daily; an oral hygiene Program to be documented on daily; and laundry program to be documented on beginning in November.</p> <p>R1's Money program was not documented on 12 of 13 opportunities in October, 9 of 9 opportunities in November, and 7 of 7 opportunities in December.</p> <p>R1's Medication program was not documented on 11 of 31 opportunities in October, 30 of 30 opportunities in November, and 21 of 26 opportunities in December.</p> <p>R1's Oral Hygiene program was not documented on 27 of 31 opportunities in October, 30 of 30 opportunities in November, and 26 of 26 opportunities in December.</p> <p>R1's Laundry program was not documented on 4 of 4 opportunities in November, and 4 of 4 opportunities in December.</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <p>3. ISP, dated 3/31/21, identifies R3 as a 27 year old female with diagnoses including Psychosis, seasonal allergies and Allergic Rhinitis who functions at the Mild Level of Intellectual Disability.</p> <p>R3's ISP documents the need for a Leisure Activity program to be documented on daily; a Medication program to be documented on daily; and a Money program to be documented on three times a week.</p> <p>R3's Leisure Activity program was not documented on 26 of 31 opportunities in October, 28 of 30 opportunities in November, and 22 of 26 opportunities in December.</p> <p>R3's Medication program was not documented on 11 of 31 opportunities in October, 18 of 30 opportunities in November, and 25 of 26 opportunities in December.</p> <p>R3's Money program was not documented on 12 of 13 opportunities in October, 12 of 13 opportunities in November, and 8 of 11 opportunities in December.</p> <p>On 12/28/21 at 2:56 PM, E1/Administrator and QIDP (Qualified Intellectual Disability Professional) was asked is program data should be documented as directed in the ISP's. E1 responded, "Yes."</p> <p>4. The 9/9/21 Individual Support Plan (ISP) identifies R6 as a 26 year old male who functions within the Moderate Range for Individuals with Intellectual Disabilities. R6 has additional diagnosis including Autistic Disorder, Attention Deficit Hyperactive Disorder (ADHD), Obsessive Compulsive Disorder (OCD), and Bipolar</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>Disorder.</p> <p>R6's ISP, dated 9/9/21, documents, "Staff are assisting me with learning how to appropriately socially distance from others to assist me with getting into a workshop at this time. (R6) understands the concept of time more that people realize; however, without a schedule, (R6) will sleep in an not participate in offered activities."</p> <p>On 12/27/21 at 6:25 AM, R6 was lying in bed asleep.</p> <p>On 12/27/21 at 8:38 AM, R6 was lying in bed asleep.</p> <p>On 12/27/21 at 10:13 AM, R6 was lying in bed asleep.</p> <p>On 12/27/21 at 10:29 AM, R6 was lying in bed asleep.</p> <p>On 12/27/21 at 10:40 AM, R6 was lying in bed asleep.</p> <p>On 12/27/21 at 1:39 PM, R6 was lying in bed asleep.</p> <p>On 12/27/21 at 3:22 PM, R6 was lying in bed asleep.</p> <p>On 12/28/21 at 9:10 AM, R6 was lying in bed asleep.</p> <p>On 12/28/21 at 10:17 AM, R6 was lying in bed asleep.</p> <p>On 12/28/21 at 11:15 AM, R6 was lying in bed asleep.</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>On 12/28/21 at 11:43 AM, R6 was lying in bed asleep.</p> <p>On 12/28/21 at 12:06 PM, R6 in bedroom lying in bed.</p> <p>On 12/28/21 at 2:33 PM, E1 (Administrator) was asked where R6 attended day training. E1 stated, "(R6) got kicked out of day training before I got here." E1 was asked how long E1 has worked at the facility. E1 stated, "A year and a half."</p> <p>On 12/28/21 at 2:58 PM, E1 was asked if R6 should be sleeping during the day in R6's room. E1 stated, "No." E1 was asked what should staff be doing with R6. E1 stated, "(R6) should be shredding paper."</p> <p>5. Facility Roster, undated, identifies R1 and R7 as individuals who function within the Moderate Range for Individuals with Intellectual Disabilities, R10 as an individual who functions within the Severe Range for Individuals with Intellectual Disabilities, and R2, R5, R11, and R14 as individuals who function within the Profound Range for Individuals with Intellectual Disabilities.</p> <p>On 12/27/21 at 10:42 AM, R1, R2, R5, R10, R11, and R14 were sitting in the living room watching television. E5 (Direct Support Person/DSP) was sitting in the living room.</p> <p>On 12/27/21 at 1:40 PM, R1, R5, R10, R11, and R14 were sitting in the living room watching television.</p> <p>On 12/28/21 at 9:11 AM, R1, R7, R10, R11, R13, and R14 were sitting in the living room watching television. E5 was sitting in the living room.</p>	Z9999		

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Z9999	<p>Continued From page 11</p> <p>On 12/28/21 at 10:17 AM, R1, R7, R10 and R13 were in the living room, asleep. R5, R11, and R14 were sitting in the living room watching television.</p> <p>On 12/28/21 at 11:15 AM, R1, R5, R7, R10, R11, R13, and R14 were sitting in the living room watching television. E5 was sitting in the living room.</p> <p>On 12/28/21 at 11:43 AM, R1 was sitting in R1's wheelchair in the living room, asleep. R5, R10, R11, R13, and R14 were sitting in the living room watching television.</p> <p>On 12/28/21 at 12:19 PM, R4, R5, R10, R13, and R14 were sitting in the living room watching television.</p> <p>Interview on 12/28/21 at 2:58 PM, E1 (Administrator) was asked if the television should be considered an activity. E1 stated, "No."</p> <p>Interview on 1/5/22 at 3:55 PM, E7 (DSP/Assistant House Manager) was ask if E7 knew what active treatment was? E7 stated, "No ma'am."</p> <p>(B)</p> <p>3 of 6</p> <p>350.620 a)</p> <p>Section 350.620 Resident Care Policies a)The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the</p>	Z9999		



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**50 ADLOFF LANE  
SPRINGFIELD, IL 62703**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 12</p> <p>involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure documentation/monitoring of bowel movements for residents who have diagnoses including constipation, and failed to implement their Constipation Protocol Policy.</p> <p>Findings include:</p> <p>1. ISP (Individual Support Plan), dated 12/8/21, identifies R1 as a 41 year old female with diagnoses including Muscle Weakness, Anemia, Constipation and Rhinitis who functions at Unspecified Intellectual Disability. R1's ISP documents, "(R1) has a colostomy bag at this time that requires care from the staff."</p> <p>R1's Physician Orders, printed on 12/28/21, document, "Document bowel movement every shift. Y/N (yes or no). Document size and consistency."</p> <p>R1's Physician Orders document R1 takes Docusate Sodium twice a day, Polyethylene Glycol once a day and Senna Plus daily for the diagnoses of Constipation.</p> <p>R1's Bowel Movement Monitoring Records including TAR/Treatment Administering Records and Pass Notes has no bowel movement documentation on November 1, 6, 8, 13, 24, 25, 26 and 27. There was also no bowel movement documentation for December 1, 2, 7, 8, 9, 10, 11, 12, 13, 18, 19, 25, 26 and 27.</p>	Z9999		

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Z9999	<p>Continued From page 13</p> <p>2. ISP, dated 3/31/21, identifies R3 as a 27 year old female with diagnoses including Psychosis, seasonal allergies and Allergic Rhinitis who functions at the Mild Level of Intellectual Disability.</p> <p>R3's Physician Orders, printed on 12/28/21, document, "Document bowel movement every shift. Y/N (yes or no). Document size and consistency."</p> <p>R3's Physician Orders document, "Enema Read to use: Use as needed for Constipation."</p> <p>R3's Bowel Movement Monitoring Records including TAR and Pass Notes has no bowel movement documentation for October 2, 3, 4, 5, 6, 9, 10, 11, 12, 14, 19, 21, 23, 24, 25, and 26. No bowel movement documentation for November 1, 2, 4, 6, 9, 10, 13, 15, 17, 18, 19, 22, 23, 24, 25, 26, 27, 28, 29 and 30 There is no bowel movement documentation for December 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 27 and 28.</p> <p>On 12/28/21 at 4:28 PM, E1/Administrator was asked how often bowel movement documentation should be completed. E1 responded, "Every shift."</p> <p>Facility Constipation Protocol Policy 5.209, dated 6/22/20, documents, "The facility shall track bowel movements on a daily basis for all individuals with a diagnosis of constipation or an identifiable risk."</p> <p>(C)</p> <p>4 of 6</p>	Z9999		

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Z9999	<p>Continued From page 14</p> <p>350.620 a) 350.1840 b) 350.1840 e) 350.1850</p> <p>Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1840 Diet Orders b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered. e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).</p> <p>Section 350.1850 Meal Planning Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.</p>	Z9999		

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Z9999	<p>Continued From page 15</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement their Diets policy and Meal Services policy when they failed to provide diets in the consistency ordered by the physician and failed to continuously supervise residents with modified consistency diets during meals.</p> <p>Findings include:</p> <p>1. Physician Orders, dated 12/28/2021, identify R13 as a 77 year old male with diagnoses including Barrett's Esophagus, History of Erosive Esophagus and GERD/Gastroesophageal Reflux Disease who functions at the Profound Level of Intellectual Disability.</p> <p>R13's Physician Orders document, "Diet: Pureed, Honey Thick Liquid."</p> <p>R13's Medical Consultant (Swallow Study), dated 12/15/20, documents, "Diagnosis/Findings: Penetration/Aspiration with thin and nectar liquid. Expelled crackers. Orders and Instructions: Diet Modification-soft solids with ground meats, honey (thickened) liquids."</p> <p>R13's Aspiration Risk Screening Tool, dated 1/18/21, documents, "Moderate-Severe Pharyngeal Dysphagia. High Risk Aspiration Pneumonia. (Swallow Study) completed 12/15/20. New order for Pureed diet with honey thickened liquids."</p> <p>On 12/27/21 at 7:34 AM, R13 was seated in the dining room for the morning meal. R13 was eating a waffle, sausage patty and scrambled eggs on R13's plate. The food was of regular consistency.</p>	Z9999		

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Z9999	<p>Continued From page 16</p> <p>On 12/27/21 at 4:45 PM, R13 was seated in the dining room for the evening meal. R13's plate had a hamburger on two slices of bread, cut in four pieces, potato fries and a mixed fruit. The food was regular consistency.</p> <p>On 12/28/21 at 11:45 AM, R13 was seated in the dining room for the noon meal. R13 was eating from a plate of food which contained a meat and cheese Sandwich, cheese fish crackers and pineapple chunks. The food was regular consistency.</p> <p>At 11:53 AM, E4/House Manager removed the meat and cheese sandwich and replaced it with a peanut butter and jelly sandwich, and R13 began to eat.</p> <p>At 12:03 PM, R13 placed two pineapple chunks in R13's mouth and after swallowing, repeated this a second time and began to cough.</p> <p>At 12:04 PM, while eating the peanut butter and jelly sandwich, R13 began to cough and brought the chewed food back into R13's mouth as if R13 was going to spit it out, then proceeded to swallow again. R13 had no drinks/fluids on the table.</p> <p>At 12:11 PM, R13 continued eating the peanut butter and jelly sandwich with no staff present in the dining room.</p> <p>On 12/27/21 at 4:55 PM, E9(Direct Support Person)/DSP was asked what type of diet R13 was to receive. E9 responded, "(R13) was changed to cut up with regular liquids."</p> <p>On 12/28/21 at 2:56 PM, E1/Administrator was asked if R13's diet orders had recently changed. E1 responded, "(R13) is to have pureed with honey thickened liquids."</p>	Z9999		

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Z9999	<p>Continued From page 17</p> <p>On 1/8/22 at 8:16 AM, R13 was eating a bowl of regular oatmeal.</p> <p>2. Physician Orders, dated 12/27/2021, identify R10 as 62 year old female with diagnoses including Dysphagia, Muscle Weakness and Dementia, who functions at the Severe Level of Intellectual Disability.</p> <p>R10's Physician Orders document, "Diet: Mechanical Soft, Nectar Thick Liquids."</p> <p>On 12/27/21 at 10:13 AM, R10 was seated at the dining room table. E3/Program Specialist brought R10 a cola and a bag of cheese curls for snacks. R10 began drinking the cola from the bottle. The cola was of regular consistency.</p> <p>On 12/27/21 at 10:14 AM, E3 was asked if the R10 was to have thickened liquids. E3 responded, "Yes, but she got (cola) as a gift and it is her right to drink it." E3 was asked if thickener had been added. E3 responded, "No."</p> <p>On 12/28/21 at 2:56 PM, E1/Administrator was asked what diet R10 was to have. E1 responded: "Mechanical Soft with Nectar Thick Liquids."</p> <p>3. (Facility) Diet Orders (Undated) document, "(R4) Regular pureed diet with pudding thick liquids."</p> <p>On 1/8/22 at 8:06 AM, E13/DSP was feeding R4 his morning meal which consisted of regular oatmeal.</p> <p>On 1/8/22 at 8:07 AM, E13 confirmed R4's oatmeal was regular consistency.</p> <p>(Facility) Diet Orders (Undated) document, "(R2)</p>	Z9999		

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Z9999	<p>Continued From page 18</p> <p>Regular Mechanical soft, pureed bread, ground meats with nectar thickened liquids."</p> <p>On 1/8/22 at 8:27 AM, R2 picked up a cup of orange juice off of the hotel reception desk and began drinking. There were no facility staff present in the lobby/dining area. Surveyor intervened and removed the cup of unthickened orange juice from R2.</p> <p>R2's POS printed 1/11/22 documents, "Health Shakes three times daily."</p> <p>R4's POS printed 1/11/22 documents, "Health Shakes three times daily."</p> <p>A. On 12/27/21 at 7:40 AM, R4 was given thickened water and no health shake.</p> <p>On 12/27/21 at 4:50 PM, R2 was given thickened water and no health shake.</p> <p>On 12/28/21 at 11:56 AM, R4 was given thickened water and no health shake.</p> <p>4. ISP (Individual Support Plan), dated 12/8/21, identifies R1 as a 41 year old female with diagnoses including Muscle Weakness, Anemia, Constipation and Rhinitis.</p> <p>R1's PO/Physician Orders, printed on 12/28/21, document, "Allergy: Egg white, Milk, Shrimp and Dust."</p> <p>On 12/27/21 at 7:40 AM, R1 was eating breakfast consisting of scrambled eggs, waffles, sausage, bacon and apple juice.</p> <p>On 12/29/21 at 7:38 AM, R1 was eating breakfast. Small pieces of scrambled eggs</p>	Z9999		

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Z9999	<p>Continued From page 19</p> <p>remained on R1's plate.</p> <p>On 12/29/21 at 7:38 AM, E7/DSP (Direct Support Person) was asked if E7 was aware of R1's allergy to egg whites. E7 responded, "Yes and she didn't eat any. I removed them from her plate before she could eat them." E7 confirmed R1's plate still had a few small pieces of egg remaining.</p> <p>5. Physician Orders, dated 12/27/2021, identify R10 as 62 year old female with diagnoses including Dysphagia, Muscle Weakness and Dementia, who functions at the Severe Level of Intellectual Disability.</p> <p>R10's Physician Orders document, "Diet: Mechanical Soft, Nectar Thick Liquids."</p> <p>On 12/27/21 at 10:13 AM, R10 was seated at the dining room table. E3/Program Specialist brought R10 a cola and a bag of cheese curls for snacks. R10 began drinking the cola from the bottle. The cola was of regular consistency.</p> <p>On 12/27/21 at 10:14 AM, E3 was asked if the R10 was to have thickened liquids. E3 responded, "Yes, but she got (cola) as a gift and it is her right to drink it." E3 was asked if thickener had been added. E3 responded, "No."</p> <p>On 12/28/21 at 2:56 PM, E1/Administrator was asked what diet R10 was to have. E1 responded: "Mechanical Soft with Nectar Thick Liquids."</p> <p>6. (Facility) Diet Orders provided upon entrance documents, "(R2): Regular Mechanical Soft, Pureed bread, ground meats with nectar thickened liquids. (Meats are to be pureed if stringy such as pot roast/pulled pork). (R4):</p>	Z9999		



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Z9999	<p>Continued From page 20</p> <p>Regular Pureed Diet with pudding thick liquids. (R5): Mechanical soft with pureed breads and vegetables. (R10): Mechanical soft with nectar thick liquids. (R13): Pureed with honey thickened liquids."</p> <p>On 12/27/21 at 5:07 PM, seven individuals (R1, R3, R7, R8, R10, R12 and R13) were seated in the dining eating their evening meal. There were no staff present in the dining room. At 5:18 PM and again from 5:20 PM to 5:22 PM, four individuals (R1, R7, R10, and R13) continued eating with no staff present in the dining room. At 5:26 PM, two individuals (R1 and R7) were eating with no staff present in the dining room.</p> <p>On 12/28/21 at 12:17 PM, four individuals (R1, R4, R12 and R13) were eating with no staff present in the dining room. At 12:20 PM and again at 12:24 PM, two individuals (R1 and R12) were eating with no staff present in the dining room.</p> <p>On 12/28/21 at 4:28 PM, E1/Administrator was asked if the dining room should be monitored by staff at all times during meals. E1 responded, "Staff should be in dining room at all times when clients are eating."</p> <p>Policy 13.103 Diets, dated December 1, 2020 documents, "The facility shall ensure that appropriate diets are provided for each individual served. A record of a diet order shall be maintained in the individual's record and shall be changed only upon a written order from the physician."</p> <p>Policy 13.201 Meal Service, dated December 1, 2020, documents, "Food shall be served at proper temperatures and at a consistency</p>	Z9999		

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Z9999	<p>Continued From page 21</p> <p>appropriate to each developmental level."</p> <p>Policy 13.202 Dining Areas and Service Policy, dated December 1, 2020, documents, "Table service shall be provided for individuals who are capable of eating there, including individuals with developmental needs...1. Dietary or Responsible Staff shall: B. during mealtime ensure that each individual receives adequate food, that individual diet orders are followed and that responsible staff are following diet plan."</p> <p>(B)</p> <p>5 of 6</p> <p>350.620 a) 350.1440 a)2) 350.1440e) 350.1450 c)</p> <p>Section 350.620 Resident Care Policies a)The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1440 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at or near the nurses' station in a locked cabinet, in a locked medication room, or in one or more locked mobile medication carts of satisfactory design for such storage. 2) All mobile medication carts shall be under the visual control of the responsible nurse at all</p>	Z9999		

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Z9999	<p>Continued From page 22</p> <p>times when not stored safely and securely.</p> <p>e) The key or access code to the medicine cabinet, medicine room or mobile medication cart shall be the responsibility of, and in the possession of, the persons authorized to handle and administer drugs, at all times.</p> <p>Section 350.1450 Control of Medications</p> <p>c) All medications having an expiration date that has passed, and all medications of residents who have been discharged or who have died, shall be disposed of in accordance with the written policies and procedures that have been established by the facility in accordance with Section 350.1410. Medications shall be transferred with a resident, upon the order of the resident's physician, when a resident transfers to another facility. All discontinued medications, with the exception of those products regulated and defined as controlled substances under Section 802 of the federal Controlled Substances Act (21 USC 802), shall be returned to the dispensing pharmacy. Medications for any resident who has been temporarily transferred to a hospital shall be kept in the facility. Medications may be given to a discharged resident only upon the order of the licensed prescriber.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure two unexpired epinephrine auto-injectors were available for use, and failed to implement their Medication Storage policy.</p> <p>Findings include:</p> <p>1. R1's PO/Physician Orders, printed on 12/28/21, document, "Allergy: Egg white, Milk,</p>	Z9999		

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Z9999	<p>Continued From page 23</p> <p>Shrimp and Dust." R1's PO also documents, "Epinephrine Inj 0.3 mg/milligram: Inject into thigh as needed for severe reaction. May repeat in 5 minutes. If necessary, call 911."</p> <p>On 12/29/21 at 7:29 AM, E3/Program Specialist stated, "There are no epi-pens (epinephrine) in (R1's) bag. I can not find them in her room either."</p> <p>On 12/29/21 at 7:52 PM, E2/RNT (Registered Nurse Trainer) stated, "There are no epi-pens in the med cart."</p> <p>On 12/29/21 at 4:28 PM, E1/Administrator confirmed the facility was unable to locate R1's epi-pens.</p> <p>2. On 12/27/21 at 6:17 AM, a medication tablet was found laying on the floor next to R5's bed.</p> <p>On 12/27/12 at 7:10 AM, E4/ House Manager pulled a set of keys out of the top of an unlocked mailbox attached to the office door, and proceeded to unlock the medication room door. At 7:13 AM, during medication administration, E4 walked away from the medication room leaving the cart unlocked and a medication card containing 30 tablets of R9's Buspar 10 mg/milligram and 60 tablets of R10's Calcium plus Vitamin D3. E4 walked away from the unlocked medication room again at 7:18 AM and 7:23 AM.</p> <p>On 12/27/21 at 11:37 AM, E5 (Direct Support Person/DSP) left the medication room leaving the door open and no staff inside the room. On top of the medication carts was R13's Carafate 1 gm and Carbatrol 200 mg ER.</p>	Z9999		

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Z9999	<p>Continued From page 24</p> <p>On 12/28/21 at 10:09 AM, keys to the medication room were on top of the fire extinguisher box.</p> <p>On 12/29/21 at 7:29 AM, E4 was administering medications. There were 8 cups of medications sitting on top of the medication cart. 7 cups contained pills/tablets and one contained an orange liquid. The 7 cups had initials written in black marker (R2, R4, R5, R6, R10, R11 and R13)</p> <p>On 12/27/21 at 8:46 AM, E2/RNT (Registered Nurse Trainer) was asked to identify the medication on the floor next to R9's bed. E2 confirmed the medication to be Famotidine 20 mg, and also confirmed Famotidine was a medication R9 is ordered to receive.</p> <p>On 12/28/21 at 10:09 AM, E5/DSP (Direct Support Person) stated, "Med room keys are normally kept in top of mailbox."</p> <p>3. On 12/27/21 at 6:12 AM in the men's bathroom on the west side, 3 bottles of medicated antidandruf shampoo 1% were sitting in a basket on the bathroom counter with R11's name on them. One label, dated 5/3/19, had directions to be used 3 times a week. Another bottle, labeled 6/4/20, had directions to be used 4 times a week. Third bottle, with label dated 11/24/20, had directions to be used 4 times a week. All bottles had shampoo remaining in them.</p> <p>R11's Physician Orders, printed on 12/27/21, had no order for antidandruf shampoo 1%.</p> <p>4. R15 is a former resident of the facility.</p> <p>On 12/27/21 at 6:12 AM in the men's bathroom</p>	Z9999		

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Z9999	<p>Continued From page 25</p> <p>on the west side, 2 bottles of medicated antidandruf shampoo 1% were sitting in a basket on the bathroom counter with R15's name on them. One label, dated 7/2/18, and the other dated 11/23/20, with directions to be used twice a week. Both bottles had shampoo remaining in them.</p> <p>On 12/28/21 at 10:50 AM, E4 (House Manager) was asked when R15 was discharged from the facility. E4 stated, "3/5/21."</p> <p>On 12/27/21 at 11:11 AM, E2 (Registered Nurse Trainer/RN-T) was asked should medicated shampoo be kept in the bathroom where individuals can get a hold of it. E2 stated, "Absolutely not."</p> <p>5. On 1/8/2022, at 8:00 AM, Room 109 of hotel was unlocked, with door held open by safety latch. The medication cart was sitting in the unlocked room. No facility staff were in the room, and no staff were observed on that floor of the hotel.</p> <p>On 1/9/2022 at 12:47 PM, Room 109 of hotel was unlocked, with door held open by safety latch. The medication cart was sitting in the unlocked room. No facility staff were in the room.</p> <p>On 1/10/2022 at 3:09 PM, Room 412 of hotel was unlocked, with door held open by safety latch. E15/Facility Staff pushed open the door when asked where the medication cart was located. The medication cart was sitting in the unlocked room. No facility staff were in the room. At 4:02 PM, Room 412 of hotel remained unlocked with door held open by safety latch.</p> <p>On 1/10/22 at 11:54 AM, E2/RNT (Registered</p>	Z9999		

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Z9999	<p>Continued From page 26</p> <p>Nurse Trainer) was asked if the medication cart should be stored in an unlocked hotel room. E2 responded, "No. The door should be closed."</p> <p>Policy 5.302 Medication Storage, dated July 1, 2021, documents, "The facility shall provide for the storage of medications in accordance with prevailing standards. 1. The Health Service Director (HSD) shall ensure that all medications administered by the facility staff are: A. Stored under lock and key and otherwise secured as required by federal and state regulations; B. the medication keys must be kept on medication administration certified staff at all times when in the home or stored in the specified lock box in the facility."</p> <p>(B)</p> <p>6 of 6</p> <p>350.620 a) 350.1230 a)6) 350.1410 a)</p> <p>Section 350.620 Resident Care Policies a)The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1230 Nursing Services a)Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following:</p>	Z9999		

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Z9999	<p>Continued From page 27</p> <p>The DON shall participate in:</p> <p>6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program.</p> <p>Section 350.1410 Medication Policies and Procedures</p> <p>a) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. Medication policies and procedures shall be developed with the advice of a pharmaceutical advisory committee that includes at least one licensed pharmacist, one physician, the administrator and the director of nursing. This committee shall meet at least quarterly.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to assess and monitor a resident with a known history of skin breakdown, failed to ensure Physician orders from hospital discharge were followed and failed to ensure a nursing care plan was developed to prevent new and worsening of pressure areas.</p> <p>Findings include:</p> <p>1.PO/Physician's Orders, printed on 12/27/21, document R4 is a 60 year old male with diagnoses including Spastic Quadraparesis, Cervical Myelopathy with Significant Stenosis,</p>	Z9999		



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Z9999	<p>Continued From page 28</p> <p>and muscle wasting and Vitamin Deficiency.</p> <p>R4's Facility (Nursing) Case Note, dated 2/15/21, documents, "Call received from house manager that (R4) has open area on his buttocks. Staff describe it as bleeding, skin open on left inner buttocks. Staff concerned about possible infection. Staff they do believe (R4) has discomfort on area. Staff to take (R4) to prompt care for evaluation. Notified that prompt care advised staff to take (R4) to ER/Emergency Room for management."</p> <p>R4's Primary Care Physician Consultation, dated 2/25/21, documents, "F/U (follow up) 2/15/21 ER/Emergency Room visit, DX/Diagnosis: Sacral Ulcer. Diagnosis/Findings: Sacral Ulcer Healing."</p> <p>R4's Facility (Nursing) Case Note, dated 4/20/21, documents, "No open area on buttocks. All areas are completely healed with no redness noted. Continues 2 hours repositioning and no adult diapers. Will continue with (barrier) cream and current care plan. Will monitor closely."</p> <p>R4's Facility (Nursing) Case Note, dated 5/20/21, documents, "He (R4) is able to turn his head when tracking staff/peers. He (R4) does not move his extremities." There is no documentation related to R4's skin condition.</p> <p>R4's (Nursing) Case Note, dated 5/20/21, has no documentation of a skin assessment.</p> <p>The facility was unable to provide nursing notes/documentation that addresses R4's skin condition after the note dated 4/20/21.</p> <p>R4's General Event Report, dated 10/27/21 and</p>	Z9999		

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Z9999	<p>Continued From page 29</p> <p>reviewed by Z3/Former RNT(Registered Nurse Trainer) on 10/28/21, has no documentation of a skin assessment.</p> <p>R4's Hospital discharge orders, dated 10/30/21, document, "Doxy monohydrated 100 mg/milligram oral tablet, 1 tablet PO/by mouth bid/two times a day times 3 days, Augmentin 875 mg/milligram/125 mg oral tablet : 1 tablet PO, Q/every 12 hours times 3 days and Special Instructions: Please continue wound care for sacral ulcers. Apply (foam dressing) and dressing as appropriate to off load. Turn patient Q/every 2-3 hrs/hours to prevent pressure ulcers."</p> <p>R4's October and November Mars/Medication Administration Records, printed 1/5/22, have no documentation of Doxycycline, Augmentin or foam dressing.</p> <p>R4's Physician Orders, printed 12/27/21, do not contain the orders for the foam dressing to be applied to the sacral area, or repositioning as written on 10/30/21 hospital discharge instructions.</p> <p>The facility was unable to provide a nurse's note related to R4's skin breakdown since the hospital discharge on 10/30/21.</p> <p>R4's Hourly Repositioning documentation, provided on 1/5/21, has no documentation of repositioning for December 1 and 2. December 3 has two hours of repositioning documented, December 4 has no documentation, December 5 has no documentation, December 6 has three hours documented, December 7 has five hours documented, December 8 has 8 hours documented, December 9, 10, 11, 12 and 13 has</p>	Z9999		

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Z9999	<p>Continued From page 30</p> <p>no documentation, December 14 has five hours documented, December 15 has no documentation, December 16 has four hours documented, December 17 has no documentation, December 18 has eight hours documented, December 19 has eight hours documented, December 20 has five hours documented, December 21 has five hours documented, December 22, 23, 24, 25, 26, 27, 28, 29, 30 and 31 have no documentation.</p> <p>On 12/27/21 at 8:46 AM, a typed paper with Nursing Recommendations (faxed 2/2021) found hanging on the door to R4's room documented, "(Heel protector) boots when in bed."</p> <p>On 12/27/21 at 8:46 AM, E5/DSP (Direct Support Person) was transferring R4 from wheelchair to bed . R4 was laying on R4's right side and buttocks were visible. There were two open areas seen on the sacral area.</p> <p>On 12/27/21 at 8:46 AM, E5 was asked when E5 had first become aware of R4's skin breakdown. E5 responded, "At least since end of September or October. I know October because I took him to the emergency room." E5 was asked if R4's open areas had been reported to the nurse. E5 responded, "We have not had a nurse. A new one just started."</p> <p>On 12/27/21 at 8:46 AM, R4 had no dressings covering the sacral area wounds.</p> <p>On 12/27/21 at 11:29 AM, E2/RNT (Registered Nurse Trainer) measured the wounds on R4's sacral area. One wound measured 1 1/2" by 1/2" and the other measured 1/4" by 1/2", and was actively bleeding. E2 did not measure depth of wounds.</p>	Z9999		

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Z9999	<p>Continued From page 31</p> <p>On 12/27/21 at 11:50 AM, E5 assisted E2 in turning R4 in order for E2 to assess areas on R4's left scapula and left heel. R4's left scapula wound measured 1 1/2" by 1", with redness and top layer of tissue abraded. R4's left heel was red in color with purple edges, skin intact. Area measured 1 3/4" by 1 1/4".</p> <p>On 12/27/21 at 8:50 AM, E2/RNT was asked if E2 was aware of R4's pressure areas. E2 responded, "No. I only started two weeks ago." E2 stated E2 had not assessed R4, and would be unable to assess the wounds as E2 could not locate any measuring devices in the facility, and would need to go to a pharmacy in order to purchase.</p> <p>On 12/27/21 at 11:29 AM, E2/RNT measured R4's sacral area wounds stating, "One wound measured 1 1/2" by 1/2" and the other measured 1/4" by 1/2" and was actively bleeding. Both are Stage 3." E2 was asked to provide depth of wounds. E2 responded, "I have nothing to measure with."</p> <p>On 12/27/21 at 11:50 AM, E2 measured R4's left scapula and left heel wounds stating, "Left scapula wound measured 1 1/2" by 1" with redness and top layer of tissue abraded. R4's left heel was red in color with purple edges, skin intact. Area measured 1 3/4" by 1 1/4", both are Stage I."</p> <p>On 12/27/21 at 1:39 PM, R4 was laying in bed on R4's right side. No heel protectors were on his heels. R4 remained on R4's right side in bed at 2:09 PM, 2:40 PM, 3:22 PM, 3:39 PM, 4:45 PM and 5:12 PM, No staff entered R4's bedroom throughout this observation.</p>	Z9999		

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Z9999	<p>Continued From page 32</p> <p>On 12/27/21 at 5:12 PM, a paper hanging above R4's bed had a picture of (heel protector) with directions on how to apply.</p> <p>On 12/28/21 at 10:12 AM, E5/DSP was asked if R4 had heel protectors. E5 stated, "I don't think so. I don't know where they are."</p> <p>On 12/28/21 at 12:21 PM, E4/House Manager was asked if R4 had heel protectors. E4 responded, "I have not seen anything like that since I started here."</p> <p>The facility was unable to locate R4's heel protectors.</p> <p>On 12/28/21 at 4:28 PM, E1/Administrator was asked how often R4 should be repositioned. E1 responded, "At least every hour." E1 was asked when E1 first became aware R4's skin breakdown. E1 stated, "The areas must have just opened up."</p> <p>On 12/28/21 at 4:28 PM, E1/Administrator confirmed the facility had no additional documentation of R4's skin breakdown since hospital discharge of 10/30/21.</p> <p>The facility was unable to provide documentation a nursing care plan had been developed in order to prevent R4 from developing pressure related wounds.</p> <p>On 1/5/22 at 1:26 PM, E2/RNT (Registered Nurse Trainer) was asked if R4's nursing care plan had been developed. E2 stated, "Still being typed."</p> <p>On 1/6/2022 at 3:50 PM, E1/Administrator confirmed R4 had not received the medications</p>	Z9999		

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Z9999	<p>Continued From page 33</p> <p>ordered on 10/30/21 were not administered, stating, "I was never told (R4) was in the hospital 10/28/21 to 10/30/21."</p> <p>Policy 5.201 Nursing Services, dated July 1, 2021, documents, "The facility shall provide individuals with nursing services in accordance with their needs...3. Ensuring that nursing personnel maintain preventative health monitoring system. A. Making rounds to assigned areas for the purpose of detecting health problems and making referrals as necessary...8. When an individual residing in the a facility is at risk for, or presents with, impaired skin integrity, the following protocol shall be observed: A) Form 5.201-A, Approved Scale-for Predicting Pressure Sore Risk shall be completed by nursing staff. Risk factors for deceits include, but are not limited to the following: older adults, poor nutritional status, decreased mobility, incontinence, prolonged illness, impaired circulation and decreased sensory perception. B) The SD (Health Services Director) or designated nurse shall be responsible for ensuring that all staff having direct contact with the individual at risk are instructed in the appropriate measures of care to be taken including, but not limited to: keeping skin clean, dry, and moisturized, maintaining adequate hydration and nutrition, encouraging or assisting range of motion and weight-bearing exercises, using long-term pressure-relieving devices, such as pillows and foam blocks appropriately, and changing the position of the individual every 2 hours unless otherwise ordered ...D) After repositioning the individual, the responsible staff shall initial in the box under the correct day and beside the correct time, the position the individual was placed in using the Positioning Schedule. Areas at risk for developing ulcers shall be inspected with each</p>	Z9999		

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Z9999	<p>Continued From page 34</p> <p>position change (ears, back of head, heels, sacrum, scrotum, elbows, trenchant, Ishihara and scapula) with any significant findings documented on the General Event Record. Frequency of turning shall be increased if any reddened areas observed do not disappear within one hour after turning. In this event, the responsible nurse shall be notified immediately. The nurse shall then assess the area utilizing the Skin/Wound Record as indicated, removing any causative factors, if possible; initiating appropriate actions, documenting the steps implemented in alleviating the problem and any results obtained from these implementations. E) A Health Care Plan shall be written and implemented by the responsible nurse once Stage I of pressure ulcer development has been identified. The care plan shall be reviewed weekly by the responsible nurse to identify progress, or lack thereof, and make revisions as needed. The care plan, and any revisions to the care plan, shall be reviewed with all pertinent staff.</p> <p>(B)</p>	Z9999		