

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2024
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NAME OF PROVIDER OR SUPPLIER MORGAN PARK HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 7 300.610a) 300.615a)b)c)d)e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information a) For the purpose of this Section only, a nursing facility is any bed licensed as a skilled nursing or intermediate care facility bed, or a location certified to participate in the Medicare program under Title XVIII of the Social Security Act or Medicaid program under Title XIX of the Social Security Act.	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
05/02/24

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S9999	<p>Continued From page 1</p> <p>b) All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c)) is met.</p> <p>c) Any person who seeks to become eligible for medical assistance from the Medical Assistance program under the Illinois Public Aid Code to pay for long-term care services while residing in a facility shall be screened in accordance with 89 Ill. Adm. Code 140.642(b)(4). (Section 2-201.5(a) of the Act)</p> <p>d) Screening shall be administered through procedures established by administrative rule by the agency responsible for screening. (Section 2-201.5(a) of the Act) The Illinois Department on Aging is responsible for the screening required in subsection (b) of this Section for individuals 60 years of age or older who are not developmentally disabled or do not have a severe mental illness. The Illinois Department of Human Services is responsible for the screening required in subsection (b) of this Section for all individuals 18 through 59 years of age and for individuals 60 years of age or older who are developmentally disabled or have a severe mental illness. The Illinois Department of Healthcare and Family Services or its designee is responsible for the screening required in subsection (c) of this Section.</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure background checks were done within 24 hours of admission at the facility. This failure affected 3 residents (R4, R12, and R13) reviewed for identified offender program and has the potential to affect all residents at the facility.</p> <p>Findings include:</p> <p>R4's census list documented that R4 was admitted on 3/27/23. R4's (4/23/2024) State level Criminal Background Check documented, in part "Date Submitted: 3/30/2023. Finding: Hit - Crim(inal) History Attached." Submitted 3 days after R4's admission.</p> <p>R12's census list documented that R12 was admitted on 4/12/2024. R12's (4/15/2024) State level Criminal Background Check documented, in part "Date Submitted: 4/14/2024. Finding: Hit - Crim(inal) History Attached." Submitted 2 days after R12's admission.</p> <p>R13's census list documented that R13 was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>admitted on 4/6/2024. R13's (4/15/2024) State level Criminal Background Check documented, in part "Date Submitted: 4/8/2024. Finding: Pending - Response." Submitted 2 days after R13's admission.</p> <p>On 04/24/2024 at 9:49am, V1 (Administrator) stated we (facility) have (V25 - Admission Coordinator) run the background check of the residents. If something comes back like a 'HIT', (V25) will reach out to (V4 - Psychiatric Rehabilitation Services Director -PRSD) and (V4) will contact the IO (identified offender) program to come out to do the fingerprinting. Ultimately, the purpose of the background check is to ensure safety and proper placement of residents in the facility. Background checking is to be done preadmission.</p> <p>The (01/04/18) Abuse Prevention Program Facility Policy and Procedure documented, in part "Introduction. Abuse is the defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, or goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Facility Policy and Procedure. II Pre-Admission Screening of Potential Residents. This facility shall check and review the criminal history background for any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>(C)</p> <p>2 of 7</p> <p>300.2210b)1)2)3)4)5) Section 300.2210 Maintenance</p> <p>b) Each facility shall:</p> <p>1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards.</p> <p>2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.</p> <p>3) Maintain all electrical cords and appliances in a safe and functioning condition.</p> <p>4) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe (painting, washing, and other types of maintenance).</p> <p>5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition.</p> <p>This requirement was not met as evidenced by.</p> <p>Based on observation, interview and record review, the facility failed to ensure the resident room has no exposed electrical wiring, no chipped paints and no chipped dry wall; failed to</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>ensure dining rooms have no chipped paints, no chipped dry wall, no missing ceiling tile, vent has no trash and the curtains not dusty; failed to ensure the electric plug on the 2North common hallway has cover; and failed to ensure the 3South shower room was clean. These failures affected R8 and has the potential affect all the residents on 2North, 3North and 3 South.</p> <p>Findings include:</p> <p>1. On 04/22/2024 at 12:19pm, there was a missing ceiling tile, chipped paints and chipped dry wall inside the 3 South dining room. Looks good. These observations were pointed out to V10 (LPN). V10 stated there was water leaking on the ceiling 2weeks ago. Maybe somebody took the ceiling tile and did not put it back. That V1 (Administrator) made the rounds 2 months ago and she (V1) knows about the chipped paints and chipped dry walls.</p> <p>On 04/22/2024 at 12:25pm, the curtains inside the 3South dining room were dusty. V12 (Activity Aide) stated yeah, it's dusty.</p> <p>On 04/22/2024 at 12:38pm, V14 (Maintenance Assistant) went inside 3South dining room and pointed out what were previously observed by the surveyor and V10. V14 stated the paint, and the walls are chipped, there's a missing tile on the ceiling. And the curtains are dusty. V14 also stated there were trash inside the vent. This surveyor inquired if the conditions of the 3South dining room provided home like environment to residents. V14 stated I (V14) don't want to answer that.</p> <p>The (05/02/2017) Maintenance Job Description documented, in part "Summary: The Primary</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>purpose of the Maintenance Director is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current, federal, state, and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, to assure that our facility is maintained in a safe and comfortable manner. Essential Duties and responsibilities. Repair facility/resident property as necessary.</p> <p>The (undated) Resident Care Standards documented, in part "Policy: The following standards are to be practiced by all nursing employees in the performance of direct and indirect care procedures for or with the resident, whether using equipment for technical procedures or when assisting residents to carry out self care activities. These standards will not be repeated again in the individual procedures unless significance warrants repetition. Procedure: Resident environment will be maintained in a manner that protects the resident, is pleasing to the resident and as much as possible in a home-like environment.</p> <p>2. On 4/22/2024 at 10:59am observed the 3 south shower room floors, observed a green colored matter on the shower floor.</p> <p>On 4/22/2024 at 12:42pm observed in the 3 north dining room paint peeling from the walls, the heating vent cover along the lower wall below the windows in the 3 north dining room covered with black markings, and the baseboard on the right side when entering the 3 north dining room door is peeling away from the wall.</p> <p>On 4/23/2024 at 11:41am V24 (Maintenance Director) stated the green discoloration on the 3 south shower floor is from the water. V24 stated</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>that can be cleaned up. V24 stated the green discoloration is causing the shower floor to be slippery and that can be a risk for the residents. V24 stated the green discoloration on the shower floor may be algae. V24 stated the walls in the 3 north dining room are damaged because of the resident's wheelchairs rubbing against the walls and the dining room tables pushing against the walls causing scraping. V24 stated the walls will need to be repaired and repainted. V24 stated the heating vent covers along the bottom of the wall in the 3 north dining room are scraped with black markings because of resident's wheelchairs rubbing against the vent covers. V24 stated the vent covers need to be repainted also. V24 stated the brown baseboard peeling from the wall in the 3 north dining room can be removed and replaced.</p> <p>3. R8 is 57 year old with diagnosis including but not limited to: Malignant neoplasm of cervix uteri, unspecified injury of unspecified kidney, Type 2 diabetes mellitus without complications and major depressive disorder.</p> <p>On 04/22/2024 at 12:50 PM, Surveyor observed a detached power socket on the 2nd floor near R8's bedroom. The red emergency power socket had wires exposed and was not fixated to the wall. At that time, R8 was sitting outside of her bedroom and said, "That socket has been like that for a long time now. I am worried that myself, or another resident will get hurt because that is a hazard. It shouldn't be that way." R8 then asked Surveyor to come into her (R8's) room for observations.</p> <p>On 04/22/2024 at 12:50 PM, Surveyor observed R8's wall near her sink with chipped drywall and paint. R8's air conditioner near her bed was without a cover and with exposed electrical</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>wiring. At that time, R8 said, "It doesn't make any sense for my room to look like this. No one should have to live like this. This needs to be fixed."</p> <p>On 04/23/2024 during investigation, V24 (Maintenance Director) went to R8's room to make observations.</p> <p>Surveyor inquired about the environmental findings.</p> <p>On 4/23/2024 at 11:40 AM, V24 (Maintenance Director) said, "The power socket should be screwed to the wall. This could be a hazard. Someone can run into it with their wheelchair. R8's Air conditioner should be removed from the room. It doesn't work anyway. The Air conditioner is not plugged right now, but it could be a hazard if it is plugged because it is so close to R8's bed. The paint and dry wall should be intact and not peeling from the wall. I just started here today, but I will put these things on my work order list."</p> <p>(C)</p> <p>3 of 7 300.1810g)</p> <p>Section 300.1810 Resident Record Requirement</p> <p>g) A medication administration record shall be maintained, which contains the date and time each medication is given, name of drug, dosage, and by whom administered.</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that a resident's medications are</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>administered as ordered by the physician. This failure affected three residents (R1, R2, and R3) of fifteen residents reviewed for quality of care and administration of prescribed medications.</p> <p>Findings include:</p> <p>On 4/23/2024 at 1:00pm, V2 (Director of Nursing) presented R1's Medication Administration Records and Physician Order Sheets which were reviewed. There were missing entries of Nurses' signatures on the medication administration records for April 2024 (4/1/2024-4/30/2024) as follows:</p> <p>April 2nd, 10th, and 15th at bedtime-Atorvastatin Calcium Tablet 10mg(milligrams) Give 1 tablet by mouth.</p> <p>April 2nd, 10th, and 15th in the evening-Clonidine HCL (hydrochloride) Tablet 0.1 mg Give 1 tablet by mouth.</p> <p>April 2nd, 10th, and 15th in the evening-Cyclobenzaprine HCL (hydrochloride) Tablet 10mg Give 10mg by mouth.</p> <p>April 9th 5am-6am Lidoderm Patch 5% Apply to intact skin only topically.</p> <p>April 2nd, 10th, and 15th at 2100-Melatonin Oral Tablet 10mg Give 1 tablet by mouth.</p> <p>April 10th and April 15th at bedtime-Mirtazapine Oral Tablet 15mg by mouth.</p> <p>April 2nd at bedtime-Mirtazapine Oral Tablet 15mg Give 22.5mg by mouth.</p> <p>April 10th and April 15th at 2100-Tamsulosin HCL Oral Capsule 0.4mg Give 1 capsule by mouth.</p> <p>April 2nd, 10th, and 15th at 2000-Trazodone HCL oral tablet 100mg Give 200mg by mouth.</p> <p>April 2nd at 2000-Trazodone HCL oral tablet 50mg Give 25mg by mouth.</p> <p>April 10th and April 15th at 2000-Trazodone HCL oral tablet 50mg Give 50mg by mouth.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>April 7th and April 9th at 0600-Hydralazine HCL Oral tablet 50mg Give 50mg by mouth every 8 hours. April 2nd, 3rd, 7th, 10th, and 16th at 2200-Hydralazine HCL Oral tablet 50mg Give 50mg by mouth every 8 hours.</p> <p>R1's diagnosis includes but are not limited to type 2 diabetes mellitus without complications, unspecified fracture of lower end of unspecified ulna, subsequent encounter for closed fracture with routine healing, other fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing, multiple fractures of ribs, unspecified side, subsequent encounter for fracture with routine healing, laceration of unspecified kidney, unspecified degree, subsequent encounter, tobacco use, hyperkalemia, puncture wound of abdominal wall without foreign body, unspecified quadrant without penetration into peritoneal cavity, subsequent encounter, accidental discharge from unspecified firearms or gun, subsequent encounter, opioid use, unspecified, uncomplicated, gastro-esophageal reflux disease without esophagitis, insomnia, unspecified, essential (primary) hypertension, primary insomnia, and unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing.</p> <p>On 4/23/2024 at 1:00pm, V2 (Director of Nursing) presented R2's Medication Administration Records and Physician Order Sheets which were reviewed. There were missing entries of Nurses' signatures on the medication administration records for April 2024 (4/1/2024-4/30/2024) as follows:</p> <p>April 20th at 2100-Atorvastatin Calcium Tablet</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>20mg Give 1 tablet by mouth. April 20th at 2100-Mirtazapine Tablet 7.5mg Give 1 tablet by mouth. April 9th, 13th, and 20th at 0000-Albuterol Sulfate Nebulization Solution (2.5mg/3ml) 0.083% 3 milliliter inhale orally via nebulizer every 6 hours. April 9th, 13th, and 20th at 0600-Albuterol Sulfate Nebulization Solution (2.5mg/3ml) 0.083% 3 milliliter inhale orally via nebulizer every 6 hours.</p> <p>R2's diagnosis includes but are not limited to cerebrovascular disease, unspecified, chronic obstructive pulmonary disease, unspecified, other nonspecific abnormal finding of lung field, essential (primary) hypertension, personal history of covid-19, major depressive disorder, single episode, unspecified, unspecified mood [affective] disorder, thyrotoxicosis, unspecified without thyrotoxic crisis or storm, other respiratory disorders, type 2 diabetes mellitus without complications and other Alzheimer's disease.</p> <p>On 4/23/2024 at 1:00pm, V2 (Director of Nursing) presented R3's Medication Administration Records and Physician Order Sheets which were reviewed. There were missing entries of Nurses' signatures on the medication administration record for April 2024(4/1/2024-4/30/2024) as follows:</p> <p>April 20th at 2100-Famotidine Oral Tablet 40mg Give 1 tablet by mouth.</p> <p>R3's diagnosis includes but are not limited to schizophrenia, unspecified, hyperlipidemia, unspecified, hypotension, unspecified, contusion of scalp, initial encounter, unspecified fall, initial encounter, low back pain, unspecified, unspecified severe protein-calorie malnutrition, unspecified glaucoma, unspecified asthma,</p>	S9999		

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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
S9999	<p>Continued From page 12</p> <p>uncomplicated, unspecified dementia, unspecified severity, with other behavioral disturbance, shortness of breath, personal history of covid-19, disorganized schizophrenia, gastro-esophageal reflux disease without esophagitis, and constipation, unspecified.</p> <p>On 4/24/2024 at 11:34am V2 (DON/Director of Nursing) stated the nurses are responsible for administering the medications to the residents. V2 stated when there are missing nurse's initials on the medication administration record and the box is empty for a resident's scheduled dose of medication this indicates that the medication was not given or that the nurse forgot to initial the medication administration record. V2 stated the nurse is to document the administration of a resident's medication after the medication is given to the resident; V2 stated that is my expectation for all nurses working in the facility. V2 stated if a scheduled medication is not administered to a resident the nurse is to document in a progress note why the medication was not given. V2 stated the nurse is to notify the doctor and the family that the medication was not administered to the resident. V2 stated a code can be used on the medication administration record indicating why a medication was not administered to the resident; but I like to put it in a progress note to indicate a little more detail as to why the medication was not given to the resident. V2 stated with best practice standards in mind, missing initials on the medication administration record or no documentation of a code indicating why a resident's medication was not administered would indicate that the medication was not given to the resident.</p> <p>On 4/24/2024 at 12:47pm V13 (RN/Registered Nurse) stated when I administer medications to</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>the resident's I sign out the medications when I administer the medications to the residents. V13 said, with best practice standards in mind the medication was not given to the resident if there are missing nurse's initials on the medication administration record for a scheduled dose of medication.</p> <p>On 4/24/2024 reviewed the facility's Medication Administration Policy with a revision date of 5/1/23 which documents in part, Purpose: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations. 8. The individual administering the medication shall initial the resident's Medication Administration Record (MAR) on the appropriate line and date for that specific day before administering the medication. 9. Should a drug be withheld, refused, or given other than at the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that particular drug and document a rationale. 10. If it is discovered the person administering medications has forgot to initial in the appropriate space, the supervisor shall notify that person to investigate if the medication/treatment has been administered/performed.</p> <p>On 4/24/2024 reviewed the facility's Registered Nurse job description dated 05/02/2017 which documents in part, perform routine charting duties as required and in accordance with established charting and documentation policies and procedures.</p> <p>On 4/24/2024 reviewed the facility's Licensed Practical Nurse job description dated 05/02/2017 which documents in part, perform routine charting duties as required and in accordance with</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>established charting and documentation policies and procedures.</p> <p>(B)</p> <p>4 of 7 300.2100</p> <p>Section 300.2100 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to label food items with a date indicating when the food item was stored and when the food item should be discarded. This has the potential to affect all 188 residents in the facility who receive an oral diet.</p> <p>Findings include:</p> <p>On 4/22/2024 at 9:33am surveyor completed an inspection of the walk-in cooler, walk-in freezer, and dry storage room with V3 (Dietary Manager). Observed a box of cabbage in the walk-in cooler not labeled with a date it was placed into the cooler. Observed a box of pre-sliced sweet potato pies (2 pies in the box) the box was not dated with a date it was placed in the freezer, also observed two boxes of cheese pizzas with no date indicating when it was placed in the freezer. In the dry storage room observed a box of 200 (2-ounce grape, mixed fruit, and strawberry jelly</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>packets) not labeled with a date indicating when the box was stored on the shelf.</p> <p>On 04/24/2024 at 1:26pm V3 (Dietary Manager) stated the purpose of labeling the food boxes in the cooler, freezer and dry storage room is to make sure no outdated foods are being stored in the areas. V3 stated I do not want the foods to start growing bacteria. V3 stated any staff person who stores the food items can label the food items. V3 stated if a resident were to consume expired foods; the resident can get sick and possibly die.</p> <p>On 4/24/2024 reviewed of facility's policy titled Storage of Refrigerated Foods, documents in part, Policy: Refrigerated food is stored in a manner that ensures food safety and preservation of nutritive value and quality. Food in the refrigerator is covered, labeled, and dated with a use by date.</p> <p>(C)</p> <p>5 of 7 300.610c)</p> <p>Section 300.610 Resident Care Policies</p> <p>c) The written policies shall include, at a minimum the following provisions: 2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray).</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on observations and interview, the facility failed to have a policy for identifying a resident and their room for oxygen in use. This affected one resident (R3) and could potentially affect all residents using oxygen.</p> <p>Findings include:</p> <p>On 4/22/2024 at 11:10am R3 observed laying in the bed awake and alert. Observed R3 with oxygen concentrator machine running at 4 liters of oxygen. R3 stated I have been on oxygen for seven weeks now. Surveyor observed no oxygen signage on the outside of R3's door indicating that oxygen is in use in R3's room.</p> <p>On 4/22/2024 at 11:16am V5(Licensed Practical Nurse) stated yes there is supposed to be a sign posted if a resident is receiving oxygen therapy. V5 stated about one month ago R3 went out to the hospital and returned to the facility with oxygen.</p> <p>On 4/22/2024 at 11:25am V5(Licensed Practical Nurse) was observed placing a sign on R3's room door. The sign posted by V5 documented "Oxygen No Smoking No Open Flames".</p> <p>On 4/24/2024 at 11:04am V2(DON/Director of Nursing) stated any nurse who receives the order for a resident's oxygen therapy can set the oxygen up for administration. V2 stated some of the hazards of oxygen therapy use include if someone is smoking near a resident using oxygen, this is a fire hazard. V2 stated the nurses should be educating the resident, the resident's roommates, and the resident's family regarding no lighters being used in the resident's room, no</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>smoking products near the resident, making sure the oxygen tubing is free, the resident is not laying on the tubing blocking the flow of oxygen. V2 stated there should be an "Oxygen in use" sign on the resident's door if the resident is using oxygen; V2 stated the sign is usually only on the outside of the resident's door.</p> <p>On 4/24/2024 the facility was unable to provide a policy regarding properly notifying staff and visitors of the safety precautions when oxygen is in use in a resident's room.</p> <p style="text-align: center;">(C)</p> <p>6 of 7 300.610a) 300.1210b)3) 300.1210d)4)A)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on observation, interviews and record review the facility failed to ensure that one dependent resident (R11) received incontinent care within a reasonable time frame. This failure has affected one of four residents reviewed for incontinent care.</p> <p>Findings include:</p> <p>R11 is 78 year old with diagnosis including but not limited to: Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Muscle weakness, difficulty in walking, unspecified lack of coordination and muscle wasting.</p> <p>On 04/23/2024, during floor rounds, R11 was observed lying in bed.</p> <p>On 04/23/2024 at 6:30 AM, R11 said, "I'm wet. I need to be changed. I am waiting for my CNA (Certified Nurse Assistant) to come and change me."</p> <p>At that time, V20 (CNA) entered R11's room to change her (R11).</p> <p>R11 gave Surveyor permission to observe her (R11) incontinent care.</p> <p>On 04/23/2024 at 6:33 AM, R11's brief was soiled and appeared dark yellow in color. R8's bed pad was soiled with a brownish colored ring around the urine stain.</p> <p>On 04/23/2024 at 6:33 AM, R11 said, "The last time I was changed was before I went to bed at 10:00 PM. The other CNA changed me last on</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>the 3-11 PM shift.</p> <p>On 04/23/2024 at 6:45 AM, V20 (CNA) said, "I last changed R8 at about 1:00 AM when I did my rounds at 1:00 AM."</p> <p>Surveyor asked if V20 had rounded on R11 anytime between 1 AM and 6 AM for safety and incontinent care.</p> <p>On 04/23/2024 at 6:45 AM, V20 (CNA) said, "I'm not sure when I last rounded on R11."</p> <p>Surveyor inquired about the facility's rounding protocol.</p> <p>On 04/23/2024 at 6:45 AM, V20 (CNA) said, "We (CNAs) are supposed to round every two hours and sometimes more often when needed."</p> <p>On 04/23/2024 6:47 AM, V18 (Assistant Director of Nursing) said, "Residents should be rounded on every two hours for incontinent care. It is unacceptable for a resident to not be changed for 5.5 hours."</p> <p>Surveyor inquired about facility expectations concerning incontinent care and rounding.</p> <p>On 4/24/2024 at 11:10 AM, V2 (Director of Nursing/ DON) said, "I (V2) expect that all patients stay clean and dry. I expect that rounding be done at least every two hours. It is important to make sure that the needs are met for the residents and that they are safe."</p> <p>Surveyor inquired about the brown ring observed on R11's bed pad.</p> <p>On 4/24/2024 at 11:10 AM, V2 (DON) said, "I</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>absolutely don't expect to find a saturated brief or a bed pad with a brown ring around it. A brown ring on linen or a bed pad indicates that the urine had dried up and that it had been there for a while."</p> <p>R11's Section GG- Functional Abilities and Goals from the MDS (Minimal Data Set) dated 03/01/2024 documents, R11 cannot independently maintain perineal hygiene. R11 requires assistance with incontinent care.</p> <p>Facility Policy titled Incontinency Care documents, incontinent resident will be checked periodically every two hours and provided perineal and genital care after each episode.</p> <p>Facility Policy titled Supervision and Safety documents, Staff will make routine visual rounds on residents based on their level of need.</p> <p style="text-align: right;">(B)</p> <p>7 of 7 300.610a) 300.1650a) 300.1650d)1) Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1650 Control of Medications</p> <p>a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.</p> <p>d) Inventory Controls</p> <p>1) For all Schedule II controlled substances, a controlled substances record shall be maintained that lists on separate sheets, for each type and strength of Schedule II controlled substance, the following information: date, time administered, name of resident, dose, licensed prescriber's name, signature of person administering dose, and number of doses remaining.</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on observation, interviews and record review the facility failed to ensure that a controlled medication was administered to one resident (R10) as scheduled. The facility failed to ensure that the Narcotic Accountability record for the 2 South's Medication cart two was accurate for one resident (R10). This failure affected one of 20 residents reviewed for controlled substances.</p> <p>Findings include:</p> <p>R10 is 44 year old with diagnosis including but not limited to: Cerebral infarction, vascular dementia, Cognitive communication disorder, cerebral palsy and chronic pain.</p>	S9999		

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S9999	<p>Continued From page 23</p> <p>On 4/23/2024 during investigation, Surveyor conducting a count for controlled substances on 2 South's Medication cart two with V19 (Licensed Practical Nurse/ LPN).</p> <p>On 4/23/2024 at 7:32 AM, Surveyor noted that R10's medication dispensing card contained 26 Norco tablets and the Narcotic Accountability record documented 25 Hydrocodone tablets.</p> <p>At that time, V19 LPN said, "V17 signed the Norco out. I don't know why the count is off. There should only be 25 Hydrocodone tablets left."</p> <p>On 4/23/2024 at 7:35 AM, V17 was reached via telephone and said, "I forgot to give R10's Hydrocodone. I was planning to give it to him after I signed it out but I was rushing."</p> <p>Surveyor inquired about the expectations regarding Narcotic accountability.</p> <p>On 4/24/2024 at 11:10 AM, V2 (Director of Nursing) said, "I expect that if there is a scheduled medication, it should be given in a timely manner. A signature on the narcotic sheet indicates that the nurse gave the medication that was signed for. I expect that the number on the accountability record reflects what's on the cart. Medication should be documented that it was administered after it has been administered. If a scheduled medication is not administered to the resident, it should be documented that it was not given, with an explanation. The Doctor should also be notified if a medication was not issued."</p> <p>R10 Physician Order Sheet documents, Active orders as of 04/23/2024 includes Hydrocodone</p>	S9999		

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S9999	<p>Continued From page 24</p> <p>oral tablet 5-325 MG, give one tablet by mouth every six hours for pain.</p> <p>Facility Medication Administration Audit report dated 04/23/2024 documents, Hydrocodone oral tablet 5-325 MG administered by V17 (LPN) on 04/23/2024 at 7:01 AM.</p> <p>Facility Controlled Drug Receipt/Record/Disposition Form documents, one Hydrocodone tab given to R10 on 4/23/2024 by V17 (LPN); 25 tablets remaining after administration.</p> <p>Facility policy titled Controlled Substance Storage documents, Controlled substance inventory is regularly reconciled to the Medication Administration Record and Controlled Substance Count Record.</p> <p>(B)</p>	S9999		