

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2021
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE S830 - WESTLAND DR SPRING VALLEY, WI 54767		
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F 000	INITIAL COMMENTS This was a recertification and complaint survey conducted at Spring Valley Health & Rehabilitation Center from 03/22/2021 through 03/24/2021. Federal citations issued: 11 The most serious citation was F600 cited at a severity/scope level of G (Actual harm that is not immediate jeopardy/isolated). Census: 27 Sample size: 12 Supplemental sample size: 2	F 000			
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure each resident is free from sexual abuse from other residents or	F 600			

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

TITLE

(X6) DATE

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

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F 600	<p>Continued From page 1</p> <p>the likelihood of future abuse occurring. This occurred for 1 of 2 residents (Resident (R) 16) reviewed for abuse.</p> <p>*R9 sexually abused R16 in the dining room. R9's care plan states R9 is not to be allowed to be with female residents unattended. Facility failed to prevent future sexual abuse of R16 from occurring. R16's care plan was not updated with abuse interventions to protect R16 and other residents from further abuse.</p> <p>This is evidenced by:</p> <p>Facility policy for Preventing Violations of Resident's Rights and Resident Abuse. Policy states, in part: "...The Spring Valley Health and Rehabilitation Center strictly enforces the Resident Rights of all Residents. All forms of abuse, neglect, mistreatment, and misappropriation of Resident property are strictly prohibited. Violations of Resident Rights will be fully investigated taking appropriate remedial action and reporting as indicated to the regulatory agencies and/or law enforcement agencies..."</p> <p>The policy states, in part: "...Immediately upon learning of an allegation and throughout the reporting and administrative investigation, the Spring Valley Health and Rehabilitation Center will take every necessary precaution to protect the resident(s) from any potential harm, any possible subsequent incidents of misconduct or retaliation including those person(s) reporting an allegation or witnesses providing information on the allegation..."</p> <p>The policy states, in part: "...So as to eliminate future occurrences of resident rights and resident</p>	F 600			

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F 600	<p>Continued From page 2</p> <p>abuse, responses can include, but are not limited to: 1. Review and resolution by the Spring Valley Health and Rehabilitation Center, Inc., Board of Commissioners to commit resources and/or establish policy (ies) determined to be appropriate to address an occurrence or potential occurrence. 2. Study and analysis by the Quarterly Quality Assessment and Assurance Committee or a Sub-committee so as to develop and implement studies and subsequent action plans that could eliminate occurrences or potential occurrences. 3. Development or revision of Departmental Procedures providing clearer guidance to staff so as to eliminate occurrences or potential occurrences. 4. Administrative directives or initiatives that address occurrences and potential occurrences, especially those needing immediate intervention and action..."</p> <p>On 03/22/21, Surveyor reviewed R9's medical record. R9 was admitted to the facility 07/24/19. R9 has diagnoses which include, in part: "...Major depressive disorder, and vascular dementia without behavioral disturbances..." R9 has a Brief Interview for Mental Status Score (BIMS) of 5 of 15 possible points. According to the BIMS assessment, a score of 5 indicates severe cognitive impairment.</p> <p>On 03/22/21, Surveyor reviewed a document, dated 06/24/20, which stated facility knew of R9's history of inappropriate sexual behaviors with other residents. The document stated an appropriate care plan was put into place with the appropriate interventions for the safety of the residents.</p> <p>Surveyor reviewed R9's 06/24/20 care plan. The care plan states, in part: "...Problem</p>	F 600			

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F 600	Continued From page 3 (BEHAVIOR) related to history of sexual misconduct; dementia related to dementia environmental triggers manifested by inappropriate touching. Potential for disruptive behavior (sexual) primarily directed at young staff, potential for others. Interventions: Nurses-Identify patterns of behavior, if [R9] is making sexually inappropriate comments during cares, staff may redirect with statements such as "that is inappropriate", "that makes me uncomfortable" do not allow resident to be with female residents unattended with other female residents, staff may choose to do cares with 2 staff if resident is making any sexually inappropriate comments or gestures. Nurse Aide-Report to nurse any inappropriate comments or gestures, staff may choose to do care with 2 staff if resident is making any sexually inappropriate comments or gestures. Do not allow resident to be left unattended with other female residents. Record behaviors. Maintain safety of resident and others. Report pain indicators. 01/13/21 Social Services-1:1 visits. Review quarterly behavior document with behavioral consultant and prn. Identify unique characteristics that may be used to reduce agitation (eg: work history, hobbies, sense of identity)"... Care plan states, in part: ..."R9 is transferred using a sit to stand. Eating is independent after tray set-up. Interventions state, in part: ..."03/11/21 Nurse Aide---Other Special Directions: Certified Nursing Assistant (CNA) may use assist of 2 at any time. Resident has a history of sexually inappropriate behaviors, please notify nurse of any episodes. If resident exhibits behaviors, please ensure he is safe and attempt to re-approach at a later time. Resident must be a 1:1 when in dining room."	F 600			

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F 600	<p>Continued From page 4</p> <p>The intervention on 3/11/21, does not identify why R9 needs to be 1:1 in the dining room. This intervention does not protect female residents that are in the hallway or in their rooms. R9 is mobile and can get into other rooms and down the hallways of the facility by propelling his wheelchair.</p> <p>Surveyor reviewed R9's nurse's notes. On 01/04/21, emergency room visit. On 01/30/21, sexually inappropriate behavior toward others, such as grabbing, touching times 3, intervention: 1:1 outcome: unchanged. . On 03/03/21, no behaviors. On 03/10/21, tried to hit CNA, going in other's rooms three times during shift, unable to redirect him. Charged at staff while in wheelchair. On 03/11/21, no behaviors noted. On 03/17/21, "Sexually inappropriate with another female resident."</p> <p>No other information documented on this incident. No documentation in medical record of physician notification of abuse incident or family notification of abuse incident.</p> <p>On 03/22/21 at 3:50 P.M., Surveyor interviewed CNA G. Surveyor asked if R9 has had inappropriate interactions with staff or residents. CNA G stated, "No, not that I know of." Surveyor asked if CNA heard about any inappropriate behaviors of R9 toward residents or staff. CNA stated, "No." Surveyor asked what type of behaviors R9 exhibits are monitored. CNA G stated there was nothing really, except staff has to make sure he is alone and supervised due to history of behaviors. Surveyor asked if these behaviors occurred in the facility or elsewhere. CNA G stated, "I'm not sure," Surveyor asked if R9 is allowed to be in same room with other</p>	F 600			

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F 600	<p>Continued From page 5</p> <p>residents. CNA G stated he can be with other residents, but he has to be supervised. Surveyor asked if R9 has displayed any odd behaviors. CNA G stated, "No."</p> <p>On 03/23/21 at 2:38 P.M., CNA G returned to facility to speak with Surveyor and clarify information given in interview on 03/22/21. CNA G stated, I was told to lie about R9 by DON B. I wasn't here that day, but heard that he touched another resident.</p> <p>On 03/22/21 at 4:03 P.M., Surveyor interviewed Registered Nurse (RN) D. Surveyor asked if R9 has inappropriate behaviors. RN D stated he has had inappropriate behaviors. RN D stated R9 has touched staff, does not know if he has touched residents inappropriately. Surveyor asked what type of touch with the staff does R9 exhibit. RN D stated R9 will grab female breasts. Surveyor asked if staff ever reported him touching other residents. RN D stated, "No." Surveyor asked when staff gets touched and staff tells him to stop, is he aggressive. RN D stated he will just stop. He is redirected easily. Surveyor asked if behaviors are documented. RN D stated the aides used to document, but that is changing. The nurse will be documenting a summary note weekly on behaviors.</p> <p>On 03/22/21 at 4:48 P.M., RN D returned to the conference room and handed Surveyor a note. Note stated "I'm sorry I withheld information. My DON asked me to as I did not witness the incident. [R9] exposed and touched another resident. The resident was [R16]."</p> <p>On 03/23/21 at 11:48 AM, Surveyor received a phone call from RN D. RN D told Surveyor that</p>	F 600			

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F 600	<p>Continued From page 6</p> <p>she wasn't truthful in her interview on 03/22/21. RN D stated her boss, DON B, prior to meeting Surveyor yesterday, had her change her documentation in the chart on R9. RN D stated R16 never has such behavior. RN D stated that the wording she changed in the chart had said, "Resident was sexually inappropriate behaviors towards another resident in the dining room." RN D stated the wording was changed to, "Resident was sexually inappropriate in the dining room."</p> <p>On 03/22/21 at 4:56 P.M., Surveyor interviewed CNA H. Surveyor asked CNA H if R9 exhibited any inappropriate behaviors toward other residents or staff. CNA H stated, "No." Surveyor asked if CNA H heard of any inappropriate behaviors through other staff. CNA H stated, "No." Surveyor asked when resident is in the dining room, can he go sit with another resident if he wants to. CNA H stated that he has to be 6 feet apart for social distancing. Surveyor asked if R9 had any behaviors that are monitored and have to be documented. CNA H stated, "No."</p> <p>On 03/23/21 at 12:16 P.M., CNA H stated when she started working at the nursing home, the women training her told her that R9 had sexual behaviors. CNA H has never seen anything but wanted to correct her statement.</p> <p>On 03/23/21 at 10:25 AM, Surveyor interviewed RN E. Surveyor asked RN E if any inappropriate behaviors by R9 were ever witnessed by her. RN E stated she never witnessed any inappropriate behaviors, but she would see him move towards other residents and would redirect him. Surveyor asked if R9 is monitored for any behaviors. RN E stated resident is monitored for inappropriate touching of staff or comments and also with</p>	F 600			

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F 600	<p>Continued From page 7</p> <p>residents. Surveyor asked RN E if she is aware of any incidents involving R9's inappropriate behaviors. RN E stated there was a dining room incident and she heard about it after she had gotten to work. R9 was witnessed by Occupational Therapy Assistant (OTA) F, where he had his hand on a female resident's breast and her shirt was lifted up. RN E stated she was informed the OTA F separated the residents and the office was monitoring the resident for the rest of the day because there was not enough staff do 1:1 supervision. RN E stated she also has heard R9 say inappropriate things to residents and staff.</p> <p>On 03/23/21 at 10:45 A.M., Surveyor interviewed OTA F. Surveyor asked if OTA F ever witnessed any inappropriate behaviors of R9. OTA F stated, "Yes, I have." OTA F stated she witnessed R9 lifting up R16's shirt and touching her breast. The OTA F stated R16 was making uncomfortable sounds, such as "Ah, Ah." OTA F stated she separated the residents and reported to RN C. OTA F stated she took R9 to his room and the RN C assessed R16.</p> <p>On 03/23/21 at 2:58 PM, Surveyor interviewed RN C. Surveyor asked if RN C knew of any incident of inappropriate behavior of R9. RN C stated resident has a history of inappropriate touch. Surveyor asked if there have been any incidents with R9. RN C stated there have been incidents with younger staff who lack experience working with residents. RN C stated 2 CNAs should enter R9's room when assisting resident. Surveyor asked RN C if R9 has had any incidents of inappropriate behavior with other residents. RN C stated he had touched a CNA's breasts. RN C stated she believed he had also with other residents. RN C stated she didn't see the</p>	F 600			

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F 600	<p>Continued From page 8</p> <p>incident, but a report came through on another resident and an investigation was done. RN C stated who the other resident was in the incident, R16. R9 had his chair behind R16's chair and was touching her breast and R16's shirt was lifted up. RN C stated R16 has inappropriate behaviors and will lift her shirt up inappropriately. RN C stated therapy reported the incident to her. RN C stated therapy took R9 to his room and she assessed R16 and R16 showed no signs of distress. RN C stated DON B contacted the family of R16. Surveyor asked what interventions were put into place after the incident. RN C stated 1:1 supervision was put into place.</p> <p>On 03/24/21 at 10:00 A.M., Surveyor interviewed DON B. Surveyor asked DON B if she was aware of any behavioral incidents of R9 with other residents or staff. DON B stated she was aware of both. Surveyor asked what behaviors were you aware of. DON B stated sexual inappropriate behaviors like touching. DON B stated if a CNA was with a resident, he would touch their butt or reach across and touch their breasts. Surveyor asked about any behaviors with other residents. DON B stated there was an incident where R9 touched another female resident's breast. R9 went around by R16 and was seen by therapy with his hand on her breast and her shirt was lifted up. The DON B stated the staff moved R9 and made sure R16 was safe. DON B stated the care plan was updated for 1:1 supervision of R9 after the incident. Surveyor asked DON B if both residents' physicians and families were notified of the incident. DON B stated they were notified. Surveyor asked why didn't the medical records have any documentation of the incident or notifications of physicians or families. DON B stated it isn't in the record, and it was probably</p>	F 600			

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F 600	<p>Continued From page 9</p> <p>written elsewhere. Surveyor asked if DON B knew of resident's history of sexual behaviors. DON B stated yes. Surveyor stated such documentation should be part of the medical record of the resident. Surveyor stated to DON B that during staff interviews it was brought forth by the staff that DON B told staff to lie and to state general behaviors of residents when they met with the surveyors. DON B denied this. DON B stated, "If I were to lie, I wasn't trying to hide it..." Surveyor asked DON B about having an RN change documentation on R9 to remove the words "another resident" from the sentence "sexually inappropriate with another resident." DON B stated she was trying to get the RN to document only what she saw or heard and that she did not ask her to change the documentation. DON B stated, "If I wanted documentation changed, I could have changed it myself." Surveyor asked why incident was not reported by the facility. DON B stated that according to the flowsheet it states that those who don't know what they are doing, you don't have to report it.</p> <p>Staff identified R16 as being the victim of R9's sexual advances. Surveyor reviewed R16's medical record. R16 was admitted to the facility on 11/16/20. R16's diagnoses include, in part: "...Unspecified dementia without behavioral disturbances, and major depressive disorders..." R16's BIMS score is 1 of 15 possible points which indicates severe cognitive impairment.</p> <p>Surveyor reviewed R16's care plan. Care plan states, in part: "...12/09/20 Problem (ADLS/FUNCTIONAL)-Self-care deficit needs total assist with bed mobility, transfers, toilet use, needs limited assist with eating related to acute illness (hx of frequent falls), chronic illness</p>	F 600			

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F 600	<p>Continued From page 10 (osteoarthritis) decreased mobility, muscle weakness, dementia manifested by decreased (Activity of Daily Living) ADL participation..."</p> <p>Care plan states, in part: "...11/27/20 Problem (COGNITIVE LOSS) Cognitive loss Potential for 02/17/21 Problem (COGNITIVE LOSS) Cognitive loss related to depression related to Alzheimer's/dementia depression manifested by impairment noted with ability to make safe decisions. Decline in performance of activities of daily living, or instrumental ADLS. Interventions: Social Services-1:1 visits. Assess cognitive status. Encourage resident to express feelings regarding current situation and anticipated changes. Assess/monitor for behavior changes, including agitation, anxiety, aggression, delusions, hallucinations, and/or decreased inhibitions. Assess for signs/symptoms of depression. Establish baseline for cognitive abilities with BIMS. Reorient as needed. Encourage socialization. Monitor for changes in cognitive abilities. Provide support to family/significant other (s)..."</p> <p>The care plan does not identify abuse or how staff will maintain the safety of R16 from R9.</p> <p>Surveyor reviewed R16's nurse's notes. No documentation in record regarding abuse incident, physician notification, or family notification.</p> <p>On 03/22/21 at 9:00 a.m., Surveyor observed R9 in his room lying in bed sitting up at a 30 degree angle. R9 is observed to be able to move his hands up above his head. Surveyor tried to interview R9; he would not respond to questions.</p>	F 600			

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F 600	Continued From page 11 On 03/22/21, Surveyor observed R16 eating in dining room for breakfast, lunch and dinner. R16 ate alone at the dining table. On 03/23/21 at 11:39 A.M., Surveyor observed R9 wheeling out of his room door and wheeling himself down hallway. R9 wheeled self approximately 1/3 of the way down hall. CNA J walked down hallway and redirected resident to his room for his lunch meal. Resident in his room eating the lunch meal. On 03/23/21 at 11:59 A.M., R9 finished lunch meal and propelled self in wheelchair out of his room down hallway. R9 was sitting in lounge area and CNA J turned TV on for R9. On 03/23/21 at 12:55 P.M., Surveyor observed R9 propelling self in wheelchair toward exit door. Dietary Director (DD) N stopped R9, and then RN I who was working on the floor assisted R9. R9 had no difficulty propelling self in his wheelchair.	F 600			
F 608 SS=D	Reporting of Reasonable Suspicion of a Crime CFR(s): 483.12(b)(5)(i)-(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. (i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements. (A) Each covered individual shall report to the	F 608			

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F 608	<p>Continued From page 12</p> <p>State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.</p> <p>(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.</p> <p>(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility did not ensure reasonable suspicion of a crime was report to law enforcement within 24 hours of the crime occurring to R16.</p> <p>R16 was observed being inappropriately touched by R9 on 3/11/21. There is no evidence the police were notified when staff had knowledge of sexual abuse occurring.</p> <p>This is evidence by:</p> <p>Facility policy for Preventing Violations of Resident's Rights and Resident Abuse. Policy states, in part:.."The Spring Valley Health and Rehabilitation Center strictly enforces the Resident Rights of all Residents. All forms of abuse, neglect, mistreatment, and misappropriation of Resident property are strictly prohibited. Violations of Resident Rights will be fully investigated taking appropriate remedial</p>	F 608			

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F 608	<p>Continued From page 13</p> <p>action and reporting as indicated to the regulatory agencies and/or law enforcement agencies" ...</p> <p>Care plan review of R9: 03/11/21 R9 Care Plan update: Problem ADLS/FUNCTIONAL Nurse Aide---Other Special Directions:.. Resident has a history of sexually inappropriate behaviors, please notify nurse of any episodes. If resident exhibits behaviors, please ensure he is safe and attempt to re-approach at a later time. Resident must be a 1:1 when in dining room.</p> <p>On 03/23/21 at 10:45 A.M., Surveyor interviewed OTA F. Surveyor asked if OTA F ever witnessed any inappropriate behaviors of R9. OTA F stated, "Yes, I have." OTA F stated she witnessed R9 lifting up R16's shirt and touching her breast. The OTA F stated R16 was making uncomfortable sounds, such as "AH, AH." The OTA F stated she separated the residents and reported to the RN/MDS C. The OTA F stated she took R9 to his room and the RN C assessed R16.</p> <p>On 03/23/21 at 2:58 PM, Surveyor interviewed RN C. Surveyor asked RN C if R9 has had any incidents of inappropriate behavior with other residents. RN C stated he had touched a CNA's breasts. RN C stated she believed he had also with other residents. RN C stated she didn't see the incident, but a report came through on another resident and an investigation was done. RN C stated who the other resident was in the incident; R16. R9 had his chair behind R16's chair and was touching her breast and R16's shirt was lifted up. RN C stated R16 has inappropriate behaviors and will lift her shirt up inappropriately. The RN C stated therapy reported the incident to her. RN C stated therapy took R9 to his room and she assessed R16 and R16 showed no signs of</p>	F 608			

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F 608	Continued From page 14 distress. RN C stated the Director of Nursing (DON) B contacted the family of R16. Surveyor asked what facility staff were involved in the investigation. The RN C stated it was probably Social Services, the DON, the Nursing Home Administrator (NHA), and she herself gave her input. RN C stated the pharmacy consultant was also informed of behavior. On 03/24/21 at 10:00 A.M., Surveyor interviewed DON B. Surveyor asked DON B if she was aware of any behavioral incidents of R9 with other residents or staff. DON B stated she was aware of both. Surveyor asked, " what behaviors were you aware of." DON B stated sexual inappropriate behaviors like touching. DON B stated if a CNA was with a resident, he would touch their butt or reach across and touch their breasts. Surveyor asked about any behaviors with other residents. DON B stated there was an incident where R9 touched another female resident's breast. R9 went around by R16 and was seen by therapy of his hand her breast and her shirt was lifted up. Surveyor asked why incident was not reported by the facility. DON B stated that according to the flowsheet it states that those who don't know what they are doing, you don't have to report it. Surveyor asked if the incident had been reported to the police. DON stated, "No."	F 608			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)	F 609			

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F 609	<p>Continued From page 15</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility did not ensure that 1 Resident (R9) of 1 alleged violations involving abuse was reported to the State Survey Agency.</p> <p>*R9 was sexually inappropriate to R16 in the dining room of the facility on 03/11/21 and the facility did not ensure the State Survey and Certification Agency was notified.</p>	F 609			

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F 609	Continued From page 16 This is evidenced by: Facility policy for Preventing Violations of Resident's Rights and Resident Abuse states, in part: ...Spring Valley Health and Rehabilitation Center Staff are instructed to promptly report any questionable situations or concerns that could be a violation of a resident, or resident abuse to the staff person's supervisor, department director, social services coordinator, or the administrator" ... Policy states, in part: ..."Allegations are to be recorded in writing. Initial information on the allegation can be recorded on the Spring Valley Health and Rehabilitation Center's Resident Safety Report or on the Wisconsin Department of Health Services, Division of Quality Assurance, Bureau of Nursing Home Resident Care Form DSL-2448 Witness Statement. After the initial information on the allegation is collected and compiled it should be received immediately with the Administrator for an administrative investigation"... The policy, states, in part: ..."Reportable alleged violations will be submitted reported to the Wisconsin Department of Health Services, Division of Quality Assurance in accordance with guidelines set forth by the Wisconsin Department of Health, Division of Quality Assurance"...	F 609			
	Care plan review of R9: 03/11/21 R9 Care Plan update: Problem ADLS/FUNCTIONAL Nurse Aide---Other Special Directions: Certified Nursing Assistant (CNA) may use assist of 2 at any time. Resident has a history of sexually inappropriate behaviors, please notify nurse of any episodes. If resident exhibits behaviors, please ensure he is safe and attempt to re-approach at a later time. Resident must be a 1:1 when in dining room.				

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F 609	<p>Continued From page 17</p> <p>On 03/23/21 at 10:45 A.M., Surveyor interviewed OTA F. Surveyor asked if OTA F ever witnessed any inappropriate behaviors of R9. OTA F stated, "Yes, I have." OTA F stated she witnessed R9 lifting up R16's shirt and touching her breast. The OTA F stated R16 was making uncomfortable sounds, such as "AH, AH." The OTA F stated she separated the residents and reported to the RN/MDS C. The OTA F stated she took R9 to his room and the RN C assessed R16.</p> <p>On 03/23/21 at 2:58 PM, Surveyor interviewed RN C. Surveyor asked RN C if R9 has had any incidents of inappropriate behavior with other residents. RN C stated he had touched a CNA's breasts. RN C stated she believed he had also with other residents. RN C stated she didn't see the incident, but a report came through on another resident and an investigation was done. RN C stated who the other resident was in the incident; R16. R9 had his chair behind R16's chair and was touching her breast and R16's shirt was lifted up. RN C stated R16 has inappropriate behaviors and will lift her shirt up inappropriately. The RN C stated therapy reported the incident to her. RN C stated therapy took R9 to his room and she assessed R16 and R16 showed no signs of distress. RN C stated the Director of Nursing (DON) B contacted the family of R16. Surveyor asked what facility staff were involved in the investigation. The RN C stated it was probably Social Services, the DON, the Nursing Home Administrator (NHA), and she herself gave her input. RN C stated the pharmacy consultant was also informed of behavior.</p> <p>On 03/24/21 at 10:00 A.M., Surveyor interviewed DON B. Surveyor asked DON B if she was aware</p>	F 609			

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F 609	Continued From page 18 of any behavioral incidents of R9 with other residents or staff. DON B stated she was aware of both. Surveyor asked, " what behaviors were you aware of." DON B stated sexual inappropriate behaviors like touching. DON B stated if a CNA was with a resident, he would touch their butt or reach across and touch their breasts. Surveyor asked about any behaviors with other residents. DON B stated there was an incident where R9 touched another female resident's breast. R9 went around by R16 and was seen by therapy of his hand her breast and her shirt was lifted up. DON B stated the staff moved R9 and made sure the other R16 was safe. DON B stated the care plan was updated for 1:1 supervision of R9 after the incident. Surveyor asked why incident was not reported by the facility. DON B stated that according to the flowsheet it states that those who don't know what they are doing, you don't have to report it. Surveyor stated to DON the flowsheet states that if the victim can't give a response, consider whether a reasonable person would have experienced psychological distress. DON B stated her understanding was if the resident didn't know what they were doing, it wasn't reportable. On 03/24/21 at 10:30 A.M., Surveyor asked NHA why facility did not report the incident. The NHA stated the flowsheet indicated it wasn't reportable. Surveyor stated the flowsheet indicates that if the victim can't give a response, it needs to be considered whether a reasonable person would have experienced psychological distress, and if so, it is reportable.	F 609			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)	F 610			

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F 610	<p>Continued From page 19</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility did not have evidence that 1 Resident (R) 9 of 1 alleged violations of abuse were thoroughly investigated.</p> <p>*R9 was sexually inappropriate with R16 in the dining room of the facility. Incident witnessed by Occupational Therapy Assistant (OTA) F and reported to Registered Nurse Manager/Minimum Data Set Coordinator(RNM/MDS) C. The facility did not complete an investigation of this incident.</p> <p>This is evidenced by:</p> <p>Facility policy for Preventing Violations of Resident's Rights and Resident Abuse. Policy states, in part: ..."The Spring Valley Health and Rehabilitation Center strictly enforces the Resident Rights of all Residents. All forms of</p>	F 610			

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F 610	<p>Continued From page 20</p> <p>abuse, neglect, mistreatment, and misappropriation of Resident property are strictly prohibited. Violations of Resident Rights will be fully investigated taking appropriate remedial action and reporting as indicated to the regulatory agencies and/or law enforcement agencies" ...</p> <p>The policy states, in part: ..."Any Spring Valley Health and Rehabilitation Center Staff Person having knowledge, witness, or learning of any situation in which there could be an allegation of a Resident's Rights being violated, or Resident abuse by any person, neglect or misappropriation of any Resident's property shall report the situation or concern to supervisory staff person (Registered Nurse, Director of Nursing Services, Social Services Coordinator, or Administrator) and a thorough investigation will be initiated within 24 hours of the allegation being known. Thorough documentation shall be developed and maintained while conducting the investigation into that allegation that documents the course and results of that investigation"...</p> <p>The policy states, in part: ..."Allegations are to be recorded in writing. Initial information on the allegation can be recorded on the Spring Valley Health and Rehabilitation Center's Resident Safety Report or on the Wisconsin Department of Health Services, Division of Quality Assurance, Bureau of Nursing Home Resident Care Form DSL-2448 Witness Statement. After the initial information on the allegation is collected and compiled it should be received immediately with the Administrator for an administrative investigation"...</p> <p>The policy states, in part: ..."The investigation shall culminate in a written summary that should</p>	F 610			

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F 610	<p>Continued From page 21</p> <p>be recorded in "Summarize" section on the Wisconsin Department of Health Services, Division of Quality Assurance, Bureau of Nursing Home Resident Care Form DSL-2447, Report of Alleged Client Abuse, Neglect or Misappropriation" ...</p> <p>The policy states, in part: ..."So as to eliminate future occurrences of resident rights and resident abuse, responses can include, but are not limited to: 1. Review and resolution by the Spring Valley Health and Rehabilitation Center, Inc., Board of Commissioners to commit resources and/or establish policy (ies) determined to be appropriate to address an occurrence or potential occurrence. 2. Study and analysis by the Quarterly Quality Assessment and Assurance Committee or a Sub-committee so as to develop and implement studies and subsequent action plans that could eliminate occurrences or potential occurrences. 3. Development or revision of Departmental Procedures providing clearer guidance to staff so as to eliminate occurrences or potential occurrences. 4. Administrative directives or initiatives that address occurrences and potential occurrences, especially those needing immediate intervention and action" ...</p> <p>On 03/22/21, Surveyor investigated a complaint during the recertification survey regarding an incident of abuse whereby R9 was sitting next to R16 in the dining room. R16's shirt was up and R9 was fondling R16's breast. Upon review of R9's medical record, only documentation in chart regarding incident was dated 03/22/21 under Summary Report and stated, in part: ..."Behaviors reviewed with staff this week. Resident was sexually inappropriate in the dining room" ... No other documentation on incident.</p>	F 610			

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F 610	<p>Continued From page 22</p> <p>Upon review of R16's medical record, there is no documentation on the incident in the medical record.</p> <p>On 03/23/21 at 10:45 A.M., Surveyor interviewed OTA F. Surveyor asked if OTA F ever witnessed any inappropriate behaviors of R9. OTA F stated, "Yes, I have." OTA F stated she witnessed R9 lifting up R16's shirt and touching her breast. The OTA F stated R16 was making uncomfortable sounds, such as "AH, AH." The OTA F stated she separated the residents and reported to the RN C. The OTA F stated she took R9 to his room and the RN C assessed R16.</p> <p>On 03/23/21 at 2:58 PM, Surveyor interviewed Registered Nurse (RN) C. Surveyor asked RN C if R9 has had any incidents of inappropriate behavior with other residents. RN C stated he had touched a CNAs breasts. RN C stated she believed he had also with other residents. RN C stated she didn't see the incident, but a report came through on another resident and an investigation was done. RN C stated who the other resident was in the incident; R16. R9 had his chair behind R16's chair and was touching her breast and R16's shirt was lifted up. RN C stated R16 has inappropriate behaviors and will lift her shirt up inappropriately. RN C stated therapy reported the incident to her. RN C stated therapy took R9 to his room and she assessed R16 and R16 showed no signs of distress. RN C stated the Director of Nursing (DON) B contacted the family of R16. Surveyor asked what facility staff were involved in the investigation. The RN C stated it was probably Social Services, the DON, the Nursing Home Administrator (NHA), and she herself gave her input. RN C stated the pharmacy consultant was also informed of behavior.</p>	F 610			

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F 610	Continued From page 23 On 03/24/21 at 10:00 A.M., Surveyor interviewed Director of Nursing (DON) B. Surveyor asked DON B if she was aware of any behavioral incidents of R9 with other residents or staff. DON B stated she was aware of both. Surveyor asked what behaviors were you aware of. DON B stated sexual inappropriate behaviors like touching. DON B stated if a CNA was with a resident, he would touch their butt or reach across and touch their breasts. Surveyor asked about any behaviors with other residents. DON B stated there was an incident where R9 touched another female resident's breast. R9 went around by R16 and was seen by therapy of his hand her breast and her shirt was lifted up. DON B stated the staff moved R9 and made sure the other R16 was safe. DON B stated the care plan was updated for 1:1 supervision of R9 after the incident. Surveyor asked DON B if both resident's physicians and families were notified of the incident. DON B stated they were notified. Surveyor asked if the facility completed an investigation about the incident. Surveyor stated the medical records do not have any documentation of the incident or notifications of physicians or families. DON B stated it isn't in the record, and it was probably written elsewhere. Surveyor requested the investigation into this incident. On 03/24/21 at 10:30 A.M., Nursing Home Administrator (NHA) A was informed of findings and asked for the investigation. The NHA A and the DON B did not produce any documentation of the investigation of the abuse allegation.	F 610			
F 661 SS=D	Discharge Summary	F 661			

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F 661	<p>Continued From page 24 CFR(s): 483.21(c)(2)(i)-(iv)</p> <p>§483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and record review facility did not complete discharge summary that included recapitulation of the resident's stay. This occurred for 2 of 2 resident (R) discharges reviewed. (R30, R32).</p> <p>Resident 30 discharged from the facility on</p>	F 661			

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F 661	<p>Continued From page 25</p> <p>02/18/21 the facility did not prepare a discharge summary including a recapitulation of the residents stay.</p> <p>R32's record did not contain a discharge summary.</p> <p>This is evidenced by:</p> <ol style="list-style-type: none"> 1. R30 was admitted to the facility with diagnosis including temporal lobe dementia, depression, anxiety, chronic pain and agitation. R 30 is alert and able to walk independently, but is not oriented. <p>Record review on 03/23-24/21 beginning at 08:13 AM, R30's medical record was reviewed. R30 discharged from the facility on 02/18/21. Surveyor was unable to locate a discharge summary for R30.</p> <p>During an interview with the facilities Director of Nursing (DON) B on 03/23/21 at 1 PM, the surveyor stated during the record review for R 30, a discharge summary could not be located. The surveyor requested further information related to the discharge summary. DON B returned later and provided the surveyor with a progress note dated 02/18/21, but did not provide a discharge summary. DON B indicated health information personnel might have further information.</p> <p>On 03/24/21 at 11:24 AM surveyor interviewed Health Information (HI) O, HI O stated she was not at the facility on the day of R30's discharge, but that she would review the discharge information to see if a discharge summary could be located. HI O reviewed R30's documentation and could not find a discharge summary that</p>	F 661			

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F 661	Continued From page 26 included a recapitulation of the resident's stay. On 03/24/21 at 01:03 PM RN C approached the surveyor and relayed the previous medical records/ health information staff person used to initiate the discharge summary and ensure all parts of it were completed. RN C indicated the previous medical records person had quit, and the facility went awhile without a person in that role. RN C felt this discharge occurred during a time when this position was vacant. RN C stated now HI O is in this role, but perhaps this part of the job hadn't passed on to anyone while the position was vacant and HI O had not been informed of the need to ensure discharge summaries are completed. RN C indicated she would relay the need to do this HI O. 2. On 03/24/21, the Surveyor reviewed R32's medical record which indicated R32 was admitted to the facility on 12/31/20 to recuperate from a fall prior to days of not being found at home. R32's medical record indicated R32 was discharged from the facility on 01/12/21. On 03/24/21 at 1:15 PM the Surveyor interviewed RN (C) who verified the facility did not complete a discharge summary with recapulation of stay when R32 was discharged from the facility. RN (C) indicated she was unsure whose job it was to complete.	F 661			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that -	F 689			

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F 689	<p>Continued From page 27</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and record review facility did not ensure adequate supervision and assistive devices to prevent accidents. This occurred for 1 of 2 residents(R) reviewed for accidents.</p> <p>R22 has had numerous falls at the facility. At times, new interventions and assistive devices are put into place, but at other times R22 has had numerous falls in a row and no new interventions or assistive devices have been put into place to prevent further accidents.</p> <p>This is evidenced by:</p> <p>R22 was admitted to the facility with diagnosis including, Parkinson's disease, non traumatic intracerebral hemorrhage, and hydrocephalus.</p> <p>Observations of R22 on 03/22/21 at 01:51 PM revealed, R22 is not safety aware. R22 was observed attempting to sit in a dining room chair, R22 tried sitting before actually backing up to the chair. Staff was observed to intervene and prevent R22 from falling.</p> <p>Surveyor reviewed R22's medical record on 03/22-24/21. Review of R22's medical record reveals R22 has had numerous falls (9). R22's progress notes and plan of care reveal the following information.</p>	F 689			

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F 689	<p>Continued From page 28</p> <p>On 01/14/21 at 10:15 PM R22 fell and was found on the floor in his room.</p> <p>On 01/19/21 at 7:45 AM R22 fell and was found on the floor inside his room.</p> <p>Review of R22's care plan for falls includes the following interventions, put into place on the dates listed.</p> <p>On 01/21/21, room placement conducive to increased monitoring.</p> <p>On 01/29/21, please ensure R22 is wearing brown gym shoes versus slippers during the day. Transfer with assistance, increased help with ADL's (activities of daily living) instruct to call for help, keep personal items in reach. Call button in reach, encourage to ask for assistance, report pain indicators, assist with ambulating, transferring, toileting. Anticipate needs, bed in lower, locked position.</p> <p>On 02/05/21 at 8 PM R22 fell again and was found on floor inside his room.</p> <p>On 02/07/21 at 12:29 AM R22 found on floor inside his room.</p> <p>R22's medical record revealed that the care plan was updated on 02/09/21 to include hipsters(a padded hip garment) at all times. Please assist me and redirect me safety when I am up walking with out assistance. Please ensure I'm wearing my brown gym shoes during the day instead of my slippers, if I am up walking around instruct to call for help, keep personal items within reach. Walker, non skid footwear. The care plan was updated again on 02/22/21 and included, locate near staff when out of bed.</p> <p>Despite these interventions R22 has continued to fall not sustaining any injury.</p> <p>On 03/06/21 at 2:45 AM R22 fell and was found on floor inside his room.</p>	F 689			

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F 689	Continued From page 29 On 03/16/21 at 9 PM R22 fell and was found on floor inside his room. On 03/16/21 at 9:45 PM R22 fell and was found on floor inside his room. On 03/21/21 at 4:44 AM R22 fell and was found on floor inside his room. On 03/22/21 at 1:32 AM R22 fell and was found on floor inside his room. Surveyor's review of the medical record could not locate any new interventions that have been put into place following these 5 falls. During an interview with the Director of Nursing (DON) B on 03/23/21 at 1 PM, Surveyor identified R22 had numerous falls, many during the overnight hours, and that Surveyor was unable to locate any recent new interventions to prevent further falls. DON B stated she is aware R22 is having difficulty with falls, as he is unstable while walking. DON B stated when R22 is up, he is to be located near staff. DON B stated she would review R22's information and get back to this surveyor.	F 689			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must	F 692			

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F 692	<p>Continued From page 30 ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure all residents maintained acceptable parameters of nutritional status such as body weight. This occurred for 1 of 6 sampled residents (R 30) reviewed for nutrition.</p> <p>Resident (R) 30 was admitted to the facility weighing 189 lbs according to their records. The next time R30's weight is recorded as completed was almost two months later and indicated R30 had lost 20 lbs. No changes in interventions were implemented to prevent further weight loss. R30's weight loss continued.</p> <p>This is evidenced by:</p> <p>R30 was admitted to the facility with diagnosis including temporal lobe dementia, depression, anxiety, chronic pain and agitation. R30 is alert and able to walk independently, but is not oriented. R30 is on hospice services.</p>	F 692			

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F 692	<p>Continued From page 31</p> <p>Record review on 03/23/21 beginning at 08:13 AM; R30's medical record included the following information on weights, 12/03/20 Weight 189 lbs standing scale 02/02/21 Weight 169 lbs on the wheel chair (WC) floor scale. 02/13/21 Weight 163 lbs. on WC floor scale.</p> <p>On 12/03/2020, the resident weighed 189 lbs. On 02/02/2021, the resident weighed 163 lbs. which is a -13.76 % loss in 2 months.</p> <p>A dietician note dated 12/14/20 includes the following information. "Weight 189 lbs. 85.5 kg. BMI: 32 indicative of obesity. Usual Body Weight Range 190's. Calorie Needs : 1539-1881 to maintain current weight @ 18-22 kcal/kg x 85.5 kg. Protein factor: Normal (0.8-1.0 kg). Minimum protein: 68 G. Maximum Protein: 86 G. Fluid Factor 30 cc/kg Total fluids 1500-25--@ minimum to 30 cc/kg Wt status loss or gain: High Risk :BMI less than 19 or more than 27 Moderate risk: less than 10% within 6 months. Oral /nutrition intake/ food : Moderate Risk: Intake meets 26-75% of estimated needs. Oral intake nutrition/fluids: High Risk : consumes (less than sign) 1,000 ml /day Comments: Is able to feed self General Regular Diet. Current intake averages 64% with fluids low at 560 CC daily at meals. Vit B-12 will not be supplemented until test is performed indicating need. Receives 2 meds for concerns with constipation, and one for Gout. Current weight of 189# BMI: 32 indicative of obesity per 64" height. Resident could be encouraged to consume more fluids at meals and between, especially water."</p> <p>Care plan dated 12/02/20 Dietary: "provide ordered diet."; Nurse Aid Eating: "I am</p>	F 692			

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F 692	<p>Continued From page 32</p> <p>independent" 12/14/20 states in part "Assure adequate nutrition", "assist where needed", "Report change in physical condition", "Report change in appetite".</p> <p>On 03/24/21 at 10:43 AM Surveyor interviewed Dietary Director (DD) N. Surveyor asked DD N to review R30's weights and tell the surveyor what he found. DD N stated the only weights he sees are 189, 169, 163, confirming there were "no other weights". When asked what the normal procedures for new admissions are for obtaining weights. DD N indicated, normally the procedure is to obtain weights for 7 days in a row, to establish a baseline, and then residents are weighed monthly, but not all residents want to be weighed 7 days in a row. When asked what happens in those cases, DD N stated he usually documents it if they don't. or he will try to assist in obtaining weights.</p> <p>DD N stated he knew R30 was hard to redirect sometimes but that he was not sure why she wasn't weighed. DD N also indicated that he was not aware of her not being weighed for the 7 days at the time. DD N stated he knew her weight was 189 when she came in. When asked if DD N was aware the other 7 day weights were not taken, DD N stated he was not. When asked if he was notified of the other weights, and R 30's weight loss. DD N indicated he was not aware of the weight loss. DD N stated he was unsure if the weights were accurate. DD N added when R30 was first admitted to the facility R30 was on one side of the building and weighed with the scale there and then after R30's 14 day quarantine, R30 moved to a different unit with a different scale on that side. DD N indicated the facility has</p>	F 692			

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F 692	Continued From page 33 3 scales within the building, but he is unsure if they are calibrated and is unsure if they are balanced between each other. DD N theorized this may account for some of the differences in R30's weights. DD N indicated the facility's computer system normally flags and notifies him of weight losses that occur, ensuring he would be notified of weight changes and if they are significant. Then DD N looks into why there is weight loss and puts new interventions into place. DD N stated the computer automatically reviews the weights for a 30, 90 and 180 day period. In discussing the system with DD N he concluded since there was no 30 day weight taken for R30 and entered into the computer, the weight loss was not identified, and a notification was not sent to him. DD N also indicated R30 was started on Hospice on 12/28/20 and they don't usually require weights. DD N stated he was aware R30 wanted to go home, and was frequently pacing due to anxiety, which would have increased her caloric needs. DD N stated he also knew at times R30 wouldn't sit down to eat and she was fixated on family issues. DD N indicated he did not put into place any interventions related to R30's weight loss, as he was not notified about it.	F 692			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	F 761			

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F 761	<p>Continued From page 34 applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility did not label multi-use acetaminophen bottles with date opened. This occurred for 3 of 3 bottles observed.</p> <p>Findings include:</p> <p>Facility policy entitled "Drug Storage Policy - Multi-dose Vials and Multi-use Drug Products," updated 01/30/2009, states in part: "Mark all multi-dose, multi-use, and reconstituted oral products with the date of first use or reconstitution, and include initials of the person opening the multi-use vial or product. Discard all open products without a date."</p> <p>On 03/23/21 at 8:26 AM Surveyor completed review of medication storage in the medication</p>	F 761			

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F 761	<p>Continued From page 35</p> <p>cart on the River Ridge unit with Registered Nurse (RN) I. Surveyor identified an opened multi-use bottle of acetaminophen 500 milligram (mg) tablets that did not have a date opened label on the bottle. RN I said it is the facility policy to date all multi-use medication bottles with the date opened.</p> <p>On 03/23/21 at 8:55 AM Surveyor observed RN E remove a bottle of acetaminophen 500 mg tablets from Resident (R) 20's locked medication cupboard on the Highlands unit. RN E stated the bottle was opened but not labeled when opened. RN E stated she did not feel comfortable using it, because RN E had no idea how long the bottle had been opened. RN E opened the medication cart and removed a stock bottle of acetaminophen 500 mg tablets. The bottle had been previously opened, but did not have a date opened label on the bottle. RN E stated because it is the facility policy to date multi-use bottles when opened, RN E did not feel comfortable using this medication. RN E went to the River Ridge unit to get a bottle of acetaminophen. RN E returned several minutes later with a multi-use bottle of acetaminophen that had a piece of tape on the side of the bottle with the date opened and initials. RN E then dispensed the medication to R20.</p> <p>On 03/23/21 at 11:55 AM RN I asked to speak to Surveyor privately. RN I reported that earlier when RN E came to River Ridge unit to get a bottle of acetaminophen, RN I was busy getting a resident ready to transfer to the hospital and could not assist RN E. RN I stated Director of Nurses (DON) B then took the keys for the River Ridge medication cart from RN I to assist RN E. RN I stated DON B removed the opened</p>	F 761			

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F 761	<p>Continued From page 36</p> <p>multi-use bottle of acetaminophen 500 mg tablets from the medication cart. RN I stated DON B put a piece of tape on the bottle, and wrote an opened date of 03/22/21, and put RN I's initials on the bottle. RN I stated she did not open that bottle and did not work on 03/22/21.</p> <p>On 03/23/21 at 12:15 PM Surveyor interviewed DON B. Surveyor informed DON B of the observation of RN E finding an opened multi-use bottle of acetaminophen 500 mg tablets in R20's locked medication cupboard. RN E did not feel comfortable using the medication because it was not labeled with the date the bottle was opened. Surveyor observed RN E removed the multi-use bottle of acetaminophen 500 mg tablets from the medication cart on the Highland unit. That bottle was also opened without a date opened label on it. RN E stated she did not feel comfortable using these medications because according to the facility policy they should be disposed of, if not labeled with the date opened. RN E went to the River Ridge unit to get the stock bottle from that unit. RN E stated she was unable to find one, so asked DON B for assistance. RN E stated DON B returned with the multi-use bottle of acetaminophen 500 mg tablets from the River Ridge medication cart. The bottle had a piece of tape on it with the date opened and initials. Surveyor informed DON B that when Surveyor did the review of medication storage in the River Ridge medication cart earlier, Surveyor noted the acetaminophen 500 mg tablet bottle was not labeled with date opened or initials. Surveyor informed DON B that RN I stated the bottle given to RN E had a date opened date of 03/22/21 and had RN I's initials on it. RN I informed Surveyor that RN I did not work yesterday, and did not open or label that bottle of acetaminophen.</p>	F 761			

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F 761	Continued From page 37 Surveyor asked DON B where that labeled bottle came from and how it got labeled with a date opened. DON B stated she got the bottle from the River Ridge medication cart. DON B stated she did not know who labeled the bottle. DON B stated she thought the bottle had a date opened of about a month ago. On 03/23/21 at 12:26 PM Surveyor interviewed RN E. RN E stated she was not aware that the acetaminophen bottle she was given from DON B was incorrectly labeled with the date opened until RN I came and told her that she witnessed DON B take the bottle out of the River Ridge medication cart and put the label with date opened on it. RN E stated the date opened on the bottle she was given was 02/22/21 and had RN I's initials on it. RN E stated RN I checked the schedule and RN I did not work on 02/22/21. RN E stated all three bottles of acetaminophen 500 mg tablets with questionable open dates have been removed and will be discarded. RN E has requested replacement bottles from the pharmacy.	F 761			
F 835 SS=F	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced	F 835			

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F 835	<p>Continued From page 38</p> <p>by: Based on interview and record review, administration was not promoting the highest practicable mental and psychosocial well-being of residents by failing to develop a plan to monitor the whereabouts of a resident with a history of inappropriate sexual behaviors (R9) and by intimidating staff to limit and suppress the information shared with State Agency staff. This has the potential to affect all 27 residents in the facility.</p> <p>R9 has a history of inappropriate sexual behaviors, this was known by the facility. The administration did not monitor R9's whereabouts to maintain the well-being of other residents. The Director of Nursing asked several staff members to lie or omit information from the State Survey Team.</p> <p>This is evidenced by:</p> <p>The policy states, in part: "...Immediately upon learning of an allegation and throughout the reporting and administrative investigation, the Spring Valley Health and Rehabilitation Center will take every necessary precaution to protect the resident(s) from any potential harm, any possible subsequent incidents of misconduct or retaliation including those person(s) reporting an allegation or witnesses providing information on the allegation..."</p> <p>On 03/22/21, Surveyor reviewed R9's medical record. R9 was admitted to the facility 07/24/19. R9 has diagnoses which include, in part: "...Major depressive disorder, and vascular dementia without behavioral disturbances..." R9</p>	F 835			

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F 835	<p>Continued From page 39</p> <p>has a Brief Interview for Mental Status Score (BIMS) of 5 of 15 possible points. According to the BIMS assessment, a score of 5 indicates severe cognitive impairment.</p> <p>On 03/22/21, Surveyor reviewed a document, dated 06/24/20, which stated facility knew of R9's history of inappropriate sexual behaviors with other residents. The document stated an appropriate care plan was put into place with the appropriate interventions for the safety of the residents.</p> <p>Surveyor reviewed R9's 06/24/20 care plan. The care plan states, in part: "...Problem (BEHAVIOR) related to history of sexual misconduct; dementia related to dementia... Nurse Aide-Report to nurse any inappropriate comments or gestures, staff may choose to do care with 2 staff if resident is making any sexually inappropriate comments or gestures. Do not allow resident to be left unattended with other female residents. Record behaviors ...3/11/21Resident has a history of sexually inappropriate behaviors, please notify nurse of any episodes. If resident exhibits behaviors, please ensure he is safe and attempt to re-approach at a later time. Resident must be a 1:1 when in dining room."</p> <p>Surveyor reviewed R9's nurse's notes. On 01/30/21, sexually inappropriate behavior toward others, such as grabbing, touching times 3, intervention: 1:1 outcome: unchanged. On 03/03/21, no behaviors. On 03/10/21, tried to hit CNA, going in other's rooms three times during shift, unable to redirect him. Charged at staff while in wheelchair. On 03/11/21, no behaviors noted. On 03/17/21, "Sexually inappropriate with</p>	F 835			

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F 835	<p>Continued From page 40 another female resident."</p> <p>On 03/22/21 at 3:50 P.M., Surveyor interviewed CNA G. Surveyor asked if R9 has had inappropriate interactions with staff or residents. CNA G stated, "No, not that I know of." Surveyor asked if CNA heard about any inappropriate behaviors of R9 toward residents or staff. CNA stated, "No." Surveyor asked what type of behaviors R9 exhibits are monitored. CNA G stated there was nothing really, except staff has to make sure he is alone and supervised due to history of behaviors. Surveyor asked if these behaviors occurred in the facility or elsewhere. CNA G stated, "I'm not sure," Surveyor asked if R9 is allowed to be in same room with other residents. CNA G stated he can be with other residents, but he has to be supervised. Surveyor asked if R9 has displayed any odd behaviors. CNA G stated, "No."</p> <p>On 03/23/21 at 2:38 P.M., CNA G returned to facility to speak with Surveyor and clarify information given in interview on 03/22/21. CNA G stated, I was told to lie about R9 by DON B. I wasn't here that day, but heard that he touched another resident. When he is out of his room he is a 1:1. It depends - when asked if there is enough staff here to accomplish 1:1. Surveyor asked if CNA G is aware of any times R9 is not monitored 1:1 when he should be. CNA G stated she is not aware of any times. Surveyor asked if CNA G is aware of any incident of inappropriate behavior by R9 prior to or after the incident in question. CNA G stated she was not aware of any. Surveyor asked if DON B asked her to lie. CNA G stated DON B asked her to lie. Surveyor asked if DON B threatened her. CNA G stated, "No." CNA G was in tears while talking.</p>	F 835			

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F 835	<p>Continued From page 41</p> <p>On 03/22/21 at 4:03 P.M., Surveyor interviewed Registered Nurse (RN) D. Surveyor asked if R9 has inappropriate behaviors. RN D stated he has had inappropriate behaviors. RN D stated R9 has touched staff, does not know if he has touched residents inappropriately. Surveyor asked what type of touch with the staff does R9 exhibit. RN D stated R9 will grab female breasts.</p> <p>On 03/22/21 at 4:48 P.M., RN D returned to the conference room and handed Surveyor a note. Note stated "I'm sorry I withheld information. My DON asked me to as I did not witness the incident. [R9] exposed and touched another resident. The resident was [R16]."</p> <p>On 03/23/21 at 11:48 AM, Surveyor received a phone call from RN D. RN D told Surveyor that she didn't lie, but she wasn't truthful in her interview on 03/22/21. RN D stated her boss, DON B, prior to meeting Surveyor yesterday, had her change her documentation in the chart on R9. RN D stated DON B asked a CNA to document that R16 raises her shirt up all the time. The CNA refused to change the documentation. Surveyor asked who the CNA was. RN D stated the CNA needs to come forth on their own. RN D stated staff are afraid of retaliation and losing their jobs. RN D stated R16 never has such behavior. RN D stated that the wording she changed in the chart had said, "Resident was sexually inappropriate behaviors towards another female resident in the dining room." RN D stated the wording was changed to, "Resident was sexually inappropriate in the dining room."</p> <p>On 03/22/21 at 4:56 P.M., Surveyor interviewed CNA H. Surveyor asked CNA H if R9 exhibited</p>	F 835			

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F 835	<p>Continued From page 42</p> <p>any inappropriate behaviors toward other residents or staff. CNA H stated, "No." Surveyor asked if CNA H heard of any inappropriate behaviors through other staff. CNA H stated, "No." if R9 ever tried to grab her inappropriately and CNA H stated, "No." Surveyor asked CNA H if she is discouraged to report any incident. CNA H stated, "No."</p> <p>On 03/23/21 at 12:16 P.M., Surveyor had a phone interview with CNA H. CNA H stated before she walked in to meet with Surveyor on 03/22/21, DON B told her to only state general behaviors. CNA H stated when she started working at the nursing home, the women training her told her that R9 had sexual behaviors. CNA H has never seen anything but wanted to correct her statement.</p> <p>On 03/23/21 at 10:25 AM, Surveyor interviewed RN E. Surveyor asked RN E if any inappropriate behaviors by R9 were ever witnessed by her. RN E stated she never witnessed any inappropriate behaviors, but she would see him move towards other residents and would redirect him. Surveyor asked if R9 is monitored for any behaviors. RN E stated resident is monitored for inappropriate touching of staff or comments and also with residents. Surveyor asked RN E if she is aware of any incidents involving R9's inappropriate behaviors. RN E stated there was a dining room incident and she heard about it after she had gotten to work. R9 was witnessed by Occupational Therapy Assistant (OTA) F, where he had his hand on a female resident's breast and her shirt was lifted up. RN E stated she was informed the OTA F separated the residents and the office was monitoring the resident for the rest of the day because there was not enough staff do</p>	F 835			

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F 835	<p>Continued From page 43</p> <p>1:1 supervision. RN E stated she also has heard R9 say inappropriate things to residents and staff.</p> <p>On 03/23/21 at 10:45 A.M., Surveyor interviewed OTA F. Surveyor asked if OTA F ever witnessed any inappropriate behaviors of R9. OTA F stated, "Yes, I have." OTA F stated she witnessed R9 lifting up R16's shirt and touching her breast on 3/11/21. The OTA F stated R16 was making uncomfortable sounds, such as "Ah, Ah." OTA F stated she separated the residents and reported to RN C. OTA F stated she took R9 to his room and the RN C assessed R16.</p> <p>On 03/24/21 at 10:00 A.M., Surveyor interviewed DON B. Surveyor asked DON B if she was aware of any behavioral incidents of R9 with other residents or staff. DON B stated she was aware of both. Surveyor asked what behaviors were you aware of. DON B stated sexual inappropriate behaviors like touching. DON B stated if a CNA was with a resident, he would touch their butt or reach across and touch their breasts. Surveyor asked about any behaviors with other residents. DON B stated there was an incident where R9 touched another female resident's breast. R9 went around by R16 and was seen by therapy with his hand on her breast and her shirt was lifted up. The DON B stated the staff moved R9 and made sure R16 was safe. DON B stated the care plan was updated for 1:1 supervision of R9 after the incident.</p> <p>Surveyor asked if DON B knew of resident's history of sexual behaviors. DON B stated, "Yes." Surveyor stated such documentation should be part of the medical record of the resident. Surveyor stated to DON B that during staff interviews it was brought forth by the staff that</p>	F 835			

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F 835	Continued From page 44 DON B told staff to lie and to state general behaviors of residents when they met with the surveyors. DON B denied this. DON B stated, "If I were to lie, I wasn't trying to hide it..." Surveyor asked DON B about having an RN change documentation on R9 to remove the words "another female resident" from the sentence to "sexually inappropriate with another resident." DON B stated she was trying to get the RN to document only what she saw or heard and that she did not ask her to change the documentation. DON B stated, "If I wanted documentation changed, I could have changed it myself." Surveyor asked why incident was not reported by the facility. DON B stated that according to the flowsheet it states that those who don't know what they are doing, you don't have to report it.	F 835			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and	F 842			

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F 842	<p>Continued From page 45</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p>	F 842			

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F 842	<p>Continued From page 46</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility did not maintain medical records on each resident that are complete, accurately documented, readily accessible, and systematically organized for 2 of 2 resident(R), (R16 and R9) records reviewed.</p> <p>R16 was victim of sexual abuse and no documentation of incident in R16's medical record.</p> <p>R9 touched R16's breast in the dining room of facility and no documentation of incident in R9's medical record.</p> <p>R9's nurses' notes documentation were altered to reflect incomplete and inaccurate documentation.</p> <p>This is evidenced by:</p> <p>On 03/22/21, Surveyor investigated a complaint during the recertification survey regarding an incident of abuse whereby R9 was sitting next to R16 in the dining room. R16's shirt was up and R9 was fondling R16's breast. Upon review of R9's medical record, only documentation in chart regarding incident was dated 03/22/21 under Summary Report and stated, in part: ..."Behaviors reviewed with staff this week. Resident was sexually inappropriate in the dining</p>	F 842			

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F 842	<p>Continued From page 47</p> <p>room" ... No other documentation on incident, or notification of physician or family. Upon review of R16's medical record, no documentation on incident in record or notification of physician or family.</p> <p>On 03/22/21 Surveyor reviewed the summary note dated 03/17/21 at 23:29 stated, in part: ... "Behaviors reviewed with staff this week. Resident was sexually inappropriate with another female resident in the dining room" ... Surveyor documented this information on 03/22/21. On 03/24/21 this note was removed from chart and changed to read: 03/22/21 14:57 Summary note stated, in part: ... "Behaviors reviewed with staff this week. Resident was sexually inappropriate in the dining room" ...</p> <p>Surveyor reviewed nurse's notes and note dated 03/17/21 stated, "Sexually inappropriate with another female resident." with DON B on 03/24/21. This note was not seen in chart after 03/22/21 and could not be found by Director of Nursing (DON) B when asked. DON B did show surveyor the deleted charting from 03/17/21 that was replaced with the altered documentation on 3/22/21 after the surveyor started asking questions about the incident.</p> <p>On 03/23/21 at 10:45 A.M., Surveyor interviewed OTA F. Surveyor asked if OTA F ever witnessed any inappropriate behaviors of R9. OTA F stated, "Yes, I have." OTA F stated she witnessed R9 lifting up R16's shirt and touching her breast. The OTA F stated R16 was making uncomfortable sounds, such as "AH, AH." The OTA F stated she separated the residents and reported to the RNM/MDS C. The OTA F stated she took R9 to his room and the RNM.MDS C assessed R16.</p>	F 842			

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F 842	<p>Continued From page 48</p> <p>On 03/23/21 at 2:58 PM, Surveyor interviewed RN C. Surveyor asked RN C if R9 has had any incidents of inappropriate behavior with other residents. RN C stated he had touched a CNAs breasts. RN C stated she believed he had also with other residents. RN C stated she didn't see the incident, but a report came through on another resident and an investigation was done. RN C stated who the other resident was in the incident; R16. R9 had his chair behind R16's chair and was touching her breast and R16's shirt was lifted up. RN C stated R16 has inappropriate behaviors and will lift her shirt up inappropriately. RN C stated therapy reported the incident to her. RN C stated therapy took R9 to his room and she assessed R16 and R16 showed no signs of distress. RN C stated the Director of Nursing (DON) B contacted the family of R16. Surveyor asked what facility staff were involved in the investigation. The RN C stated it was probably Social Services, the DON, the Nursing Home Administrator (NHA), and she herself gave her input. The RN C stated the pharmacy consultant was also informed of behavior. Surveyor asked what interventions were put into place after the incident. RN C stated 1:1 supervision was put into place.</p> <p>There is no documentation in the medical record of R 9 on abuse incident being observed by staff and reporting to supervisor. No documentation by supervisor of incident being reported. No documentation in R16's medical record of abuse and assessment by supervisor following the abuse.</p> <p>On 03/24/21 at 10:00 A.M., Surveyor interviewed DON B. DON B stated there was an incident</p>	F 842			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 842	Continued From page 49 where R9 touched another female resident's breast. R9 went around by R16 and was seen by therapy of his hand her breast and her shirt was lifted up. DON B stated the staff moved R9 and made sure the other R16 was safe. DON B stated the care plan was updated for 1:1 supervision of R9 after the incident. Surveyor asked DON B if both resident's physicians and families were notified of the incident. DON B stated they were notified. Surveyor stated the medical records do not have any documentation of the incident or notifications of physicians or families. DON B stated it isn't in the record, and it was probably written elsewhere. No further information was provided.	F 842			
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880			

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F 880	<p>Continued From page 50</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 51 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to have a system in place to provide real time surveillance to identify possible communicable diseases in residents and staff. This has the potential to affect all of the facility's 27 residents.</p> <p>Review of the facility's program for infection control and surveillance revealed the facility is not currently gathering and compiling information by doing ongoing surveillance to track infections for residents or staff.</p> <p>This is evidenced by:</p> <p>The Infection Prevention and Control Program must include the following parts:</p> <ul style="list-style-type: none"> - A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases that: - Covers all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement; <p>These IPCP policies and procedures must include, at a minimum:</p> <ul style="list-style-type: none"> - An ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; 	F 880			

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F 880	<p>Continued From page 52</p> <p>SURVEILLANCE</p> <p>The facility must establish a system for surveillance based upon national standards of practice and the facility assessment, including the resident population and the services and care provided. The facility must establish routine, ongoing, and systematic collection, analysis, interpretation, and dissemination of surveillance data to identify infections (i.e., HAI and community-acquired), infection risks, communicable disease outbreaks, and to maintain or improve resident health status.</p> <p>Surveyor completed the infection control task on 03/24/21 with the facility's Director of Nursing (DON) B, who is acting as the facility's current infection preventionist. During the interview with DON B on 03/24/21 beginning at 8:25 AM, DON B stated she had recently taken over the infection preventionist role as the facility had a different infection preventionist who left the position on 03/12/21.</p> <p>DON B provided the surveyor with an infection control binder, with policies and procedures and other information. Surveyor reviewed the facility's policies and procedures for infection control. Within this binder was a tab for surveillance that included a blank copy of a log which had spaces for information to be documented in order to track infections. Surveyor requested to see the facility's policy on surveillance, and current surveillance information for staff and residents. DON B indicated a resident currently had a urinary tract infection, and another resident was a new admission and still on transmission based precautions because of this. DON B started looking for surveillance information, in various areas. At 9:18 AM, DON B stated she was unable</p>	F 880			

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F 880	<p>Continued From page 53</p> <p>to locate the information. When asked if DON B had completed the log for the above mentioned residents, DON B stated she had not had time. When asked if any current staff were out ill, DON B stated she didn't think so. When asked to see information on staff illness tracking, DON B stated she would look but didn't know where that information may be either. When asked if she could locate the information from the previous infection preventionist, DON B stated she would look for it but was unsure where it is.</p> <p>On 03/24/21 at 12:15 PM, DON B reported she was unable to find any current tracking of staff or resident infections. The DON did not provide the facility policy and procedures for surveillance.</p> <p>On 03/24/21 at 12:49 PM, Registered Nurse (RN) C reported no line listing of surveillance data could be found for residents or staff. The previous focused infection control survey was completed on 06/25/20; that is the last documented ongoing surveillance information. RN C did show the surveyor a copy of a monthly report she compiles for the quality assurance committee to review quarterly, which summarizes resident infection information. This report summarized the type of infection, UTI, respiratory excreta, and the wing of the facility the resident resided on. The report from December 2020 lists 1 wound infection on River Ridge; 2 urinary tract infections, 1 on Highland and 1 on River Ridge; 1 respiratory infection on River Ridge-not COVID. This report only identifies existing infections that have been treated. This report does not contain daily surveillance of infection symptoms to identify an outbreak. No information was provided in relation to tracking of staff infections.</p>	F 880			