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	525276	A. BUILDING _____ B. WING _____	C 06/27/2024

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SSM HEALTH ST MARY'S CARE CENTER	**3401 MAPLE GROVE DR MADISON, WI 53719**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS This was a complaint survey conducted at SSM Health St. Mary's Care Center on 6/26/24 to 6/27/24. Federal citations issued: 8 The most serious citations are F580, F585, F609, F610, F686, F687, F689, and F755 cited at a severity/scope level of D (Potential for harm/Isolated). Census: 109 Sample size: 8	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 580	Continued From page 1 (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility did not immediately consult with the resident's physician when there was a need to alter treatment for 1 of 4 residents (R5) reviewed for physician notification. The facility did not update R5's physician when a medication was not administered as ordered. This is evidenced by:	F 580		

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The facility's policy "Notification of Change" with a revision date of 11/2022, indicates, in part: Policy - The community will consult the resident's physician, nurse practitioner, or physician assistant and notify the resident representative or an interested family member when there is: ...Acute illness or a significant change in the resident's physical, mental, or psychosocial status (i.e., deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications). A need to alter treatment significantly (i.e., a need to discontinue or change an existing form of treatment due to adverse consequences or to commence a new form of treatment) ...Nursing judgement is an integral part of the skilled care provided in the community; therefore, such judgment must be applied in a case-by-case basis in keeping with acceptable nursing practice. Criteria: ...A need to alter treatment significantly means a need to stop a form of treatment because of adverse consequences (e.g., an adverse drug reaction), or commence a new form of treatment to deal with a problem (e.g., the use of any medical procedure or therapy that has not been used on that resident before). Notification: depending on the nursing assessment, appropriate notification may be immediate to 48 hours.

The facility's policy "Medication Errors" with a revision date of 11/2022, indicates, in part: ...Procedure - 1. Report all medication errors to the attending physician and the director of nursing or designee ...

Example 1

R5 was admitted to the facility on 8/1/23, with

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F 580	Continued From page 3 diagnoses that include, in part: Vitamin B Deficiency, Multiple Sclerosis, and Muscle Weakness. R5 currently has an order, with a start date of 8/2/23, for Vitamin B Complex-C Oral Capsule (B Complex with C), Give 1 capsule by mouth one time a day for Supplement. On 6/26/24, Surveyors reviewed the facility medication error reports provided by the facility. A report was present for R5 with a date of 6/20/24 indicating the person preparing the report was RN F (Registered Nurse) and Incident Location: "Medication Error". The report includes, in part: Incident Description: Nursing Description: Resident has not had this medication Vitamin B Complex with C since 6/13/24. Pharmacy notified multiple times. This medication is not available in contingency. Pharmacy was providing it initially, but it suddenly stopped because they said it is over the counter however, facility does not have this in house stock. Immediate Action Taken: Description: ADON (Assistant Director of Nursing) (ADON G) notified x 2 ... Agencies/People Notified: "No Notifications Found" R5's Medication Administration Record (MAR) documentation is coded as "13" for the following dates: 6/14/24, 6/18/24 thru 6/24/24, and 6/26/24 Per the Chart Codes on the MAR, "13=Med Not Available (F/U (follow-up) required)." (A total of 9 doses)	F 580		

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F 580	Continued From page 4 R5's MAR documentation is coded as "14" for the following dates: 6/11/24, 6/13/24, 6/15/24 thru 6/17/24, 6/25/24, and 6/27/24. Per the Chart Codes on the MAR, "14 = Med not Available (F/U NOT required)." (A total of 7 doses) On 6/26/24 at 2:50 PM, Surveyor interviewed RN F regarding R5's Vitamin B Complex-C Oral Capsule. RN F indicated they were getting the medication from their pharmacy and then it stopped because the facility was to provide over-the-counter medications. However, if it is an over-the counter medication that the facility cannot provide, then pharmacy is to provide it. RN F indicated they haven't had the medication since 6/13/24. RN F indicated she completed the medication error paperwork, reported it to her nurse manager and to ADON G (Assistant Director of Nursing). RN F indicated they still do not have the medication and the MAR indicates it is unavailable. On 6/27/24 at 7:05 AM, Surveyor interviewed ADON G and asked what information he had regarding R5 not receiving his Vitamin B Complex-C medication. ADON G indicated he informed DON B (Director of Nursing) the day after RN F reported it. ADON G indicated the pharmacy was contacted and they said they did not have an order for it. DON B received a form saying she needed to approve it, she signed it and sent it to pharmacy, and we still do not have the medication. ADON G indicated he did not inform the physician that the facility did not have the medication and that R5 had not been receiving it and should have. ADON G indicated he would notify the physician today.	F 580		

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F 580	Continued From page 5 On 6/27/24 at 10:48 AM, Surveyor interviewed DON B and asked what her expectations would be if a medication is not given because it is not available. DON B indicated she would have expected the physician to be notified and that the medication would have been obtained within 48 hours or that a hold order would have been obtained from the physician.	F 580		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy	F 585		

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to the resident. The grievance policy must include:
(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by

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anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;
(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;
(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and
(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility did not ensure prompt resolution of all grievances for 1 of 4 reviewed (R8) out of a sample size of 8 residents.

R8 said that R8's recent concern was not followed up on. R8 indicated about a week ago an agency CNA (Certified Nursing Assistant) became frustrated with R8 because R8 needs help with setting up her meal. R8 stated the CNA was frustrated and left R8 sitting in bedroom unable to eat her meal.

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Evidenced by
The facility policy, "Grievance Process", dated 11/22, states, in part; ...It is the policy to support each resident's right to voice grievances and to assure that after receiving a complaint or grievance to seek a resolution and keep the resident appraised of progress. Prompt reporting is encouraged so that constructive action can be taken. It is the goal of the community to resolve grievances as quickly as possible to the satisfaction of the resident and/or person initiating the grievance ...

R8 was admitted to the facility on 9/27/19 with a diagnoses including diabetes, heart failure, age related macular degeneration, muscle weakness, reduced mobility, and depression.

R8's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 4/24/24, indicates R8 has a Brief Interview for Mental Status (BIMS) score of 15 indicating R8 is cognitively intact.

R8's comprehensive care plan states, in part; ...EATING- Set up. Use regular plate unless patient requests divided plate ...2/15/23 ...

On 6/27/24 at 9:30 AM, R8 indicated last week she had a "run in" with an agency CNA. R8 indicated she eats meals in her room and needs help with set up. R8 indicated once staff set her up, she eats independently. R8 indicated last week a CNA refused to set up her meal and the CNA left her in her room unable to eat. R8 stated she told the CNA that she needed something else done before she could eat independently, and the CNA was frustrated and left R8's room without

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assisting R8. R8 indicated she reported the incident the same evening and told the charge nurse. Surveyor asked R8 how the incident made R8 feel, R8 stated, "I feel really sad because I can't take care of myself. They make such a big deal of taking care of me, that's what they are here for. I feel vulnerable. Who is going to come take care of me? If she (the CNA) comes back, what is her attitude going to be?"

On 6/27/24 at 1:50 PM, RN C (Registered Nurse) indicated he was the charge nurse when R8 voiced concern with her meal. RN C indicated around dinner time on 6/17/24, CNA D reported to RN C that R8 was upset because staff was frustrated and left R8 sitting in her room, and she was unable to eat her meal. RN C indicated he followed up with both CNA's and R8. RN C indicated he made sure that R8's meal was set up and that she was able to eat. RN C stated he did the best he could with the situation and reported it to DON B (Director of Nursing). RN C indicated he sent DON B a text message.

On 6/27/24 at 2:00 PM, CNA D indicated she remembers the incident on 6/17/24. CNA D indicated it was during dinner time and she answered R8's call light. R8 was upset because CNA E left her room without setting up her meal completely so R8 was unable to eat. CNA D indicated R8 asked CNA D to get RN C because R8 wanted to report the concern. CNA D indicated she assisted R8 in setting up her meal and that R8 has problems with her hands and arms, so she needs assistance with setting up all of her meals. CNA D indicated she talked to CNA E and CNA E reported that R8 had called her a "bitch" as she was walking out of the room. CNA D indicated that she told CNA E that she would

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F 585	Continued From page 10 assist R8 the rest of the night and that CNA E didn't need to go and assist R8 anymore that shift. CNA D indicated she reported the concern to RN C immediately. On 6/27/24 at 2:15 PM, CNA E indicated she brought R8 her dinner on 6/17/24. CNA E indicated she had forgotten to bring a clothing protector in the room. CNA E indicated she was walking out of the room to grab one and R8 called her a "bitch". CNA E indicated she did not say anything more to R8. CNA E indicated CNA D then approached her and asked what happened and told her that she (CNA D) would assist R8 the rest of the evening. On 6/27/24 at 3:06 PM, DON B (Director of Nursing) indicated she did receive a text from RN C on 6/17/24. DON B indicated the text said that R8 called CNA E a bitch and that R8 had concerns with the interaction she had with CNA E and meal set up. DON B indicated she did not follow up on the incident and it should have been filed as a grievance.	F 585		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §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	F 609		

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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.

§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 interview and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment are reported to the administrator and other officials in accordance with State law through established procedures for 1 of 5 residents (R1) reviewed for abuse of a total sample of 8.

R1's daughter emailed NHA A (Nursing Home Administrator) a verbal abuse allegation that the facility did not report to the State Agency.

This is evidenced by:

The Facility's "Abuse, Neglect, and Exploitation" Policy and Procedure, dated November 2023, documents in part: "...It is also the policy of this community to take appropriate steps to ensure that all alleged violations of federal or state laws

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F 609	Continued From page 12 which involve mistreatment, neglect, abuse, injuries of unknown source, and misappropriation of resident property ("alleged violations") are reported immediately to the administrator of the community...it must be reported to the State agency immediately but no later than two hours after forming the suspicion per State and Federal regulation..." Per Facility's Grievance Log the following was documented: Date: 6/5/24- Person filing grievance: R1's daughter- Grievance: CNA (Certified Nursing Assistant) yelling at her mother- Assigned to: NHA- Result: NHA emailed R1's daughter for additional details of the event: Date, Time who and who witnessed event. R1's daughter never responded. Grievance closed due to lack of information from reporter- Resolution date: 6/6/24. On 6/27/24 at 3:44 PM, Surveyor interviewed NHA A. Surveyor asked NHA A to explain grievance dated 6/5/24, NHA A explained she got an email from R1's daughter that a CNA was yelling at my Mom; NHA A went on to state she responded via email and asked when, who, who witnessed, date, time, how do you know, who reported this to you, etc. but she never responded so I closed it. Surveyor asked NHA A if yelling was an allegation of abuse, NHA A stated yes, verbal abuse. Surveyor asked NHA A if this allegation should've been reported, NHA A stated yes.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse,	F 610		

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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) COMPLETION DATE
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neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.

§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.

§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 interview and record review, the facility failed to thoroughly investigate accusations of abuse for 2 of 5 residents (R1 and R2) reviewed for abuse.

On 6/6/24, the facility became aware of an allegation of neglect involving R2 and a thorough investigation was not completed.

R1 did not have a thorough investigation completed for a reported verbal abuse allegation.

This is evidenced by:

The Facility policy titled "Caregiver Misconduct, Patient Abuse, Neglect, Misappropriation of Property, and Harassment," revised 11/17/23, indicates in part:
Outcome Statement: To ensure timely and thorough investigations and reporting of all

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F 610	Continued From page 14 incidents in a healthcare setting where patients are abused, neglected, harassed, or where their property is misappropriated. To ensure compliance with Federal and State laws and regulations ...Definitions: ...II. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, mental anguish, or death. This includes staff neglect or indifference to the infliction of injury or intimidation of one patient by another. III. Neglect: Neglect, for this requirement, is considered a form of abuse and is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, mental illness, or death ...Process: ...VI. Investigation: A. All incidents of possible caregiver abuse should be initiated within one (1) business day of identification and be given high priority by those individuals needed to participate in the investigation. B. The investigation of all incidents of alleged caregiver misconduct/abuse must be completed within seven (7) calendar days of the date that Risk Management first becomes aware of the incident. C. Risk Management and Human Resources will oversee the investigation, which should include: 1. Collect and preserve any physical and documentary evidence; 2. Interview alleged victims, witnesses, and, if deemed appropriate, those alleged to have committed acts of abuse. 3. Collect other corroborating or disproving evidence; 4. Involve other regulatory authorities (e.g. local law enforcement); 5. Document each step taken during the internal investigation ...XIV. Training/Information: A. The Facility will provide training and information to all staff (meaning employees, contractors and volunteers) on the content, procedures and requirements outlined in this policy ...	F 610		

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F 610	Continued From page 15 R2 was admitted to the facility on 12/5/22 with diagnoses that include, in part: Polyosteoarthritis (arthritis in five or more joints at the same time), Hemiplegia and Hemiparesis (weakness/paralysis); Weakness; Muscle Wasting and Atrophy, and Pain in Right Shoulder. On 6/26/24, Surveyors reviewed a facility self-report involving R2. According to the Facility reported incident, the facility was made aware of an allegation of neglect for R2 on 6/6/24 that included, in part: " ...cares were not performed or checked on during Noc (night) shift on 6/5/24 and ...R2 was soaked with urine when AM shift arrived ..." Surveyors were provided documentation of interviews with R2 and his roommate/spouse R4, the night shift nurse and two night shift CNA's. Surveyors did not note interviews with day shift staff, other residents or information regarding what investigative procedure(s) were completed for non-interviewable residents. Surveyors requested all investigation documentation from the facility. On 6/27/24 at 10:55 AM, Surveyor interviewed DON B (Director of Nursing) regarding the investigation into the allegation of neglect for R2. Surveyor asked DON B if other residents were interviewed to discern if anyone else had concerns with needs being met. DON B indicated she did not personally but would expect this to be done and would check to see if anyone had. Surveyor asked if staff on day shift were interviewed to see if any other residents were noted to be "soaked" or if staff noted signs	F 610		

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concerning for cares not being provided when they came on shift. DON B indicated that day shift staff should have been interviewed. Surveyor asked DON B what was done to investigate for concerns with non-interviewable residents. DON B indicated she would need to check on this but agreed that skin checks would be a reasonable expectation. Surveyor reviewed education that was provided that is dated 6/13/24. Surveyor asked DON B if she knew why there was a delay in the start of staff education. DON B indicated she would need to check on this. Surveyor reviewed the education sign off sheet for CNA H (Certified Nursing Assistant) with DON B. CNA H was one of the night shift CNA's working on 6/5/24 and who was provided a "Notice of Corrective Action" in regard to this allegation per documentation provided by the facility. CNA H has a date of 6/13/24 on the education sign off sheet and per the schedule was working a night shift on 6/10/24. DON B reached out to the facility scheduler, during the interview, and confirmed that CNA H was called in by a charge nurse for the 6/10/24 shift even though the scheduling program had her assigned as on administrative leave. DON B indicated CNA H should not have been allowed to work until the education was completed. Surveyor asked DON B, given the above information, if a thorough investigation had been completed and DON B indicated it had not.

On 6/27/24 at 1:34 PM, Surveyor interviewed NHA A (Nursing Home Administrator) regarding the investigation into the allegation of neglect involving R2. Surveyor reviewed concerns with NHA A that were noted in the above DON B interview. Surveyor also reviewed the education information that was provided by the facility with NHA A. Surveyor confirmed with NHA A that there

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were staff working that had not received the education and the majority of the education dates were listed as 6/26/24 and 6/27/24. NHA A agreed that staff should not have been working unless they had received the education, the education should have been started right away, and a thorough investigation was not completed.

Example 2

Per Facility's Grievance Log the following was documented:
Date: 6/5/24- Person filing grievance: R1's daughter- Grievance: CNA (Certified Nursing Assistant) yelling at her mother- Assigned to: NHA (Nursing Home Administrator)- Result: NHA emailed R1's daughter for additional details of the event: Date, Time who and who witnessed event. R1's daughter never responded. Grievance closed due to lack of information from reporter- Resolution date: 6/6/24.

On 6/27/24 at 3:44 PM, Surveyor interviewed NHA A. Surveyor asked NHA A to explain grievance dated 6/5/24, NHA A explained she got an email from R1's daughter that a CNA was yelling at my Mom; NHA A went on to state she responded via email and asked when, who, who witnessed, date, time, how do you know, who reported this to you, etc. but she never responded so I closed it. Surveyor asked NHA A if yelling was an allegation of abuse, NHA A stated yes, verbal abuse. Surveyor asked NHA A what was done to investigate this concern, NHA A stated that she asked staff if they heard anyone yelling, R1 was asked if anyone yelled at her. Surveyor asked NHA A if there was documentation of this investigation, NHA A said she would have to look. Surveyor asked NHA A if all allegations of abuse

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F 610	Continued From page 18 should be investigated, NHA A stated yes. On 6/27/24 at 4:43 PM, Surveyor interviewed NHA A. Upon locating documentation of follow up to grievance log, NHA A stated, "I need to update the grievance log, we did do investigation." Surveyor asked NHA A to explain what she had found; NHA A explained 6/3/24 was the first email report of CNA yelling at R1; On 6/4/24 R1's daughter finally gave the name of a staff member; she was agency. The CNA never returned my calls, and she has never returned to the building. Surveyor reviewed documentation of investigation, which included staff interviews and interview with R1. It is important to note that there were no other residents interviewed or any type of follow up for residents' that can't voice their concerns. On 6/27/24 at 5:35 PM, Surveyor interviewed NHA A. Surveyor asked NHA A if other residents should have been interviewed, NHA agreed.	F 610		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent	F 686		

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with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility did not implement professional standards of practice to promote healing, prevent infection, and prevent pressure injury (PI) development for 1 of 3 residents (R3) reviewed for pressure injury out of a sample of 8 residents.

R3 is at risk for PI. The facility did not implement PI interventions to prevent PI development. R3 developed an avoidable PI to her left foot bunion (a bony bump that forms on the joint at the base of the big toe). R3's PI became infected requiring oral antibiotics.

Evidenced by:

The facility policy, titled "Pressure Injury/Skin Integrity" with a revision date of 5/24, states in part: It is the policy of this facility to enable nursing staff to manage wounds and select appropriate interventions according to the National Pressure Injury Advisory Panel (NPUAP). Based on the comprehensive assessment of a resident, (facility) will ensure ...A resident receives care, consistent with professional standards of practice, to prevent pressure injuries and does not develop pressure injuries unless the individual's clinical condition demonstrates that they were unavoidable; and a resident with pressure injuries receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Routine ongoing documentation

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should be conducted related to the resident's skin condition and the resident's response to the care and treatment of the skin ...potential areas of skin breakdown over boney prominences or skin folds, and areas potentially affected by devices will be identified ...the goal for wound care is to prevent or manage the cause ...avoid further trauma ...Interventions will be implemented to mitigate the risk for skin breakdown, based on individual risk factors ...Interventions should be documented in the residents' medical record, including in the residents individualized resident-centered plan of care ...Identification of factors that may have influence development of the wound, the potential for development of additional wounds, or for the deterioration of the pressure ulcer(s) should be recognized ...

Example 1

R3 admitted to the facility on 5/16/24 with diagnoses including Type 2 Diabetes Mellitus and pressure ulcer of right hip.

On 5/22/24 R3's Minimum Data Set (MDS) indicates a Brief Interview for Mental Status (BIMS) score of 13, indicating R3 is cognitively intact.

On 5/16/24 R3's Braden Scale Screening Tool has a score of 17 indicating R3 is at risk for pressure injury.

R3's Physician Orders do not include an order for daily diabetic foot checks.

On 5/16/24 R3's care plan states, in part: Focus: Skin integrity: at risk and/or potential for

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F 686	Continued From page 21 complications with impaired skin integrity including skin tears, bruising and/or pressure ...Goal: Will be free of serious complications r/t (Related To) current skin status ...Interventions: ...follow community skin protocol. On 6/3/24 at 18:29 (6:29PM) R3's Weekly Skin Check Tool states, in part: ...bunion is red, blanchable, skin intact... On 6/11/24 at 23:04 (11:04PM) R3's Weekly Skin Check Tool states, in part: ...application of dressings to feet ... On 6/17/24 at 21:45 (9:45PM) R3's Weekly Skin Check Tool states, in part: ...Patient did not want a mail [sic] for skin assessment so assessment was done by Nurse aide. On 6/24/24 at 17:32 (5:32PM) R3's Incident Audit Report states, in part: ...bleeding noted to left sock, sock removed, left medial upper foot callous, partially covered with band aid ...band aid removed, area washed with soap and water, covered with new bandage. GNP (Geriatric Nurse Practitioner) called ...other information tight fitting shoes. On 6/24/24 at 17:52 (5:52PM) R3's progress note states: Resident was leaving for tour of an ALF (Assisted Living Facility), when she reported bleeding to her foot. Sock removed from Left foot and noted an old partial band aid in place. Band aid removed and resident reported some pain to area, area was washed with soap and water, bandage applied. Resident left for her outing. Charge nurse was update, GNP called and VM (Voicemail) left to call back, family member ...was called and left VM to call back.	F 686		

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F 686	Continued From page 22 On 6/25/24 at 11:15 (11:15AM) R3's progress note states: GNP ... notified of superficial open area 1.5 x 0.5 cm to left bunion. Rinse wound, pat dry and apply Mepilex (foam bandage), Change 2x/week (two times a week) until resolves. On 6/26/24 at 09:10 (9:10AM) R3's progress note states: Communication with GNP regarding presentation of left bunion wound; concern for infectious process at site. GNP in house and will assess area. On 6/26/24 at 09:20 (9:20AM) R3's progress note states, in part: wound documentation ...status: acquired ...Type of wound: Pressure wound. Location ...left bunion ...Length = 1.5, Width = 1.5, Depth = 0.1 ...1 cm diameter of erythema (skin redness) ...Order written today for Medi honey (ointment used for wounds) and Mepilex border 3x/wk. (three times a week) ...Resident will wear slipper socks (no shoes) until area has healed ... On 6/26/24 R3's Physician Orders include Keflex (antibiotic) oral capsule 500 mg. Give 500 mg by mouth three times a day for pressure wound infection for 15 administrations. On 6/27/24, R3's care plan was updated with new intervention of "Gripper socks for footwear until pressure injury resolves." On 6/26/24 at 2:44PM, Survey interviewed R3. R3 indicated she had a sore on her bunion and the physician came in and saw her. On 6/27/24 at 5:12AM, Surveyor interviewed RN J (Registered Nurse) regarding PI interventions,	F 686		

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RN J indicated an intervention should be put in place immediately for someone at risk for a PI.

On 6/27/24 at 9:00AM, Surveyor interviewed RN K. RN K indicated the cause for reddened skin should be identified and interventions put in place to prevent PI. RN K indicated an intervention should have been initiated on 6/3/24 for R3's reddened bunion since R3 was at risk for developing a PI.

On 6/27/24 at 8:43 AM, Surveyor interviewed RN M. RN M indicated a bunion is a potential area for PI. RN M indicated on 6/24/24 R3 reported bleeding to her foot. RN M indicated she removed the old band aid, cleansed the foot, and applied a new dressing. RN M indicated she knew the cause of the open area was R3's shoes. RN M indicated she should have put an intervention in place immediately but did not put in an intervention.

On 6/27/24 at 11:20 AM, Surveyor interviewed DON B (Director of Nursing). DON B indicated interventions should have been in place to prevent PI including assessing R3's footwear.

R3 is a diabetic and at risk for developing PI. On 6/3/24, R3 had a reddened area to her bunion. On 6/11/24 and 6/17/24, it was documented R3 had a dressing applied to her foot. The facility did not complete daily diabetic foot checks. The facility did not assess the cause of the red area and did not assess R3's footwear. The facility did not put interventions in place to prevent a PI from developing. Subsequently, R3 acquired a PI to her left foot bunion that became infected requiring oral antibiotics.

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F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility did not ensure residents (R) received treatment and care in accordance with professional standards of practice for diabetic foot care for 1 of 3 (R3) residents reviewed for diabetic foot out of a sample of 8 residents. The facility did not provide diabetic foot checks to R3 daily in accordance with the current standards of practice. Evidenced by: Facility policy, titled "Foot Care - Diabetic" with a revision date of 10/22, states, in part: The community will ensure that residents receive proper treatment and care to maintain mobility and good foot health. For those residents with the diagnosis of diabetes: ...2. Provide foot care daily ... The current standard of practice per the American	F 687		

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Diabetes Association copyright 1995-2024, https://diabetes.org, includes, in part: ...1. Check your feet daily for sores, cuts, cracks, blisters, or redness ...

Example 1

R3 admitted to the facility on 5/16/24 with diagnoses that include Type 2 Diabetes Mellitus.

R3's Physician Orders for June 2024 does not contain an order for daily diabetic foot checks.

On 6/27/24 at 10:19 AM, Surveyor interviewed RN L (Registered Nurse). RN L indicated diabetic foot checks are completed if the order shows up on the TAR (Treatment Administration Record).

On 6/27/24 at 10:22 AM, Surveyor interviewed RN M. RN M indicated diabetic foot checks are completed and documented if the order shows up on the TAR. RN M indicated she does not do foot checks because they are usually an evening shift task.

Of note, for an order to show up on the TAR, the order must first be placed in the Physician Orders. R3 did not have a physician order for daily diabetic foot checks, therefore the TAR did not indicate to the nurses to complete daily diabetic foot checks for R3.

On 6/27/24 at 1:46 PM, Surveyor interviewed DON B (Director of Nursing). DON B indicated diabetic foot checks were completed weekly with the residents' routine skin checks on their shower days. Surveyor and DON B reviewed the facility policy titled "Foot Care - Diabetic." DON B indicated she thought it was unrealistic to expect

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F 687	Continued From page 26 the nurses to complete daily diabetic foot checks and would look for a different policy. DON B was unable to provide surveyor with a different policy.	F 687		
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 - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §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 observation, interview, and record review, the facility did not ensure adequate supervision and safety to prevent accidents from occurring for 1 of 3 residents reviewed for accidents/supervision (R6). R6 had a fall on 6/27/24 and staff failed to maintain 1:1 supervision that had been implemented for safety concerns. Evidenced by: The facility policy, "Accidents/Falls ...," with a review date of November 2023, indicates, in part: Policy - The facility strives to promote safety, dignity, and overall quality of life for its residents by providing an environment that is free from any hazards for which the facility has control and by providing appropriate supervision and interventions to prevent avoidable accidents ... R6 was originally admitted to the facility on	F 689		

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5/6/24, with diagnoses that include, in part: Other Frontotemporal neurocognitive disorder, Muscle Weakness, Other Reduced Mobility, and Muscle Weakness.

R6's Minimum Data Set (MDS), dated 5/10/24, indicates a Brief Interview for Mental Status (BIMS) should not be completed as resident is rarely/never understood.

R6's Progress Notes include the following, in part: 6/26/24 8:20 PM Type: Nurse Progress Note: Note Text: Resident was admitted to care center following a short term stay in the hospital ...Resident is pleasant but confused upon arrival ...Resident continues to wander around the unit and into other residents rooms, a 1:1 staff member was assigned for safety concerns ...

Of note, R6's care plan did not include information about 1:1 supervision.

On 6/27/24 at 4:46 AM, Surveyor was interviewing RN I (Registered Nurse) on the 300 neighborhood of the Memory Care Unit at the medication cart. Surveyor was interviewing RN I regarding general staffing and nursing protocols. During the interview RN I indicated there was a resident on the unit that was 1:1 that just returned from an inpatient hospital stay to help with getting medications adjusted due to behaviors. RN I indicated the resident was R6 and that they have had an aide specifically for the 1:1 and that CNA H (Certified Nursing Assistant) was currently with R6. During the interview a noise was heard and Surveyor and RN I looked over and a resident was on the floor in the hallway near the door labeled "pantry." RN I immediately went to the resident and began her assessment. RN I

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indicated the resident was R6. A CNA then came around the corner. RN I indicated it was CNA H and that she was supposed to be 1:1 with R6, she never reported to RN I that she was leaving and should not have left R6. RN I indicated before the CNA leaves they are supposed to tell her so she can make sure and get someone else to come and sit with the resident.

On 6/27/24 at approximately 5:15 AM, Surveyor interviewed CNA H. Prior to any questions being asked, CNA H stated to Surveyor that her shift was done at 5:00 AM. Surveyor asked CNA H if she should leave a resident who is 1:1 supervision if no one has come to replace her. CNA H indicated there was another CNA on the unit and she was going to find her and tell her. CNA H indicated if there is no one there to replace her she will go to the phone to call someone or find another worker to let them know she is heading out. Surveyor asked CNA H what it means when you are assigned to be 1:1 with a resident. CNA H indicated it means you should stay with the resident. Surveyor asked CNA H if she should have left R6 alone. CNA H indicated, no.

On 6/27/24 at approximately 11:00 AM, Surveyor interviewed DON B (Director of Nursing) and asked if R6 was to be on 1:1 supervision. DON B indicated the 1:1 for R6 was discontinued when she went out to the hospital. DON B indicated that even when R6 was on the 1:1 it was in regard to wandering not falls. Surveyor reviewed the 6/26/24 8:20PM Nursing Progress Note referenced above with DON B. Surveyor asked if staff can make the decision to place a resident on 1:1 supervision in real time if they have concerns for safety. DON B indicated, yes. Surveyor asked

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F 689	Continued From page 29 DON B if given the information in the note was R6 considered 1:1 supervision. DON B indicated, yes. Surveyor asked DON B, regardless of the reason a resident is placed on 1:1 supervision, should staff leave the resident alone. DON B indicated, no. Surveyor reviewed the observation referenced above with DON B. DON B indicated CNA H should not have left R6.	F 689		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755		

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F 755	Continued From page 30 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility did not provide pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological's to meet the needs of each resident for 1 of 4 residents reviewed (R5). R5 had a physician order for Vitamin B Complex-C Oral Capsule (B Complex with C) and the facility did not ensure this medication was available for administration. This is evidenced by: Facility policy titled, "Pharmacy Services (General)" with a reviewed date of May 2020, includes in part: The community pharmacy provides routine and emergency drugs and biologicals to the residents ...The community provides pharmaceutical services (including procedures that assure the accurate acquisition, receipt, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The community obtains the services of a licensed pharmacist who: 1. Provides consultation on all aspects of the provisions of pharmacy services in the community ... R5 was admitted to the facility on 8/1/23, with diagnoses that include, in part: Vitamin B Deficiency, Multiple Sclerosis, and Muscle Weakness.	F 755		

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R5 currently has an order, with a start date of 8/2/23, for Vitamin B Complex-C Oral Capsule (B Complex with C), Give 1 capsule by mouth one time a day for Supplement.

R5's Medication Administration Record (MAR) was reviewed and indicates R5 did not receive the ordered Vitamin B Complex-C on 6/11/24 and from 6/13/24 thru 6/27/24.

On 6/26/24 at 2:50 PM, Surveyor interviewed RN F (Registered Nurse) regarding R5's Vitamin B Complex-C Oral Capsule. RN F indicated they were getting the medication from their pharmacy and then it stopped because the facility was to provide over-the-counter medications. However, if it is an over-the counter medication that the facility cannot provide, then pharmacy is to provide it. RN F indicated they haven't had the medication since 6/13/24. RN F indicated she reported this to the nurse manager and ADON G.

On 6/27/24 at 7:05 AM Surveyor interviewed ADON G (Assistant Director of Nursing) and asked what information he had regarding R5 not receiving his Vitamin B Complex-C medication. ADON G indicated a medication error report was completed. Surveyor reviewed this with ADON G who indicated it was the correct report and dated 6/20/24. ADON G indicated the pharmacy was contacted and they said they did not have an order for it. Surveyor asked ADON G if they had an order for it prior to this. ADON G indicated, they did, and that the new pharmacy has been an adjustment. ADON G indicated DON B (Director of Nursing) received a form to sign for the medication and it was sent off; however, they still do not have the medication.

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F 755	Continued From page 32 On 6/27/24 at 10:48 AM, Surveyor interviewed DON B and asked what information she had regarding R5 not receiving his Vitamin B Complex-C. DON B indicated she received a sheet from pharmacy and had sent it to them twice and then a third time today. DON B indicated her documentation noted the pharmacy was notified on 6/13, 6/14, and 6/15, and indicated they would send the medication. DON B indicated they should have contacted the pharmacy again when the medication was not received.	F 755		