

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-060-1166	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/08/2021	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BUCKHEAD		STREET ADDRESS, CITY, STATE, ZIP CODE 54 PEACHTREE PARK DRIVE N.E. ATLANTA, GA 30309		
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F 000	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey investigating GA00216139, GA00217692, GA00216380, GA00216052, GA00215529, GA00214863, GA00216310, GA00214449, GA00217259, GA00214182, and GA00214037 was initiated on October 5, 2021 and concluded October 8, 2021 by Ascellon on behalf of the Georgia Department of Community Health. Complaints GA00214449, GA00214863, and GA00214037 were unsubstantiated. Complaints GA00216139, GA00217692, GA00216380, GA00216052, GA00215529, GA20016310, GA00217259, and GA00214182 were substantiated with deficiencies. The facility had a census of 137 residents.</p>	F 000		
F 0656 SS= D	<p>483.21(b)(1) Develop/Implement Comprehensive Care Plan</p> <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR</p>	F 0656		

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	<p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, interviews, and review of the facility policy, the facility failed to develop a comprehensive individualized care plan for one resident (R) R#5 that received anticoagulant medications. The census was 137.</p> <p>Findings include:</p> <p>Review of the facility policy titled, "Comprehensive Care Plans" dated 4/14/2021 revealed a person-centered comprehensive care plan includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. The care plan will include how the facility will assist the resident to meet their needs, goals, and preferences. Person-centered care means the facility focuses on the resident as the center of control and supports each resident in making his or her own choices. The nurse/Interdisciplinary Team develops and maintains a comprehensive care</p>			

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	<p>plan for each resident that identifies the highest level of functioning the resident may be expected to attain.</p> <p>Review of the clinical record for R#5 revealed she was admitted to the facility on 4/20/2021 with diagnoses including but not limited to chronic embolism and thrombosis of deep vein of lower extremity, dysphagia following cerebral infarction, hemiplegia, intracardiac thrombosis, hyperlipidemia, depression, hypertension (HTN), and gastroesophageal reflux disease (GERD).</p> <p>The resident's most recent Quarterly Minimum Data Set (MDS) dated 7/28/2021, revealed a Brief Interview for Mental Status (BIMS) was coded as 15, which indicated no cognitive impairment. Section G revealed resident needed limited assistance of one person for bed mobility, transfers, toilet use and personal hygiene. Section N revealed no injections during the assessment period.</p> <p>Observation on 10/6/2021 at 9:53 a.m. with Licensed Practical Nurse (LPN) BB during medication pass, LPN BB administered Enoxaparin (a medication used to treat or prevent deep vein thrombosis) 120 milligrams (mg) 0.8 milliliter (ml) subcutaneously to lower left abdomen, to R#5.</p> <p>Review of Physician Orders (PO) dated 9/24/2021 documented Enoxaparin syringe; 120 mg/0.8 milliliter (ml); amount: 0.8 ml; subcutaneous twice daily 7:00 a.m. to 11:00 a.m., and 7:00 p.m. to 11:00 p.m. Special instructions included monitor for bleeding.</p> <p>Review of "Progress Note" dated 5/3/2021 at 3:54 a.m. revealed residents blood thinning medication was not available. Resident was transported to hospital to receive scheduled dose.</p>			

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	<p>Review of "Progress Note" dated 6/24/2021 at 5:26 p.m. revealed that medication fondaparinux (an anticoagulant medication) medication was unavailable and writer contacted pharmacy.</p> <p>Review of "Progress Note" dated 9/24/2021 at 12:33 a.m. revealed resident called asking to receive her enoxaparin shot for the evening, her nurse was unable to administer the shot due to the medication wasn't unavailable. The patient didn't want to hear that response and stated that she wanted to be sent out to the hospital because she couldn't be without her dose.</p> <p>Review of "Progress Note" dated 9/24/2021 at 12:34 p.m. spoke with Emergency Room (ER) Physician at hospital questioned why patient was sent to hospital. Explained why patient was sent due to not having her medication available at scheduled time, but that it would be here on next deliver. ER Physician states she will send her back after given Lovenox there.</p> <p>Review of R#5's provided care plan dated 9/3/2021, no documentation was found for the use of anticoagulant therapy; subsequently no care interventions or goals were found to monitoring for bleeding.</p> <p>Interview on 10/6/2021 at 9:53 a.m. with R#5, stated she had to receive the blood thinner medication twice daily due to a clotting issue she had.</p> <p>Interview on 10/7/2021 at 4:30 p.m. with the MDS Coordinator, stated she was responsible for ensuring the resident's MDS assessments are completed. She stated she attends the clinical meetings and was responsible for developing and updating the resident's care plan for change in condition. The MDS</p>			

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F 0677 SS= E	<p>Coordinator confirmed there was no care plan to address R#5's anticoagulant use. She stated a care plan should have been developed to ensure staff monitored the resident for the side effects of anticoagulants to include administer medication as ordered, monitor for bleeding and skin for bruising. During further interview, she stated normally this would have been care planned and she could not say why a care plan had not been developed for the resident's anticoagulant use.</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, policy review and interviews, the facility failed to provide showers/baths as scheduled for six of eight residents (R) R#1, R#2, R#3, R#5, and R#10, reviewed for Activities of Daily Living (ADLs).</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled "Aspects of Care" documented GUIDELINE STEPS B. Clinical Care: Clinical services will provide resident care twenty-four hours per day under the direction of Director of Nursing. The service is comprised of registered nurses, licensed practical nurses, certified nurses' aides, and medication technician (where applicable.) Clinical services is responsible for the assessment and delivery of nursing needs, the administration of medications and treatments, activities of daily living, implementation of resident specific measures to prevent complications of immobility, psychosocial</p>	F 0677		

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	<p>intervention, education, palliative care and resident safety. The goal of the service is to assist the resident in attaining and maintaining the maximum physical and psychosocial well-being to ensure quality of life.</p> <p>Review of the "Elder Council Meeting Minutes" from May 2021 through September 2021 revealed consistent concerns with staffing issues and being short staffed on weekends.</p> <p>1. Review of R#1 clinical record revealed the resident was admitted to the facility on 5/6/2021 with diagnoses including but not limited to hemiplegia and hemiparesis following cerebral infarction, diabetes, schizoaffective disorder, hypertension (HTN), gastroesophageal reflux disease (GERD), and epilepsy.</p> <p>The resident's most recent Quarterly Minimum Data Set (MDS) dated 8/9/2021, revealed a Brief</p> <p>Interview for Mental Status (BIMS) was coded as 15, which indicated no cognitive impairment. Section G revealed resident requires extensive assistance of one person for personal hygiene and total dependence for bathing. Section F revealed it is very important for resident to choose between tub bath, bed bath, sponge bath or shower. Section H revealed the resident was always incontinent of bowel and bladder.</p> <p>Review of the care plan for R#1, initiated on 5/26/2021 revealed resident has deteriorated in ability to perform ADLs related to hemiplegia. Interventions to care include do not rush resident and allow extra time to complete ADL's; provide assistance with ADL's, including dressing, oral and personal hygiene, toileting and bathing.</p> <p>Review of undated facility document titled "CNA Care Report" the section ADLs for</p>			

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	<p>bathing/shower days and shift was blank, but indicated the resident required total dependence.</p> <p>Review of the "Point of Care ADL Report" for R#1 revealed the following: 5/7/21 to 5/31/21 resident received zero showers, five bed baths and three partial baths; 6/1/2021 to 6/30/2021 resident received zero showers, eight bed baths and three partial baths; 7/1/2021 to 7/31/2021 there was no documentation that R#2 received any type of bath and/or shower; 8/1/2021 to 8/31/2021 resident received one shower and 13 baths; 9/1/2021 to 9/30/2021 resident received zero showers, 12 baths and three partial baths; 10/1/2021 to 10/7/2021 resident received one shower and one bath.</p> <p>2. Review of R#2 clinical record revealed the resident was admitted to the facility on 4/29/2014 with diagnoses of but not limited to multiple sclerosis, overactive bladder, and muscle spasms.</p> <p>The resident's most recent Quarterly Minimum Data Set (MDS) dated 6/30/2021, revealed a Brief Interview for Mental Status (BIMS) was coded as 13, which indicated no cognitive impairment. Section G revealed resident required extensive assistance of two persons for bed mobility, transfers, personal hygiene, and total dependence for bathing. Section F revealed it is somewhat important for resident to choose between tub bath, bed bath, sponge bath or shower. Section H revealed the resident was always incontinent of bowel and bladder.</p> <p>Review of the care plan for R#2, revised on 4/1/2021 revealed resident requires supervision to maximum assistance for dressing, toileting, personal hygiene, and bathing. Interventions to care include staff to provide incontinent care daily and as needed (PRN) and staff to assist resident with all ADL's daily to ensure needs are met.</p>			

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	<p>Review of the "Grievance Log" dated January 2021 revealed the family member for R#2 filed a grievance regarding staff providing showers.</p> <p>Review of undated facility document titled "CNA Care Report" the section ADLs for bathing/shower days and shift was blank, but indicated the resident required two-person assistance.</p> <p>Review of the "Point of Care ADL Report" for R#2 revealed the following: 5/21/21 to 5/31/21 resident received two showers, two bed baths, two and three partial baths; 6/1/2021 to 6/30/2021 resident received seven showers, five bed baths and two partial baths; 7/1/2021 to 7/31/2021 resident received one shower and one partial bath; 8/1/2021 to 8/31/2021 resident received six showers and 12 baths; 9/1/2021 to 9/30/2021 resident received three showers, 19 baths and two partial baths; 10/1/2021 to 10/7/2021 resident received one shower and four baths.</p> <p>Observation on 10/6/2021 at 9:33 a.m. revealed Certified Nursing Assistant (CNA) KK in R#2's room placing a lift sling under the resident to obtain the resident's weight. The surveyor asked the staff member if the resident's incontinence brief was wet. Further observation revealed staff had placed two incontinence briefs on the resident. The staff member stated R#2's incontinence briefs were wet but did not change the incontinence briefs at the time.</p> <p>Observation on 10/6/2021 at 10:07 a.m., CNA RR entered R#2's room and removed both incontinence briefs and provided peri care. Further observation revealed a strong urine smell noted. CNA RR stated that both incontinence briefs were saturated with urine.</p>			

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	<p>Observation on 10/6/2021 at 3:20 p.m. revealed R#2 sitting in her wheelchair in the dining room. Interview with the resident at that time revealed, staff had not checked her for incontinence since they got her up earlier that morning.</p> <p>Observation on 10/7/2021 at 10:35 a.m. revealed R#2 sitting in her wheelchair in the TV room. The resident stated it was a good day because she had received a shower earlier that morning.</p> <p>Observation on 10/7/2021 at 9:20 p.m. revealed R#2 sitting in her wheelchair in her room. R#2 stated staff had not checked to see if she was incontinent since they gave her a shower earlier that morning.</p> <p>Observation on 10/7/2021 at 9:25 p.m. revealed Unit Manager (UM) DD and Licensed Practical Nurse (LPN) UU transfer R#2 to the bed by placing their arm under the resident's arm and pulling up on the waist band of the resident's slacks. UM DD unfastened the front of R#2's incontinence brief and stated the resident was dry. The surveyor asked for a skin check and UM DD turned the resident to her right side partially and stated the resident was a little wet. During further observation. when UM DD turned the resident further to the right, feces was noted.</p> <p>Interview on 10/5/2021 at 3:00 p.m. with family member of R#2, revealed the facility was getting better with providing showers and incontinence care. During further interview, the family member stated they had to throw away some of R#2's clothing in the past because they had not changed the resident frequently enough, and the clothes smelled bad.</p> <p>Interview on 10/6/2021 at 10:36 a.m. with CNA RR revealed she noticed that night shift staff</p>			

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	<p>place two incontinent briefs on the residents a lot of times. CNA RR stated she would check resident again after lunch, for incontinence. During further interview, CNA RR stated a partial bath consisted of washing the face, wiping the arm pits, under the breast and groin area. She stated partial baths were given between the days when the resident did not get a bath or shower.</p> <p>3. Review of R#3 clinical record revealed the resident was admitted to the facility on 10/14/2015 with diagnoses including but not limited to fractured left femur, chronic obstructive pulmonary disease (COPD), dementia, depression, gastroesophageal reflux disease (GERD), and hypertension (HTN).</p> <p>The resident's most recent Quarterly Minimum Data Set (MDS) dated 5/12/2021, revealed a Brief Interview for Mental Status (BIMS) was coded as 3, which indicated severe cognitive impairment. Section G revealed resident is total dependence of one person for personal hygiene/bathing. Section F revealed it is very important for resident to choose between tub bath, bed bath, sponge bath or shower. Section H revealed the resident was occasionally incontinent of bladder and frequently incontinent of bladder.</p> <p>Review of the care plan for R#3, revised on 6/2/2021 revealed resident has self-care deficit related to disease process and weakness. Interventions to care include provide ADL care to ensure daily needs are met.</p> <p>Review of the "Point of Care ADL Report" for R#3 revealed the following: 4/1/21 to 4/30/21 resident received three showers, four bed baths, and three partial baths; 5/1/2021 to 5/31/2021 resident received six showers, nine bed baths and nine partial baths.</p>			

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	<p>4. Review of the clinical record for R#5 revealed she was admitted to the facility on 4/20/2021 with diagnoses including but not limited to chronic embolism and thrombosis of deep vein of lower extremity, dysphagia following cerebral infarction, hemiplegia, intracardiac thrombosis, hyperlipidemia, depression, hypertension (HTN), and gastroesophageal reflux disease (GERD).</p> <p>The resident's most recent Quarterly Minimum Data Set (MDS) dated 7/28/2021, revealed a Brief Interview for Mental Status (BIMS) was coded as 15, which indicated no cognitive impairment. Section G revealed resident needed extensive assistance of one-person personal hygiene and bathing. Section F revealed it is very important for resident to choose between tub bath, bed bath, sponge bath or shower. Section H revealed the resident was occasionally incontinent of bowel and bladder.</p> <p>Review of the updated care plan for R#5, dated 4/1/2021, revealed there was no indication that nursing staff had developed or implemented specific goals with interventions to address the residents need for assistance with ADLs.</p> <p>Review of the "Point of Care ADL Report" for R#5 revealed the following: 5/21/21 to 5/31/21 resident received two bed baths, two showers and three partial baths; 6/1/2021 to 6/30/2021 resident received eight showers, five bed baths and two partial baths; 7/1/2021 to 7/31/2021 resident received one shower and one partial bath; 8/1/2021 to 8/31/2021 resident received six showers and 12 baths; 9/1/2021 to 9/30/2021 resident received four showers, 18 baths and two partial baths; 10/1/2021 to 10/7/2021 resident received one shower and four baths.</p> <p>Interview with R#5 on 10/6/2021 at 11:05 a.m. revealed she had to request to get a shower.</p>			

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	<p>R#5 also stated the staff provided her a shower about one time a week.</p> <p>Interview with Registered Nurse (RN) FF on 10/6/2021 at 10:44 p.m. revealed all residents had scheduled baths either on Tuesday, Thursday, and Saturday or Monday, Wednesday, and Friday. RN FF further stated if a resident wanted a shower every day or on evenings the staff would do it. During further interview, she stated R#2 was scheduled to get a shower on Tuesday, Thursday and Saturday and the other days she would receive a partial bath. She also stated staff should check the residents every two hours for incontinence.</p> <p>5. Review of R#10's clinical record revealed the resident was admitted to the facility on 9/15/2020 with diagnoses of but not limited to torticollis, hypertension, adult failure to thrive, chronic pain, abnormal posture, dysphagia, gastroesophageal reflux disease (GERD) and muscle weakness.</p> <p>The resident's most recent Annual Minimum Data Set (MDS) dated 6/22/2021, revealed a Brief Interview for Mental Status (BIMS) was coded as 15, which indicated no cognitive impairment. Section G revealed resident needs physical assistance of one person for personal hygiene/bathing. Section F revealed it is very important for resident to choose between tub bath, bed bath, sponge bath or shower.</p> <p>Review of the updated care plan for R#10, dated 10/7/2021, revealed there was no indication that nursing staff had developed or implemented specific goals with interventions to address the residents need for assistance with ADLs.</p> <p>Review of the CNA (Certified Nursing Assistant) Care Report documented the resident was</p>			

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	<p>scheduled for showers on Tuesdays, Thursdays, and Saturdays 7:00 a.m.-7:00 p.m.</p> <p>Interview on 10/6/2021 at 10:10 a.m. with R#10, stated she was supposed to get three showers per week, on Tuesdays, Thursdays, and Saturdays. She stated staff will inform the residents that they don't have time to do showers because they are too busy getting people up. R#10 stated when she reports to nurses that she wants her scheduled shower, sometimes she gets a shower and sometimes she doesn't. During further interview, she stated staff will say, "Don't bother me, we're too busy." The resident said she had repeatedly told the nurses and administration about the issue of not getting showers.</p> <p>Review of the "Shower Book" at the nurse's station revealed R#10 was scheduled to receive three showers per week, on Tuesday, Thursday, and Saturday on first shift.</p> <p>Review of R#10's shower records dated 5/1/2021 through 9/30/2021 revealed the month of</p> <p>May 2021, R#10 was scheduled 13 showers and documentation revealed she received ten showers; the month of June 2021, she was scheduled 13 showers and documentation revealed the resident received eight showers; the month of July 2021, she was scheduled 14 showers and documentation revealed the resident received only one shower; the month of September 2021, she was scheduled 13 showers and documentation revealed the resident received ten showers.</p> <p>6. Review of R#14 clinical record revealed the resident was admitted to the facility on 9/23/2021 with diagnoses including but not limited to respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD), diabetes, kidney failure, hyperlipidemia,</p>			

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	<p>hypertension (HTN), anxiety and depression.</p> <p>The resident's most recent Admission Minimum Data Set (MDS) dated 9/29/2021, revealed a Brief Interview for Mental Status (BIMS) was coded as 12, which indicated mild cognitive impairment. Section G revealed resident requires extensive assistance of two persons for personal hygiene and total dependence for bathing. Section F revealed it is somewhat important for resident to choose between tub bath, bed bath, sponge bath or shower. Section H revealed the resident was always incontinent of bowel and bladder.</p> <p>Review of the care plan for R#14, initiated on 10/7/2021 revealed resident has self-care deficit due to general weakness and functional limitations to range of motion. Interventions to care include provide ADL care at level required encouraging maximum independence.</p> <p>Review of the "Point of Care ADL Report" for R#14 revealed the following: 9/24/21 to 9/30/21 resident received zero showers and four bed baths; 10/1/2021 to 10/7/2021 resident received zero showers, two bed baths and one partial bath.</p> <p>Interview on 10/6/2021 at 9:18 a.m. with R#14 revealed she had not received a shower since she was admitted.</p> <p>Interview on 10/6/2021 at 10:35 a.m. with Licensed Practical Nurse (LPN) Unit Manager (UM) DD revealed she writes the scheduled showers on the daily staffing schedule for the CNAs to review. When LPN DD was asked how the nurses were assuring all the showers that were scheduled were given, she stated she guessed that part was missing. She stated that the nurses were not checking the shower paperwork every day to ensure every resident that was scheduled for a shower received the shower. LPN DD concluded every resident</p>			

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F 0725 SS= F	<p>should get showers as scheduled and more often if requested.</p> <p>483.35(a)(1)(2) Sufficient Nursing Staff</p> <p>§483.35(a) Sufficient Staff.</p> <p>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, review of Grievances and Elder Council concerns, policy review and resident, family, and staff interviews, the facility failed to provide sufficient nursing staff to address the needs of its residents; specifically, activities of daily living (ADLs) related to showers/baths/incontinence care for six of eight residents (R) R#1, R#2, R#5, R#10, R#14 and R#15 and not providing medications in a timely</p>	F 0725		

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	<p>manner for two of three sampled residents, R#1 and R#2.</p> <p>Findings include:</p> <p>Review of the facility policy titled, "Nursing Services - Staffing Policy", dated 9/28/2021 revealed the facility will have sufficient nursing staff with appropriate competencies and skill sets to provide nursing and related services and to maintain the highest practicable physical, mental, and psychosocial well-being of each resident as required by federal and state laws. Staffing will be allocated and adjusted to deliver quality care considering the number, characteristics, and acuity of the facility's resident population.</p> <p>Review of the "Two-Week Staffing" form revealed the hours per resident average from 9/21/2021 to 10/4/2021 revealed a staff ratio of 3.07. However, the residents' needs were not being met.</p> <p>Review of the May 18, 2021 "Elder Council Meeting Minutes" revealed a concern with staffing and the phone system in the building to be improved by next month's meeting.</p> <p>Review of the June 2021 "Elder Council Meeting Minutes" revealed a concern with nursing/agency staffing/short CNAs. Reported 23 new hires since May 2021.</p> <p>Review of the July 20, 2021 "Elder Council Meeting Minutes" revealed a concern with staffing shortage, mainly on weekends. Approval for weekend warrior program for monetary incentive. Agency added to building.</p> <p>Review of the September 14, 2021 "Elder</p>			

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	<p>Council Meeting Minutes" revealed a concern of being short staffed on weekends.</p> <p>Interview on 10/5/2021 at 2:06 p.m. with R#2 revealed staff did not get her out of bed on Saturday, Sunday, or Monday of this week. R#2 stated she liked to get out of bed and into her wheelchair so she can go to activities, but she cannot get out of bed without staff assistance.</p> <p>Telephone interview on 10/5/2021 at 3:27 p.m. with the Ombudsman revealed she had gotten several complaints that the facility was struggling with staffing. The Ombudsman stated it was reported to her that some of the residents were not getting bathed and residents were soiled for long periods of time. During further interview, she stated that residents are not being gotten out of bed, or if they are gotten up, it is late at night before they are put back to bed.</p> <p>Interview on 10/6/2021 at 9:18 a.m. with R#14 revealed she had not received a shower or bath since she arrived at the facility on 9/23/2021.</p> <p>Interview on 10/6/2021 at 9:25 a.m. with Certified Nurse Assistant (CNA) SS revealed it was her first day working at the facility and she was assigned to care for R#1. When asked about what care R#1 required, she stated the resident was total care but did not know what fall interventions were in place to prevent further falls from the bed. Review of the clinical record revealed the resident had multiple falls since admission on 5/6/2021.</p> <p>Interview on 10/6/2021 at 9:43 a.m. with R#15 revealed recently on a night shift he had a bowel movement and had to wait three hours to get changed. R#15 also stated a CNA told him she was the only one working on the floor that night shift. During continued interview with</p>			

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	<p>R#15, he stated the staff do not answer his call light for a long time so he will use his phone to call the facility and request help when needed.</p> <p>Interview with R#10 on 10/6/2021 at 10:10 a.m. revealed staff will inform the residents they are not doing showers today because they are too busy getting people up and do not have time. R#10 stated when I go tell the nurses I want a shower, sometimes I get one and sometimes I do not. R#10 stated she was supposed to get three showers per week, on Tuesdays, Thursdays, and Saturdays. Sometimes staff will say, "Don't bother me, we're too busy." I have repeatedly told the nurses and administration about my issue with not getting showers and in the last week it has gotten a little better, but it seems to get better for little while and then it goes back to not getting showers.</p> <p>Interview on 10/6/2021 at 10:36 a.m. with CNA RR revealed she was responsible for 14 residents that day. She also stated that she was frequently asked by the facility to stay over and work extra. CNA RR stated at times she had worked with only two to three CNAs on the third and fourth floor. Further interview with the CNA revealed there was no place to look to find out what care a resident required, she would just go and ask another staff member.</p> <p>Interview on 10/6/2021 at 10:44 a.m. with Registered Nurse (RN) FF revealed on third floor she had been responsible for up to 30 residents on the 7 a.m. to 7 p.m. shift. She stated that today she was responsible for 27 residents. RN FF stated the facility had asked her to stay over or work extra shifts because they were short staff. RN FF stated she knew the night shift staff were placing two incontinence briefs on the residents at night, to decrease the frequency the residents were checked and/or changed for incontinence. She also stated the facility used Hospitality Aides on the resident floors, to pass ice, make beds,</p>			

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	<p>answer call lights and stock supplies. She stated they were not allowed to provide resident care.</p> <p>Interview on 10/6/2021 at 11:05 a.m. with R#5 revealed she always had to wait a long time on the night shift after she activated her call light. R#5 stated she has had to wait up to one hour. R#5 stated she would finally take herself to the bathroom but was supposed to wait for help. During further interview, R#5 stated she had to request to receive a shower and only receives one shower per week.</p> <p>Interview on 10/7/2021 at 10:49 a.m. with Licensed Practical Nurse (LPN) PP revealed she was responsible for 23 residents for the 7:00 a.m. to 7:00 p.m. shift. LPN PP stated the facility has asked her to stay over or work an extra shift three to four times a week.</p> <p>Interview on 10/7/2021 at 10:55 a.m. with CNA QQ revealed the facility asks her to work extra shifts one to two times a week.</p> <p>Interview on 10/7/2021 at 11:21 a.m. with the Scheduling Coordinator revealed the facility was using a lot of agency staff. She stated the goal for staffing was to have two nurses on each floor for each 12-hour shift. For the second floor, the goal was for three CNAs on each shift. For the third floor, the goal was for six CNAs on 7:00 a.m. to 7:00 p.m. shift and four CNAs on 7:00 p.m. to 7:00 a.m. shift. For the fourth floor, the goal is five to six CNAs on the 7:00 a.m. to 7:00 p.m. shift and three to four CNAs on the 7:00 p.m. to 7:00 a.m. shift.</p> <p>Review of the Midnight Census Report for 7/1/2021 revealed a total census of 125 residents. Second floor had a census of 23 residents, third floor had a census of 53 residents and fourth floor had a census of 49 residents.</p>			

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	<p>Review of the 7/1/2021 Actual Working Schedule provided by the facility revealed: two nurses on the 7:00 a.m. to 7:00 p.m. shift on each floor and one nurse on the second and fourth floor and two nurses on the third floor on the 7:00 p.m. to 7:00 a.m. shift. On the 7:00 a.m. to 7:00 p.m. shift, the second floor had two CNAs, third floor had two CNAs and one Hospitality Aide, and the fourth floor had two CNAs.</p> <p>Review of the 8/1/2021 Actual Working Schedule provided by the facility revealed a total census of 123 residents. On the 7:00 a.m. to 7:00 p.m. shift, the facility had one nurse on the second floor and two CNAs; two nurses, two CNAs and one Hospitality Aide on the third floor; two nurses and two CNAs on the fourth floor and one CNA that worked from 7:00 a.m. to 3:00 p.m. The facility had one nurse scheduled for the entire shift on the 7:00 p.m. to 7:00 a.m. shift for the second floor, and one nurse that was working from 7:00 p.m. to 11:00 p.m. The second floor had two CNAs scheduled. On the third floor there were two nurses scheduled and three CNAs for the entire shift and one CNA from 11:00 p.m. to 7:00 a.m. On the fourth floor there were two nurses scheduled and three CNAs.</p> <p>Interview on 10/7/2021 at 2:26 p.m. with the Administrator revealed every morning she and the Staffing Coordinator pulled the census and made staffing assignments based on the census. She stated the goal was for three CNAs for 30 residents on the 7:00 a.m. to 7:00 p.m. shift and two to three CNAs on the 7:00 p.m. to 7:00 a.m. shift. During further interview, the Administrator stated corporate office completed the Acuity Based Staffing (ABS) and not the facility. She stated she did not think the facility was using the ABS as they should. The Administrator further stated the turn-over rate at the facility was 43 percent.</p>			

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F 0730 SS= F	<p>Review of the Medication Administration Records (MAR) revealed medications were scheduled for a specific time or scheduled on a flex plan, where the nurse had three- and one-half hours to five hours to administer the medication along with one hour before or one after the scheduled time to administer the medication and not be considered late.</p> <p>Review of the May 2021 MAR for R#1, from admission on 5/6/2021 to 5/31/2021 revealed the staff administered medications late 25 out of 26 days; June 2021 revealed the staff administered medications late 24 out of 30 days; August 2021 revealed the staff administered medications late 20 out of 31 days; September 2021 revealed staff administered the medications late 21 out of 30 days.</p> <p>Review of the MARs for R#2 from 7/1/2021 to 10/6/2021 revealed the staff administered some or all the medications late every day.</p> <p>Review of the provision of Activities of Daily Living (ADLs) for bathing and incontinence care revealed the residents were not receiving three showers or baths as scheduled or receiving timely incontinence care.</p> <p>Cross Refer to F677.</p> <p>483.35(d)(7) Nurse Aide Peform Review-12 hr/yr In-Service</p> <p>§483.35(d)(7) Regular in-service education.</p> <p>The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g).</p>	F 0730		

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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews, the facility failed to conduct annual performance reviews to ensure competency for the Certified Nursing Assistants (CNAs) employed by the facility. The census was 137.</p> <p>Findings include:</p> <p>Review of the Reliance "Annual Training Modules for CNAs" revealed 20 courses for a total of 13.2 hours the CNAs had completed in the past 12 months.</p> <p>Interview with Registered Nurse Consultant on 10/7/2021 at 1:04 p.m. revealed the facility used a computer-based training program called Reliance, to provide in-services for each of the CNAs.</p> <p>Interview with Staff Development Coordinator on 10/7/2021 at 1:52 p.m. revealed that at the present time the CNAs "look at a computer screen" for their in-services.</p> <p>Interview with the Administrator on 10/7/2021 at 3:48 p.m. revealed the facility had not conducted performance reviews on the CNAs since 3/2020.</p>			