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E 000	Initial Comments An unannounced recertification and complaint survey was conducted on 08/08/22 through 08/11/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# OE2V11.	E 000		
F 000	INITIAL COMMENTS An unannounced onsite recertification and complaint investigation survey was conducted on 08/08/22 through 08/11/22. The survey team returned to the facility on 08/25/22 to complete the extended survey and validate the credible allegation of IJ removal. Therefore, the exit date was changed to 08/25/22. One (1) of 1 complaint allegation was substantiated and cited. Intake# NC00188008 resulted in Immediate Jeopardy. The facility was notified on 8/19/22 of Immediate Jeopardy identified after management quality review. Immediate Jeopardy was identified at: CFR 483.25 at tag F684 at a scope and severity (K) CFR 483.55 at tag F791 at a scope and severity (K) CFR 483.70 at tag F835 at a scope and severity (K) The tag F684 constituted Substandard Quality of Care. Immediate jeopardy began on 05/10/22 and was removed on 08/12/22. An extended survey was conducted.	F 000		

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

Electronically Signed | 08/11/2022

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F 000	Continued From page 1 Past-noncompliance was identified at: CFR 483.25 at tag F689 at a scope and severity (J) The tag F689 constituted Substandard Quality of Care Non-compliance began on 03/10/22. An extended survey was conducted.	F 000		
F 641 SS=E	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessments in the areas of hospice (Resident #14), level of assistance required for eating (Resident #37, Resident #80, Resident #33, Resident #9, Resident #51 and Resident #23), oral/dental status (Resident #68) and cognition (Resident #34 and Resident #59) for 10 of 18 sampled residents whose MDS were reviewed. The findings included: 1. Resident #14 was admitted to the facility on 4/28/22 with diagnoses that included non-Hodgkin's lymphoma (cancer that starts in the lymphatic system). The Hospice Certification signed by the Hospice Physician on 5/23/22 indicated Resident #14 had	F 641	The statements included in the plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. Residents #33, # 9, #51, #23, #37, and #80, were modified on 8/16/2022 to reflect accurate coding of eating support on the MDS. Residents #34 and #59 were modified on 9/14/2022 to reflect accurate coding of	9/14/22

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F 641	Continued From page 2 a terminal illness with a life expectancy of six months or less for diagnosis of non-Hodgkin's lymphoma and was admitted to hospice care on 5/20/22. The admission Minimum Data Set (MDS) assessment dated 5/23/22 indicated a "No" to a question which asked if Resident #14 had a condition or chronic disease that may result in a life expectancy of less than 6 months. In addition, hospice care was not coded on this MDS. An interview with the MDS Coordinator on 8/11/22 at 3:59 PM revealed she was responsible for coding the prognosis on Resident #14's admission MDS assessment dated 5/23/22. The MDS Coordinator stated she did not code that Resident #14 had a life expectancy of less than 6 months because the Hospice Certification was not available in the medical record when she completed the admission MDS assessment, but she should have obtained it from hospice. She stated Resident #14 was admitted to hospice on 5/20/22 and she should have coded hospice care on the admission MDS assessment. An interview with the Director of Nursing (DON) on 8/11/22 at 5:08 PM revealed the MDS Coordinator should have coded hospice care and Resident #14's prognosis according to what the hospice physician had indicated in her Hospice Certification. The DON stated if the hospice certification was not located in the medical record while the MDS Coordinator was completing Resident #14's assessment then she should have called and obtained the certification from hospice. 2. Resident #37 was admitted to the facility on	F 641	BIMS on the MDS Resident #14 was modified on 8/12/2022 to reflect accurate coding of Hospice and 6 months or less to live diagnosis on the MDS Resident #68 was modified on 8/12/2022 to reflect accurate dental coding on the MDS All current residents on census as of 09/13/2022 were audited for the following: 1 Hospice accurate coding for diagnosis with life expectancy of less than six months.; 2 Support provided with eating; 3 Dental issues appropriately coded in the MDS; 4 BIMS completion. These audits were completed by the Regional MDS Manager 09/13/2022. Any errors noted were corrected by 9/16/2022. MDS Coordinator and Social Worker were educated by the Regional MDS Manager on 9/12/2022. This education includes accurate coding of Hospice, support provided with eating, dental assessment, and BIMS. This education will be included on any new MDS, or Social Services staff hired at the time of orientation. The Regional MDS Manager /designee will complete 5 MDS audits weekly for accurate coding Hospice, support provided with eating, dental assessment, and BIMS x 4 weeks, then 2 chart audits weekly x 4 weeks, then 5 chart audits x 1 Month. The Administrator will bring the audit for MDS accuracy to the Committee monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the training to determine if continued auditing is necessary to maintain	

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F 641	Continued From page 3 7/7/21 with diagnoses that included dysphagia (difficulty swallowing). The quarterly Minimum Data Set (MDS) assessment dated 7/1/22 indicated Resident #37 required extensive assistance by two+ persons physical assist with eating. An interview with the MDS Coordinator on 8/11/22 at 3:59 PM revealed Resident #37 was able to feed herself sometimes and at other times, her family member assisted her. The MDS Coordinator stated Resident #37 did not require the assistance of two people with eating and that she had coded the MDS in error. She explained that she based the coding on the documentation made by the nurse aides on what level of assistance required by Resident #37 and she did not catch the error. An interview with the Director of Nursing on 8/11/22 at 5:08 PM revealed Resident #37 did not require the assistance of two people with eating and that the MDS Coordinator should have verified the documentation by the nurse aides and made alterations as necessary in order to code the MDS correctly. 3. Resident #80 was admitted to the facility on 1/22/21 with diagnoses that included muscle weakness. The quarterly Minimum Data Set (MDS) assessment dated 8/1/22 indicated Resident #80 required supervision from two+ persons physical assist with eating. An interview with the MDS Coordinator on 8/11/22 at 3:59 PM revealed Resident #80 was able to	F 641	compliance. Date of Completion: 09/14/2022	

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F 641	Continued From page 4	F 641		

feed herself and did not require the assistance of two people with eating. The MDS Coordinator stated that she had coded the MDS in error. She explained that she based the coding on the documentation made by the nurse aides on what level of assistance required by Resident #80 and she did not catch the error.

An interview with the Director of Nursing on 8/11/22 at 5:08 PM revealed Resident #80 did not require the assistance of two people with eating and that the MDS Coordinator should have verified the documentation by the nurse aides and made alterations as necessary in order to code the MDS correctly.

4. Resident #33 was admitted on 01/24/2020 with a diagnosis that included muscle weakness.

The quarterly Minimum Data Set (MDS) assessment dated 07/01/22 indicated Resident #33 required extensive physical assistance with eating from two or more persons.

An interview with the MDS Coordinator on 08/11/22 at 3:59 PM revealed Resident #33 was assisted with meals by one person and did not require the assistance of two people with eating and this had been an error. She explained she based the information included on the assessment from the documentation made by the nurse aides on what level of assistance was required by Resident #33 and she had not caught the error.

An interview with the Director of Nursing on 08/11/22 at 5:08 PM revealed Resident #33 did not require the assistance of two people with eating and said the MDS Coordinator should have

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F 641	Continued From page 5	F 641		

verified the documentation by the nurse aides and made alterations as necessary to code the MDS accurately.

5. Resident #9 was admitted on 02/28/2019 with diagnoses that included muscle wasting and muscle weakness.

The quarterly Minimum Data Set (MDS) assessment dated 05/16/22 indicated Resident #9 required supervision from two or more persons physical assist with eating.

An interview with the MDS Coordinator on 08/11/22 at 3:59 PM revealed Resident #9 was able to feed herself and did not require the assistance of two people with eating. The MDS Coordinator stated she had coded the MDS in error. She explained she based the coding on the documentation made by the nurse aides on what level of assistance was required by Resident #9 and she had not caught the error.

An interview with the Director of Nursing on 08/11/22 at 5:08 PM revealed Resident #9 did not require the assistance of two people with eating and said the MDS Coordinator should have verified the documentation by the nurse aides and made alterations as necessary to code the MDS accurately.

6. Resident #51 was admitted to the facility on 5/01/18.

Review of quarterly minimum data set (MDS) assessment dated 7/13/22 indicated Resident #51 required extensive assistance of two or more persons physical assist with eating.

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Review of revised care plan dated 7/26/22 revealed a goal for Resident #51: eats meals independently with use of adaptive equipment device. Interventions include provide assistance as needed during eating and drinking.

An interview with Resident #51 on 08/10/22 at 02:10 PM revealed Resident #51 received help from staff with setting up her tray and opening her drink, but she can eat by herself with no issues.

An interview with the MDS Coordinator on 8/11/22 at 4:18 PM revealed Resident #51 did not require two-person assistance for eating and she had noted the information in error. She stated she reviewed documentation from nursing assistants for the level of mealtime assistance required for Resident #51 but did not observe Resident #51 for mealtime assistance herself.

An interview with Director of Nursing (DON) on 8/11/22 at 5:12 PM revealed Resident #51 did not require two-person physical assistance with eating and the MDS should reflect correct level of mealtime assistance required for the resident.

7. Resident #23 was readmitted to the facility on 8/06/20.

Review of quarterly minimum data set (MDS) assessment dated 6/07/22 indicated Resident #23 required extensive assistance of two or more persons physical assist with eating.

An interview with Nurse Assistant (NA) # dated 08/09/22 at 12:10 PM revealed Resident #23 required some assistance with her meals. She

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stated one staff would sit at the table with Resident #23 to supervise and encourage her to eat. She revealed Resident #23 was able to eat on her own, but staff would assist with feeding her if needed.

Observation on 08/09/22 at 12:28 PM of Resident #23 sitting at dining room table with one staff member sitting next to her. Resident #23 was able to drink and take small bites of food on her own with use of adaptive mealtime equipment.

An interview with the MDS Coordinator on 8/11/22 at 4:18 PM revealed Resident #23 did not require two-person assistance for eating and she had noted the information in error. She stated she reviewed documentation from nursing assistants for level of mealtime assistance required for Resident #23 but did not observe Resident #23 for mealtime assistance herself.

An interview with Director of Nursing (DON) on 8/11/22 at 5:12 PM revealed Resident #23 did not require two-person physical assistance with eating and the MDS should reflect correct level of mealtime assistance required for the resident.

8. Resident #68 was admitted to the facility on 6/13/21 and readmitted on 6/23/22.

a. Review of a quarterly minimum data set (MDS) assessment dated 5/27/22 indicated no dental issues or concerns had been identified for Resident #68.

b. Review of an admission MDS assessment dated 6/30/22 indicated no dental issues or concerns had been identified for Resident #68.

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c. Review of a quarterly MDS assessment dated 7/25/22 indicated no dental issues or concerns had been identified for Resident #68

Review of a Physician order dated 5/10/22 revealed Resident #68 was to receive Clindamycin (an antibiotic) 300 milligrams (mg) 1 tablet by mouth every 8 hours for 7 days for a dental infection.

Review of a Physician order dated 6/09/22 revealed Resident #68 was to receive Clindamycin 300 mg 1 tablet by mouth every 8 hours for 7 days for a dental infection.

Review of a dietary order dated 7/08/22 revealed a new order for a regular diet with chopped meat due to dental issues.

An interview with Resident #68 was conducted on 8/08/22 at 11:06 AM. She revealed she had been having dental issues and infections since last year after receiving chemotherapy treatments.

An observation of Resident #68 was made during the interview on 8/08/22 at 11:06 AM. Her right cheek was observed as slightly swollen. She opened her mouth to reveal gums which were red, inflamed, and swollen with only the tips of some teeth visible. Other teeth were broken and chipped.

An interview was conducted on 8/11/22 at 2:08 PM with Resident #68. She stated she received an oxycodone tablet (pain medication) between breakfast and lunch, the antibiotic for her dental infection at lunch along with two ibuprofen tablets (pain medication), so her current pain level was moderate to severe and usually remained at this

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level with medications. She stated the pain could be severe when the medication wore off, like when she wakes up in the morning. She revealed the abscesses inside the upper right side of her mouth at the base of her nose caused pain up through her nose and into her eye and the abscess toward back of the right side of her mouth and jaw caused pain through her jawbone like she had lock jaw. Resident #68 stated this was the worst pain she had been through. She revealed her mouth hurts when she eats, and she chews on the left side and waits between bites and takes small sips of liquid through straws to prevent eating and drinking from making the pain worse. Resident #68 further revealed she had dental issues on-going and believed at least three different times she had abscesses since last year. She stated nursing staff, and the Social Worker told here they were searching for a dentist who would accept her insurance to take out her teeth since last year.

An interview with the MDS Coordinator on 8/11/22 at 4:27 PM revealed she should have included information about Resident #68 ' s broken teeth and dental pain on the admission and two quarterly MDS assessments and this had been an error. She stated she received information on dental care from nursing staff but did not follow up and assess Resident #68 herself.

An interview with the Director of Nursing (DON) on 8/11/22 at 5:14 PM revealed she was aware of Resident #68 having missing and broken teeth and past and present dental infections. She stated the MDS should reflect correct dental information for Resident #68.

9. Resident #34 was admitted to the facility on

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7/12/22.

Resident #34's admission Minimum Data Set (MDS) dated 6/25/22 revealed she had clear speech and sometimes understood others. The Brief Interview for Mental Status (BIMS, a structured interview assessing cognition) assessment noted she should be interviewed but it had been left blank and the Staff Assessment for Mental Status had been completed instead.

An interview conducted with the Social Worker (SW) on 8/11/22 at 5:00 PM revealed he had completed the BIMS portion of Resident #34's admission MDS assessment. The SW explained Resident #34 answered questions to the best of her ability, but her answers did not make any sense. The SW stated he felt like the interview was incomplete and interviewed staff instead. The SW stated the resident interview for the BIMS assessment should have been completed and not left blank.

An interview conducted with the Director of Nursing (DON) and the Regional Nurse on 8/11/22 at 5:15 PM revealed Resident #34's BIMS assessment should have been completed and not left blank.

10. Resident #59 was admitted to the facility on 6/18/22.

Resident #59's admission Minimum Data Set (MDS) dated 7/19/22 revealed they had unclear clear speech and usually understood others. The Brief Interview for Mental Status (BIMS, a structured interview assessing cognition) assessment noted they should be interviewed but it had been left blank and the Staff Assessment

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F 641	Continued From page 11 for Mental Status had been completed instead. An interview conducted with the Social Worker (SW) on 8/11/22 at 5:00 PM revealed he had completed the BIMS portion of Resident #59's admission MDS assessment. The SW explained Resident #59 answered questions, but he could not understand their speech. The SW stated he interviewed staff instead. The SW stated the resident interview for the BIMS assessment should have been completed and not left blank. An interview conducted with the Director of Nursing (DON) and the Regional Nurse on 8/11/22 at 5:15 PM revealed Resident #59's BIMS assessment should have been completed and not left blank.	F 641		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined	F 657		9/12/22

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F 657	Continued From page 12 not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and resident and staff interviews, the facility failed to update care plans to reflect dental issues for 1 of 1 resident reviewed for dental care (Resident #68). The findings include: Resident #68 was admitted to the facility on 06/13/21 and readmitted on 06/23/22. Diagnosis included type 2 diabetes, heart failure and end stage renal failure. Review of a quarterly minimum data set (MDS) assessment dated 05/27/22, an admission MDS assessment dated 06/30/22, and a quarterly MDS assessment dated 07/25/22, all indicated no dental issues or concerns had been identified for Resident #68. Review of revised care plans dated 05/27/22, 06/30/22 and 07/25/22 revealed no goals or interventions for dental care. Review of an in-house dental note dated 04/28/22 revealed Resident #68 was seen by the facility dentist for a routine dental visit. The note indicated the in-house dentist could not perform	F 657	The statements included in the plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. All current residents on census as of 08/10/2022 were assessed by Director of Nursing and Unit Manager for any dental concerns. Care plans for residents with dental concerns were updated on 8/21/2022 MDS Coordinator was educated by the Regional MDS Manager on 9/12/2022. This education includes accurate care planning and updates related to dental concerns. This education will be included on any new MDS staff hired at the time of orientation. The Regional MDS Manager /designee	

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	345255	A. BUILDING _____ B. WING _____	C 08/25/2022

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F 657	Continued From page 13 extractions due to all teeth being root tips, covered with tissue, and requiring surgery. Review of a nursing progress note dated 05/10/22 revealed a new order for Resident #68 to receive Clindamycin (an antibiotic) 300 milligrams (mg) 1 tablet by mouth every 8 hours for a dental abscess. Review of a nursing progress note dated 06/09/22 revealed new orders for an oral surgery consult for teeth extractions, Clindamycin 300 mg 1 tablet by mouth every 8 hours for 7 days for a dental abscess. Review of an in-house dental note dated 06/28/22 revealed Resident #68 was seen for a routine scheduled dental visit. The note indicated Resident #68 had previously been referred to an oral surgeon for extractions and described Resident #68 as having "severe periodontal disease (the result of infections and inflammation of the gums and bone that surround and support the teeth) with heavy calculus (plaque) buildup". The note also indicated Resident #68 had missing natural teeth and root tips. An interview with Resident #68 was conducted on 08/08/22 at 11:06 AM. She revealed she had been having dental issues and infections since last year after receiving chemotherapy treatments. An observation of Resident #68 was made during the interview on 08/08/22 at 11:06 AM. Her right cheek was observed as slightly swollen. She opened her mouth to reveal gums which were red, inflamed, and swollen with only the tips of some teeth visible. Other teeth were broken and chipped.	F 657	will complete 5 care plans audits weekly to validate that dental concerns are addressed in the plan of care x 4 weeks, then 2 chart audits weekly x 4 weeks, then 5 chart audit x 1 month The Administrator will bring the audit for dental care plan to Committee monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the training to determine if continued auditing is necessary to maintain compliance. Date of completion: 09/12/2022	

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F 657	Continued From page 14 An interview with the MDS Coordinator on 08/11/22 at 04:27 PM revealed Resident #68 should have had a care plan for dental care to include dental infections and treatment, oral surgery recommendations, and missing or broken natural teeth. She revealed Resident #68 not having a care plan for dental care was an error on her part. She stated she received information on dental care from nursing staff to complete the care plans and did not follow up or assess Resident #68 herself. An interview with the Director of Nursing (DON) on 08/11/22 at 05:14 PM revealed she was aware of Resident #68 having missing and broken teeth and past and present dental infections over the past year. She stated Resident #68 ' s care plan should reflect goals for dental care.	F 657		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §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; This REQUIREMENT is not met as evidenced by: Based on record review, observations, resident and staff interviews, the facility failed to provide nail care to 1 of 6 residents (Resident #80) reviewed for assistance with activities of daily living. The findings included: Resident #80 was admitted to the facility on 1/22/21 with diagnoses that included generalized muscle weakness and mood disorder.	F 677	The statements included in the plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's	9/1/22

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F 677	Continued From page 15 Resident #80's care plan dated 7/26/22 indicated Resident #80 had an ADL (activities of daily living) self-care performance deficit related to decreased mobility. She prefers nails long and polished and refuses to let staff cut nails short. Interventions included to encourage resident to allow staff to assist with nail care and monitor fingernails for cleanliness and need to be groomed. The quarterly Minimum Data Set (MDS) assessment dated 8/1/22 indicated Resident #80 was severely cognitively impaired, had no rejection of care behaviors and required extensive physical assistance with personal hygiene. An observation and interview of Resident #80 was made on 8/8/22 at 11:08 AM. Resident #80's fingernails were observed being at least a half inch longer than the tips of her fingers and there were jagged and cracked edges. Resident #80 stated that she wanted her fingernails trimmed and that the staff were supposed to trim them today. A second observation of Resident #80 on 8/9/22 at 10:35 AM revealed her sitting in her wheelchair in her room beside her bed. Her fingernails were still a half inch longer than the tips of her fingers. Resident #80 stated she had asked the staff to clip her fingernails, but they didn't do it. A third observation of Resident #80 on 8/10/22 at 8:55 AM revealed her eating breakfast with her left hand while using a fork. Her fingernails continued to be a half inch longer than the tips of her fingers.	F 677	allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. On 08/12/2022 Resident #80 had her fingernails cleaned and trimmed based off her request by the Licensed Practical Nurse (LPN). On 8/18/22, 100% of all in house residents were observed for nail care deficits to include cleanliness, length and filing needs by the licensed nurses and certified nursing assistants on each unit. Any resident who had long, unclean, or jagged nails, were corrected on 8/18/22 based on the resident preference at that time. Education was initiated on 8/12/22 by Director of Nursing (DON) or Designee for all current nursing department staff including certified nursing assistants, medication aides, licensed practical nurses, and registered nurse on cleaning and trimming nails per resident needs and choice. All residents will have their nails trimmed and cleaned based on observation and resident choice during showers and as needed. The education included asking the resident at the time of observation regarding nail care needs regardless of past refusals. Any nursing department staff member who did not receive this education by 9/1/22 will not be allowed to work until completed. This education will be included in the new hire orientation. The DON or Nurse Administration designee will audit 10 residents' fingernails weekly times 4 weeks, then 5 resident observations weekly times 4	

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F 677	Continued From page 16 A fourth observation of Resident #80 on 8/11/22 at 11:11 AM revealed her lying in bed. Her fingernails continued to be long and had jagged and cracked edges. Resident #80 stated she received a shower the day before and she wanted them cut then, but staff never did, and no one had offered to trim her fingernails. An interview with Nurse Aide (NA) #4 on 8/11/22 at 10:18 AM revealed she gave Resident #80 a shower on 8/10/22 and she noticed that her fingernails were long and needed to be trimmed. NA #4 stated Resident #80 would not let the staff cut her fingernails in the past, but she didn't ask her on 8/10/22 if she could cut her fingernails. An interview with Medication Aide (MA) #1 on 8/11/22 at 11:13 AM revealed she had noticed Resident #80's long nails when she gave her medications this morning but Resident #80 wouldn't let the staff cut her fingernails and she had refused before to have them trimmed. MA #1 stated she didn't ask Resident #80 if she could cut her fingernails this morning. A follow-up interview with MA #1 on 8/11/22 at 2:24 PM revealed Resident #80 let her trim her fingernails. MA #1 stated she noticed the jagged and cracked edges and that Resident #80's fingernails were very thin, and they broke once she started cutting them. An interview with the Director of Nursing on 8/11/22 at 5:08 PM revealed staff should still offer to trim Resident #80's fingernails even though she had refused nail care in the past.	F 677	weeks, and then 3 resident observations weekly times 4 weeks. The DON or Nurse Administration designee will bring the audit results to the Quality Assurance Committee monthly times 3 consecutive months. The Quality Assurance committee will evaluate the effectiveness of the above plan and will make additional interventions based on the audits to ensure continued compliance. Completion date is 9/1/22.	
F 684 SS=K	Quality of Care CFR(s): 483.25	F 684		9/1/22

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F 684	Continued From page 17 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, Nurse Practitioner (NP), facility staff, and resident interviews, the facility failed to ensure resident's well-being by not providing care and services to prevent oral abscesses, unresolved dental pain and chewing difficulty for 1 of 1 resident (Resident #68). On 10/19/21 was seen by the in-house dentist who noted Resident #68 was in pain due to a tooth infection and referral was made for outside dental treatment and antibiotics were recommended. The antibiotics were ordered the next day by the Nurse Practitioner. Resident #68 was seen by a dentist on 11/21/21 who wrote a referral for an oral surgeon for extraction of all remaining teeth. Resident #68 was seen by an oral surgeon on 12/07/21 and the plan was to remove all upper and lower teeth during two appointments using nitrous oxide which she asked to defer until January 2022 when her Medicaid would take effect. On 3/27/22 Resident #68's diet order was changed to regular diet with mechanical soft meat. On 05/10/22 physician orders were written for antibiotics for a dental abscess. From 5/10/22 through 5/13/22, Resident #68 reported a pain level ranging from 6 to 7 (on a scale of 1-10 with 10 being the worst pain). Antibiotics were prescribed on 6/9/22 for a	F 684	The statements included in the plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. On 8/10/22, the Director of Nursing (DON) performed an oral evaluation on Resident #68. Resident #68 saw an oral surgeon on 8-15-22 and is scheduled for oral surgery on 8-25-22. On 8-10-22, Nursing Management (DON, and Unit Coordinators) completed an audit of all in-house residents to identify those with complaints of dental pain. This audit included an observation of the oral cavity for abnormalities of the teeth, redness, odor, or signs and symptoms of infection. The physician was notified of	

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F 684	Continued From page 18 dental infection. From 06/09/22 through 06/15/22, Resident #68 reported pain level ranging from 5 to 7 (on a scale of 1-10 with 10 being the worst pain). On 7/8/22 Resident #68 diet order was changed to regular diet with chopped meat. On 7/28/22 Resident #68 was seen by the NP who noted a dental abscess. This infection required 14 days of antibiotics and oxycodone for the pain. From 8/4/22 through 8/11/22, Resident #68 reported a pain level ranging from 6 to 9. Resident #68 oral surgeon consultation appointment was scheduled on 08/10/22 (after the survey started) for 08/15/22. Immediate jeopardy began on 05/10/22 when Resident #68 was treated for a tooth abscess and the facility failed to obtain dental services for Resident #68 for the extraction of all remaining teeth. The immediate jeopardy was removed on 8/12/22 when the facility implemented an acceptable credible allegation for immediate jeopardy removal. The facility remains out of compliance at a lower scope and severity level of E (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) to ensure education and monitoring systems put into place are effective. Findings included: Resident #68 was admitted to the facility on 06/13/21 and a readmitted on 06/23/22 with diagnoses to include Type 2 Diabetes, end stage renal failure, heart disease and malignant neoplasm of right ovary and overlapping sites of female genital organs and left kidney. Review of admission minimum data set (MDS) dated 10/04/21 revealed Resident #68 was coded	F 684	any abnormalities, new orders for dental referrals were obtained and any dietary consult recommendations were implemented, including pain management. By 8/11/22, Director of Nursing and Staff Development Coordinator will educate Licensed Nurses to complete oral cavity observations for red swollen gums, odor, and/or other teeth abnormalities on admission, during routine care, and with residents that complain of mouth pain. It is the responsibility of the Nursing Aides to report any oral abnormalities and pain to the Licensed Nurse. It is the responsibility of the Licensed Nurse to report any oral abnormalities and pain to the Unit Coordinators. Unit Coordinators are responsible for notifying the Physician/Nurse Practitioner. Regarding off shifts it is the responsibility of Licensed Nurses to notify the Physician or Nurse Practitioner of any abnormalities and obtain new orders for treatments and interventions including pain management, and dietary consultations if needed. Nursing staff will not be able to start their next shift prior to receiving the education, and all new hires will receive this education during orientation process. On 8/10/22, the Unit Coordinators and Licensed Nurses were notified of this responsibility by the Director of Nursing and Staff Development Coordinator during this education. By 8/11/22, the Director of Nursing will educate Licensed Nurses regarding the process for communicating new physician orders for oral cavity	

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F 684	Continued From page 19 as having no issues or concerns with oral care Review of Resident #68's revised care plans revealed no approach for oral care. Review of in-house dental note dated 10/19/21 revealed Resident #68 was in pain due to tooth infection and referral was made for outside dental treatment and recommended antibiotics such as Amoxicillin 500 MG (milligrams) 1 tablet every 8 hours for 10 days or Clindamycin 300 MG 1 tablet every 8 hours for 10 days if appropriate due to overall health condition. Review of nursing progress note dated 10/20/21 revealed Nurse Practitioner (NP) evaluated Resident #68 related to tooth infection with new order as follows: Amoxicillin 50 milligrams (MG) by mouth daily for 7 days. Resident #68 is her own responsible person and is aware of new orders. Review of Physician order dated 10/20/21 for Amoxicillin 500 MG 1 tablet by mouth every 8 hours (2pm, 10pm, 6am) for tooth infection. Review of outside dental note dated 11/21/21 revealed Resident #68 required oral surgery for extractions of all remaining teeth. The outside dental practice wrote a referral for Resident #68 to be seen by an oral surgeon for teeth extraction due to the teeth being broken and all root tips with tissue covering the teeth. Review of oral surgeon note dated 12/07/21 revealed plan to remove all upper and lower teeth for Resident #68 during two appointments using nitrous oxide; however, the resident requested to wait until January 2022 when her Medicaid would	F 684	observations/abnormalities, treatments and interventions including pain management, and dietary consults if needed, to the Unit Coordinators. During off hours the Licensed Nurses will input orders, which will pull into “Facility Activity Report-Orders” and will be brought to the Daily Clinical Meeting by the Unit Coordinators. By 8/11/22, Nursing Management (Director of Nursing, Unit Coordinators) will educate the Nurse Aides to report oral cavity observations for red swollen gums, odor, and/or other teeth abnormalities on admission, during routine care, and with residents that complain of mouth pain or difficulty chewing. Issues identified will be reported to the Licensed Nurse or Unit Coordinator for follow-up. Issues identified will be reported to the Licensed Nurse or Unit Coordinator for follow-up. Nurse Aides will not be able to start their next shift prior to receiving the education, and all new hires will receive this education during orientation process. The Director of Nursing will ensure no staff will work without receiving this training. Any new hires, including nursing agency staff, will receive education prior to the start of their shift. On 8/10/22, the Regional Clinical Manager educated the Director of Nursing, Unit Coordinators, Social Worker, and the Administrator regarding clinical morning meeting process to review the “Facility Activity Report -Orders” to include any referrals (orders) for dental services, progress notes,	

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F 684	Continued From page 20 take effect. Per telephone interview with Transportation Coordinator on 08/11/22 at 03:19 PM revealed she called the oral surgeon practice in January 2022 to make Resident #68 an appointment to have her teeth extracted and the oral surgeon who had agreed to do the extractions had retired. The oral surgeon who took over the practice could not see anyone until August 2022 and did not accept Medicaid. Review of dietary order dated 03/27/22 revealed new order for regular diet with mechanical soft meat. Rehab Director interview was conducted on 08/11/22 at 10:15 AM revealed she was familiar with Resident #68 and her on-going dental issues. She stated speech and occupational therapy have been working with Resident #68 since March 2022 trying to accommodate her diet and texture needs for her dental issues. She revealed Resident #68 goes back and forth with what types of textures are easiest for her to eat according to her how her mouth and teeth are feeling. The Rehab Director stated that she lets them know if she needs something chopped or ground or if it is soft enough for her to eat as is, they go by her preferences for each meal. Currently she is on a regular diet with chopped meats, currently she likes things soft and lots of soups due to her current dental issues. She stated that she does not recall a discussion during a morning meeting of not being able to find a dentist for Resident #68 teeth extractions who will accept her insurance but does not recall the date of the meeting or which staff member was discussing the matter.	F 684	physician orders, pain, and infections. This review identifies any new pain, dietary concerns, and resolution of infections/abscesses. The Unit Coordinators were notified during this education that they are responsible to print, review, and bring the “Facility activity Report-Orders” to Clinical Morning Meeting. Attendees of the Clinical Morning Meeting are Director of Nursing, Administrator, Staff Development Coordinator, Social Worker, and Unit Coordinators. The DON or designee will audit the dental referral log 3 times a week times 4 weeks, then 2 times a week times 4 weeks, and then weekly times 4 weeks. The DON will bring the results of this audit to three consecutive monthly Quality Assurance Committee meetings. The Quality Assurance committee will evaluate the effectiveness of the above plan and will make additional interventions based on the audits to ensure continued compliance. Date of Compliance 09-01-22	

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F 684	Continued From page 21	F 684		

Review of in-house dental note for 04/28/22 visit revealed Resident #68 was seen by facility dentist for routine dental visit. Facility dental note stated could not perform extractions for Resident #68 in house due to all teeth being root tips and tissue had completely covered her teeth and the procedure would need to be surgical. Resident #68 had been referred out for dental treatment, and the attached referral provided dentist's recommendations in case the resident would like to proceed with the treatment plan through a provider that accepts their current coverage. It was recommended the facility contact the resident's Medicaid provider for a list of accepted dental offices.

There was no documentation as to whether the staff or the Social Worker contacted Medicaid for a list of oral surgeons as recommended by the in-house dentist. The facility could not produce any documentation of anyone contacting oral surgeon practices to inquire if they took Resident #68 Medicaid.

Review of nursing progress note dated 05/10/22 revealed new orders for Resident #68 to receive Clindamycin 300 MG 1 tablet by mouth every 8 hours for dental abscess. Resident #68 was made aware.

Review of Physician order dated 05/10/22 revealed Resident #68 to receive Clindamycin 300 MG 1 tablet by mouth every 8 hours (12AM, 8AM, 4PM) for 7 days for dental infection. Resident #68 had been ordered Acetaminophen 325 MG 2 tablets by mouth every 4 hours as needed for pain on 04/28/22.

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F 684	Continued From page 22	F 684		

Review of medication administration record (MAR) for May 2022 revealed Resident #68 received Clindamycin 300 MG 1 tablet every 8 hours (12AM, 8AM, 4PM) as ordered beginning on 05/10/22 and ending on 05/16/22. Resident #68 received Acetaminophen 325 MG related to tooth pain at a level of 6 on a scale of 1 to 10 (ten being the worst pain) on 05/10/22 at 01:06 PM, tooth pain at a level of 7 on 05/12/22 at 05:42 AM and 03:59 PM, and tooth pain at a level of 7 on 05/13/22 at 04:02 AM and 12:30 PM all with effective results.

Review of Physician order dated 06/07/22 revealed an order for a consult for oral surgery for teeth extractions for Resident #68.

Review of nursing progress note dated 06/09/22 revealed new orders for oral surgery consult for teeth extractions, Clindamycin 300 MG 1 tablet by mouth every 8 hours for 7 days for dental abscess. Resident #68 was made aware.

Review of Physician order dated 06/09/22 revealed Resident #68 to receive Clindamycin 300 MG 1 tablet by mouth every 8 hours (5AM, 1PM, 9PM) for 7 days for a dental infection.

Review of medication administration record (MAR) for June 2022 revealed Resident #68 received Acetaminophen 325 MG related to tooth pain at a level of 5 on a scale of 1 to 10 (ten being the worst pain) on 06/10/22 at 12:53 AM and 04:09 PM, tooth pain at a level of 7 on 06/12/22 at 03:43 PM, and tooth pain at a level of 5 on 06/15/22 at 11:38 AM and 06:50 PM.

Review of in-house dental note dated 06/28/22 revealed Resident #68 was seen again for a

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routine dental visit. The in-house dental note indicated Resident #68 he previously been referred to an oral surgeon for extractions and described Resident #68 as having "severe periodontal disease (the result of infections and inflammation of the gums and bone that surround and support the teeth) with heavy calculus buildup". It was noted there was no dental abscess present today though one was detected a month ago.

Review of dietary order dated 07/08/22 revealed new order for regular diet with chopped meat.

Review of quarterly minimum data set (MDS) dated 07/25/22 revealed Resident #68 to be cognitively intact. Resident #68 was coded as having no issues or concerns with oral care or dental issues.

Review of nursing progress note dated 07/26/22 revealed request for Physician/ Nurse Practitioner (NP) for complaint of pain of right-side jaw, area is swollen. NP evaluated on 07/28/22. Received physician order on 07/28/22 for oral surgery consults for extraction of teeth for dentures.

Review of Physician order dated 07/28/22 revealed oral surgery consult for Resident #68 for extraction of teeth for dentures.

Resident #68 was receiving antibiotics for a urinary tract infection which was completed on 08/03/22.

Review of physician order dated 08/04/22 for antibiotic Clindamycin 300 MG 1 tablet by mouth every 8 hours (7PM, 3AM, 11AM) for 7 days for dental abscess, Oxycodone 5-325MG every 6

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hours PRN for pain and Ibuprofen 400 MG 1 tablet by mouth 3 times daily (7PM, 3AM, 11AM) for pain.

Nursing progress note dated 08/05/22 at 11:14 AM revealed Resident #68 was administered pain medication related to jaw pain at a level of 9. Result was effective.

Review of Physician order dated 08/08/22 for Ibuprofen 200 MG 2 tablets by mouth 3 times daily (5AM, 1PM, 9PM) for pain.

Nursing progress note dated 08/10/22 at 11:58 AM revealed Resident #68 was administered pain medication related to jaw pain at a level of 8. Result was effective.

Review of Physician order dated 8/11/22 for antibiotic Clindamycin 300 MG 1 tablet every 8 hours (7PM, 3AM, 11AM) for 7 days for dental abscess, Oxycodone 5-325 MG every 6 hours PRN for pain, and Ibuprofen 200 MG 2 tablets by mouth 3 times daily for pain.

Review of medication administration record (MAR) for August 2022 revealed Resident #68 received Oxycodone 5-325 MG 1 tablet by mouth every 6 hours PRN for pain on 08/04/22 at 11:44 AM for pain level of 7 with effective result and 9:20 PM for pain level of 7 with effective result for dental pain, 08/05/22 at 4:21 AM for pain level of 7 with effective result, 11:14 AM for pain level of 9 with effective result and 09:09 PM for pain level of 9 with effective result for dental pain, 08/08/22 at 11:59 AM for pain level of 6 with effective results and 9:12 PM for pain level of 9 with effective results for dental pain, 08/10/22 at 3:51 AM for pain level of 6 with effective results and 11:58 AM

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with pain level of 8 with effective results for dental pain, and on 08/11/22 at 3:53 AM for pain level of 8 with effective results, 10:23 AM for pain level of 7 with effective results and 08:39 PM for pain level of 7 with effective results for dental pain.

Resident #68 observation and interview was conducted on 08/08/22 at 11:06 AM revealed her sitting up in her wheelchair in her room. Resident #68 right cheek was slightly swollen, and she opened her mouth to reveal gums were red and swollen and only tips of teeth were visible from swollen gums, other visible teeth were broken and chipped. Resident #68 stated the abscess in her mouth is painful and she was currently receiving an antibiotic and pain medication. She revealed she has been having dental issues since last year after she received chemo treatments, and this is her third infection. Resident #68 stated she saw the in-house dentist several months ago about her dental issues and was told the in-house dentist was not able to treat her, so she saw another dentist who recommended she have all of her teeth removed by an oral surgeon. She revealed the facility staff was supposed to be looking for an oral surgeon who will take her Medicaid.

An interview was conducted with Resident #68 on 08/10/22 at 1:57 PM during which she revealed she had an abscess on the top and bottom of the right side of her mouth that she believed started 8-10 days ago. She stated she was only eating soft foods and liquids due to the pain. Observation of Resident #68 ' s teeth revealed red gums swollen over upper and lower teeth, and other teeth observed to be broken and chipped.

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Interview was conducted on 08/11/22 at 02:08 PM with Resident #68 revealed she received her Oxycodone 5MG between breakfast and lunch and her antibiotic for her abscesses at lunch along with two ibuprofens, so her pain scale right now was at 7. She stated her pain usually stays between a 7 with medications and 9 when she is waking up or the medications have worn off. She revealed the abscesses inside the upper right side of mouth at the base of nose caused pain up through her nose and into her eye and the abscess toward back of right side of mouth and jaw caused pain through her jawbone like she had lock jaw. Resident #68 stated this was the worst pain she had been through. She revealed her mouth hurts when she eats, and she chews on the left side and waits between bites and takes small sips of liquid through straws to prevent eating and drinking from making the pain worse. Resident #68 further revealed she has had dental issues on-going and believes at least three different times she has had abscesses since last year. She stated nursing staff, and the Social Worker were supposedly searching for a dentist who would accept her Medicaid to take out her teeth since last year.

An interview was conducted with Nursing Assistant #6 on 08/10/22 at 07:15 AM revealed she worked 11PM-7AM with Resident #68 and was familiar with her care and current dental issues. She stated Resident #68 was able to perform her own oral care and staff provided set-up. She revealed Resident #68 informed her that she had abscesses in her mouth and would request pain medication stating that her mouth was hurting. The NA stated when Resident #68 complains of being in pain or is requesting pain medication, she will inform the nurse so they can

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assess her and administer any medication.

An interview was conducted with Nurse #4 on 08/10/22 at 03:25 PM which revealed he was familiar with Resident #68 and her dental issues. He stated he observed cheek swelling on Resident #68 right side and she informed him about abscesses in her mouth. He stated he told the nurse practitioner (NP) about Resident #68 ' s cheek being swollen on the right side and having abscess in her mouth. Nurse #4 revealed Resident #68 was currently receiving antibiotics, pain medication and ibuprofen for the abscess and the facility staff were supposedly looking for an oral surgeon to remove her teeth.

Social worker (SW) interview was conducted on 08/10/22 at 04:41 PM which revealed he was familiar with Resident #68 and had been working on a referral for an oral surgeon since November 2021. He stated Resident #68 was referred to an outside dental clinic in November 2021 and he recommended an oral surgeon referral. He revealed Resident #68 was sent out to oral surgeon in December 2021 and a plan was developed for the oral surgeon to extract her teeth over two appointments. The SW stated in January 2022, the transportation aide called the oral surgeon to schedule the two appointments and the oral surgeon had retired and his replacement did not have an opening until August 2022 and did not accept Medicaid. He revealed Resident #68 was seen by the in-house dentist in April 2022 and was recommended to have all teeth extracted and referred to a dental clinic. The SW stated he contacted the dental clinic in June 2022 about the status of the referral for Resident #68 and was informed they had not received the referral and it had to be refaxed. He revealed he

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spoke with the dental clinic again in July 2022 to inquire about the status of the referral and was informed the referral had been denied due to the dental clinic not providing oral surgery and not accepting Medicaid. The SW stated he had not documented the attempts made to contact dental practices for Resident #68 to be seen by an oral surgeon. He revealed he contacted an oral surgeon practice who takes Medicaid on 08/10/22 and has a consult appointment scheduled on 08/15/22 for Resident #68.

Interview was conducted on 08/11/22 at 11:41 AM with Nurse Practitioner (NP) which revealed she was familiar with Resident #68 and her dental issues. She stated October 2021 Resident #68 was experiencing oral pain and had some broken teeth and a dental infection which required antibiotics. She revealed Resident #68 was seen by both an in-house and outside dentist who recommended all teeth to be extracted by an oral surgeon. The NP revealed she was told Resident #68 teeth extraction supposedly fell through due to insurance issues and the SW was working on finding an oral surgeon who would accept Medicaid. She stated Resident #68 had been on antibiotic therapy last October for a dental infection and this past May for a dental abscess on the left side of Resident #68 mouth, and was currently on an antibiotic, pain medication and ibuprofen due to abscesses on right side of mouth and slight swelling of right side of her face. The NP stated she felt it had taken too long and has expressed concern to the Director of Nursing (DON) and SW multiple times over the past year and kept being told it was being worked on. She revealed the dental issues had affected Resident #68's eating and she had expressed concerns to the DON and SW about the dental infection

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causing harm to resident due to heart issues. The NP stated she spoke with the medical director about her concerns and asked he get involved to move the referral process along. She stated the medical director ordered a consult for oral surgery on 07/28/22. The NP revealed she had no knowledge of an oral surgery consult or any consult taking this long to be completed.

The Director of Nursing (DON) and Regional Nurse Consultant interview was conducted on 08/11/22 at 06:30 PM which revealed the DON was aware of the need for Resident #68 to be referred for oral surgery services. She stated the SW had been working with the in-house dental practice in getting Resident #68 seen for oral surgery services but has trouble finding a practice that would accept Medicaid. She revealed the facility had not contacted Medicaid or corporate for a list of oral surgeon providers that would accept Medicaid. The DON stated she had spoken with Resident #68 multiple times about her dental referral but was not aware of the severe pain the resident was having with her mouth due to her teeth and current abscess.

The facility was notified of immediate jeopardy on 08/19/22 at 04:39 PM.

F 684
Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance

On 11/23/2021, a referral to an outside oral surgeon was received from the facility contracted dental service for Resident #68 related to need for extractions of teeth due to broken, decayed teeth and mouth pain. The facility failed to

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schedule an oral surgeon appointment for Resident #68 who experienced unresolved tooth pain, difficulty eating, and abscesses requiring antibiotics affecting overall well-being. Resident saw oral surgeon on 8/15/20022 and is scheduled for oral surgery on 8/25/2022.

On 8/10/22, the Director of Nursing (DON) performed an oral evaluation on Resident #68. Resident #68 exhibited slight redness to the mucous membrane. No overt swelling of gums. Resident #68 verbalized no pain at the time. Resident #68 stated she has had no issues with eating related to oral pain.

On 8/10/22, Nursing Management (Director of Nursing, and Unit Coordinators) completed an audit of all current in-house residents to identify those with complaints of dental pain. This audit included an observation of the oral cavity for abnormalities of the teeth, redness, odor, or signs and symptoms of infection. The Physician was notified of any abnormalities, new orders for dental referrals were obtained and any dietary consult recommendations were implemented, including pain management.

Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete

By 8/11/22, Director of Nursing and Staff Development Coordinator will educate Licensed Nurses to complete oral cavity observations for red swollen gums, odor, and/or other teeth abnormalities on admission, during routine care, and with residents that complain of mouth pain. It is the responsibility of the Nursing Aides to report

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any oral abnormalities and pain to the Licensed Nurse. It is the responsibility of the Licensed Nurse to report any oral abnormalities and pain to the Unit Coordinators. Unit Coordinators are responsible for notifying the Physician/Nurse Practitioner. Regarding off shifts it is the responsibility of Licensed Nurses to notify the Physician or Nurse Practitioner of any abnormalities and obtain new orders for treatments and interventions including pain management, and dietary consults if needed. Nursing staff will not be able to start their next shift prior to receiving the education, and all new hires will receive this education during orientation process. On 8/10/22, the Unit Coordinators and Licensed Nurses were notified of this responsibility by the Director of Nursing and Staff Development Coordinator during this education.

By 8/11/22, the Director of Nursing will educate Licensed Nurses regarding the process for communicating new physician orders for oral cavity observations/abnormalities, treatments and interventions including pain management, and dietary consults if needed, to the Unit Coordinators. During off hours the Licensed Nurses will input orders, which will pull into "Facility Activity Report-Orders" and will be brought to the Daily Clinical Meeting by the Unit Coordinators.

By 8/11/22, Nursing Management (Director of Nursing, Unit Coordinators) will educate the Nurse Aides to report oral cavity observations for red swollen gums, odor, and/or other teeth abnormalities on admission, during routine care, and with residents that complain of mouth pain or difficulty chewing. Issues identified will be reported to the Licensed Nurse or Unit

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Coordinator for follow-up. Issues identified will be reported to the Licensed Nurse or Unit Coordinator for follow-up. Nurse Aides will not be able to start their next shift prior to receiving the education, and all new hires will receive this education during orientation process.

The process is as follows:

1. Licensed Nurses and Nurse Aides will complete oral cavity observations for red swollen gums, odor, and other teeth abnormalities on admission, during routine care, and with residents that complain of mouth pain, and/or difficulty chewing. Any issues identified will be reported to the Licensed Nurse, Unit Coordinator. The Unit Coordinators are responsible for notifying the Physician/Nurse Practitioner; regarding off shifts it is the responsibility of Licensed Nurses to notify the Physician or Nurse Practitioner of any oral cavity observations/abnormalities and new orders for treatments and interventions including pain management, and dietary consults if needed
2. Any dental recommendations by the Physician and Nurse Practitioner will be entered by the Licensed Nurses or Unit Coordinators.
3. The Unit Coordinators will print, review, and bring the "Facility Activity Report - Orders" to include new dental services referral (orders) to review with the DON and Social Services Director during the daily Clinical Morning Meeting. During Clinical Morning meeting a review will be conducted of the "Facility Activity Report -Orders" to include any referrals (orders) for dental services, progress notes, physician orders, pain, and infections. This review identifies any new pain, dietary concerns, and resolution of infections/abscesses.

The Director of Nursing will ensure no staff will

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work without receiving this education. Any new hires, including nursing agency staff will receive education prior to the start of their shift.

On 8/10/22, the Regional Clinical Manager educated the Director of Nursing, Unit Coordinators, Social Worker, and the Administrator regarding clinical morning meeting process to review the "Facility Activity Report -Orders" to include any referrals (orders) for dental services, progress notes, physician orders, pain, and infections. This review identifies any new pain, dietary concerns, and resolution of infections/abscesses. The Unit Coordinators were notified during this education that they are responsible to print, review, and bring the "Facility activity Report-Orders" to Clinical Morning Meeting. Attendees of the Clinical Morning Meeting are Director of Nursing, Administrator, Staff Development Coordinator, Social Worker, and Unit Coordinators.
Effective 8/11/22, the Director of Nursing and Administrator will be responsible to ensure implementation of this immediate jeopardy removal for this alleged non-compliance.

Alleged Date of IJ Removal: 8/12/2022

On 8/25/22 the credible allegation for the immediate jeopardy removal was validated and the removal date of 08/12/22 was confirmed.

The audit tools completed by the facility on 08/10/22 were reviewed. The physician was notified of results from the audits and residents identified with dental needs were scheduled to see in house dentist and oral surgeon.

On 8/10/22, the Regional Clinical Manager

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educated the Director of Nursing, Unit Coordinators, Social Worker, and the Administrator regarding clinical morning meeting process to review the "Facility Activity Report -Orders" to include any referrals (orders) for dental services, progress notes, physician orders, pain, and infections. This review identifies any new pain, dietary concerns, and resolution of infections/abscesses.

Interviews with nurses, nursing assistants and Unit Coordinators revealed they received education on identifying any changes in resident condition including mouth pain, abnormal odor coming from mouth, broken teeth, bleeding gums, any abnormal areas in mouth, difficulty eating and reporting these changes to the nurses and the medical providers. Oral care handout was also provided to all nursing staff. Nursing staff contacts the Nurse Practitioner or Physician with any reports of dental issues, enters any new orders and referrals, and informs the Unit Coordinator so appointments can be scheduled.

Interviews with the Unit Coordinators confirmed they had also received education on reviewing any new orders or referrals for dental issues and scheduling appointments. They will inform the Director of Nursing of the new order or referral and if an appointment was made and complete a facility report to review during daily clinical meeting.

Director of Nursing (DON) was interviewed and revealed she educated nursing staff on oral care and referral process. She stated nursing assistants are responsible for performing oral care every shift and as needed and looking for any dental issues such as odor, difficulty chewing,

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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
F 684	Continued From page 35 pain and when observed to notify nursing. Nursing staff was responsible for assessing resident for dental issues and pain and inform the Unit Coordinator, Nurse Practitioner or Physician about any dental concerns. Nursing will also input any new orders or referrals related to dental issues and notify Unit Coordinator. She revealed the Unit Coordinator schedules all dental appointments and completes a tracking form that is brought to daily clinical meeting. The DON stated she was responsible for keeping a master list of all dental appointments that was reconciled daily to reflect when the resident appointment was completed and the outcome.	F 684		
F 689 SS=J	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 record review, staff and Nurse Practitioner interviews, the facility failed to provide care in a safe manner for 1 of 2 residents reviewed for supervision to prevent accidents (Resident #132). The resident fell out of a raised bed onto the floor during incontinence care which resulted in the resident being transported to the local hospital and diagnosed with distal femoral (upper leg bone) fracture, proximal tibial (lower leg bone) fracture and fractured humerus (upper arm bone).	F 689	Past noncompliance: no plan of correction required.	

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The findings included:

Resident # 132 was admitted to the facility on 05/30/18 and readmitted on 08/20/20. Here diagnoses included cerebral vascular accident or stroke, muscle weakness, left hand contracture with splint and type II diabetes mellitus.

The quarterly Minimum Data Set (MDS) assessment dated 02/16/22 indicated Resident #132 was moderately cognitively impaired and required extensive assistance of 2 staff to accomplish activities of daily living (ADL) to include bed mobility, dressing, toileting, and personal hygiene. The Care Area Assessment (CAA) summary indicated Resident #132 was at risk for falls due to muscle weakness, medication use, impaired mobility and incontinence and limited range of motion in her bilateral lower extremities.

A nursing progress note dated 03/10/2022 at 4:01 AM indicated NA #1 was changing Resident #132 at 3:30 AM when Resident #132 lost her grip on the bed rail and fell onto the floor. Resident #132 was assisted back into bed using a mechanical lift. Pain medication and acetaminophen were administered for complaints of pain. Resident #132 continued to complain of pain and requested to be sent to the hospital. Emergency Medical Services (EMS) was notified, Resident #132's responsible party (RP) was notified and requested the resident be sent out to the hospital closest to the family. The resident's pupils were round and equally reactive to light (pupils reaction to light being shined - pupils will become smaller with light and larger with darkness) and accommodation (pupils reaction to objects up

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close and distant) and the resident had no head injury. Resident #132's respirations were regular and unlabored, and staff remained with the resident until EMS arrived to transport her to the hospital emergency room (ER).

Nursing Assistant (NA) #1's statement dated 03/10/2022 indicated on 03/10/22 at approximately 3:30 AM Resident #132 activated her call light at which point NA #1 entered the room and the resident requested to be changed. NA #1 walked away to get a towel, washcloths, and brief, then wet the washcloths before returning to the bedside. NA #1 turned the resident towards the window onto her left side as she grabbed the bed rail with her right arm. At that point NA #1 began cleaning her bottom but she continued to have a bowel movement while wiping her bottom. NA #1 turned away from the resident to get the brief and cream for her bottom from the chair in her room at the end of the bed when the resident fell from the bed which had been raised waist high during care onto the floor. NA #1 left the room to notify her nurse and one of the nurses came into the room to assess the resident and assist with lifting the resident via mechanical lift back in her bed.

An interview on 08/10/22 at 6:58 AM with Nursing Assistant (NA) #1 indicated she was changing Resident #132's brief when she fell from the bed onto the floor. She stated she had raised the bed to waist level and provided peri care to Resident #132 on her front side and turned her onto her left side towards the window to clean her bottom. NA #1 further stated there was a paper pad on top of the resident's air mattress and under her bottom. NA #1 explained she began cleaning Resident #132's bottom when she continued to have a

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bowel movement and finally had her clean. NA #1 further explained she turned away from the resident and walked approximately 6 feet to get the clean brief to put on the resident when Resident #132 slipped off the bed and onto the floor. NA #1 said she turned back around with the brief and did not see the resident but heard her moaning and noticed she was on the floor with her head at the foot of the bed. NA #1 indicated she left the room immediately to go get the nurse and when she returned to the room the resident was moaning "oh, oh" and Resident #132 stated her left leg and left shoulder were hurting. NA #1 further indicated Nurse #1 and Nurse #2 came into the room and Nurse #2 assessed the resident while Nurse #1 left the room to contact the physician on call and notify the responsible party (RP) of the resident's fall. Nurse #2 assessed the resident and NA #1 along with NA #2, NA #3, and Nurse #2 assisted Resident #132 back into the bed with the mechanical lift. Resident #132 requested to be sent to the hospital and Nurse #2 called EMS and the resident was transferred to a local hospital ER for evaluation and treatment.

Nurse #1's statement dated 03/10/22 revealed she was notified at approximately 3:30 AM on 03/10/22 that Resident #132 had fallen out of bed onto the floor during incontinence care being performed by Nursing Assistant (NA) #1. Nurse #1 stated when she entered the room the resident was on the floor on the left side of the bed with her head at the foot of the bed. She further stated Nurse #2 was in the room assessing the resident when she entered the room.

A phone interview on 08/10/22 at 6:07 PM with Nurse #1 revealed she had been notified by

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Nursing Assistant (NA) #1 on 03/10/22 at approximately 3:30 AM that Resident #132 had fallen from her bed onto the floor. Nurse #1 said when she went into the resident's room, Resident #132 was lying in the floor with her head at the foot of the bed and her feet at the head of the bed. Nurse #1 stated Nurse #2 was already in the room assessing the resident, so she left the room to call the on-call provider and responsible party (RP) to notify them of the fall and get paperwork ready to send her out to the hospital ER for evaluation and treatment. Nurse #1 indicated initially Resident #132 had not complained of pain but once they moved her back to bed, she was complaining of left leg pain and left shoulder pain, so they medicated her, and EMS came and transported her to the hospital ER for evaluation and treatment. Nurse #1 further indicated she had provided one on one education to NA #1 about the resident's care Kardex and stated she was a seasoned nursing assistant and should have known to have another person in the room with her while providing Resident #132's incontinence care. Nurse #1 stated because of Resident #132's fall, all residents on air mattresses now are required to have a 2-person assist with bed mobility.

Nurse #2's statement dated 03/10/22 revealed she was notified by Nursing Assistant (NA) #1 at approximately 3:30 AM on 03/10/22 that Resident #132 had fallen out of bed. Nurse #2 stated when she entered the room the resident was observed lying on her back in the floor beside of her bed. Resident #132 requested to get out of the floor and back on her bed. Nurse #2 further stated she assessed the resident, and her pupils were equally round and reactive to light and accommodation (pupils reaction to moving object

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up close and distant), she had no respiratory distress and her range of motion to all 4 extremities was within her normal limits. The resident denied hitting her head and NA #1 stated she had not heard the resident hit her head. Resident #132 had no visible injuries noted so she was assisted back to bed via mechanical lift with the assistance of NA #1, NA #2, and NA #3. Once in the bed, Resident #132 requested pain medication and was given pain medication as ordered. Resident #132 then became adamant about going to the hospital ER, so EMS was contacted, and the resident sent to the hospital ER for evaluation and treatment.

A phone interview on 08/10/22 at 7:12 PM with Nurse #2 revealed Nursing Assistant (NA) #1 notified her right away of Resident #132's fall. Nurse #2 stated when she went into the room the resident was lying on her back with her head at the foot of the bed. Nurse #2 said initially Resident #132 was laughing and talking with them but after being lifted to bed she started complaining of pain in her left shoulder. Nurse #2 further stated she had assessed Resident #132 prior to them lifting her back to bed and did not recall one leg being shorter than the other or externally rotated but said her feet were naturally turned outward. Nurse #2 indicated Nurse #1 had called the provider and because the resident was complaining of pain, they decided to send her out to the hospital ER for evaluation and treatment. Nurse #2 stated NA #1 was a seasoned NA and should have known to have another person with her while toileting a total care resident. Nurse #2 further stated now if a resident is on an air mattress it requires a 2-person assist with bed mobility. Nurse #2 indicated there should have been 2 NAs providing

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incontinence care to Resident #132 on 03/10/22.

An interview on 08/11/22 at 9:32 AM with the Director of Rehabilitation revealed she was familiar with Resident #132, and they had provided occupational therapy (OT) treatment to her. The Director of Rehabilitation stated she was aware of the residents fall on 03/10/22 and said because of her fall the facility now required all residents on air mattresses have a 2-person assist with bed mobility and toileting.

A review of the hospital discharge summary revealed Resident #132 was admitted to the hospital on 03/10/22 and discharged to another facility on 03/31/22. Her admitting diagnoses included displaced closed distal femur fracture, closed proximal tibial fracture and 2-part displaced closed fracture of the humerus. Resident #132 was placed on bedrest with non-weight bearing to the left extremity and a sling was applied to the left arm. The resident's pain was difficult to manage during her hospital stay due to her blood pressure being low, so she was taken off all antihypertensives and eventually accomplished pain control. Resident #132 was discharged from the hospital on 03/31/22 to another facility with non-weight bearing to the left extremity and under Palliative Care (which she had prior to hospital admission).

An interview on 08/11/22 at 4:35 PM with the Nurse Practitioner (NP) revealed she had been notified of Resident #132's fall at the facility. She stated she had been told staff were changing the resident and she had fallen out of the bed. The NP further stated Resident #132 had hemiplegia on her left side from a previous stroke and could not possibly assist with holding on with her left

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side but could have possibly held onto a bedrail with her right side. The NP indicated although the resident may have been able to assist with her right hand holding onto the bedrail if she had been assessed by nursing staff as needing 2-staff assistance with bed mobility and toileting she would have expected there to have been 2 staff in the room assisting the resident.

An interview on 08/11/22 at 5:37 PM with the Director of Nursing (DON) revealed Resident #132 had been assessed as needing 2-person assistance with bed mobility and transfers and stated she would have expected there to have been 2 staff members in the room providing her care. She stated it was Nursing Assistant (NA) #1's first night off orientation and NA #1 had stated she was not aware the care Kardex for the resident was inside her closet, so NA #1 was provided additional one on one education by Nurse #1 on the night of the incident.

The facility was notified of Immediate Jeopardy at past non-compliance on 08/19/22 at 5:08 PM.

The facility provided the following credible allegation of complaince with a compliance date of 03/11/22.
The facility's corrective actions implemented after the accident to prevent a reoccurrence included the following:
1. Resident #132 was immediately assessed after the fall by a licensed nurse and transported to the ER for further evaluation.
2. The Director of Rehab/Designee completed a 100% audit of all residents in the facility to ensure appropriate bed mobility assistance was accurate in comparison to the resident's MDS and NA alerts. Any discrepancy was corrected and any

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resident that required further evaluation was referred to therapy.
3. On 03/11/22, education was given to all nursing department (active nurses and NAs) of where to find bed mobility status of one or two person for each resident in alerts section of point of care (POC). Any nursing staff on leave received the required education prior to their first shift. The education was added to the nursing staff orientation.
4. Therapy staff and DON and/or designee reviewed any bed mobility changes during morning meeting five times a week.
5. When a resident had a change in bed mobility it was documented on the nursing 24-hour report and in the residents electronic medical record (EMR).
6. The weekend manager on duty or weekend nursing supervisor obtained report from the nurses regarding any changes in resident mobility status and reported to the DON.
7. DON and/or designee conducted random weekly observations for 12 weeks and validated resident's bed mobility status was being followed. Any non-compliance was addressed, and further education provided as needed.
8. The frequency of weekly observations was:
10 residents reviewed/observed for weeks 1-4 to ensure bed mobility POC alerts.
5 residents reviewed/observed for weeks 5-8 to ensure bed mobility POC alerts.
3 residents reviewed/observed for weeks 9-12 to ensure bed mobility POC alerts.
9. The Administrator and Quality Assurance/Performance Improvement (QAPI) committee analyzed the data are reported any patterns/trends to the Regional Operations Manager for immediate correction. Findings of the QAPI committee were reviewed monthly for 3

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F 689	Continued From page 44 months to ensure continued compliance. 10. The QAPI committee will continue to evaluate the above plan and make additional recommendations for interventions based on the audits to ensure continued compliance. Allegation of compliance (AOC) date: 03/11/222. On 08/11/22 the facility's Plan of Correction was validated by the following: audits conducted by the facility were reviewed and were found to be completed according to the plan of correction. All nurses and nursing assistants were educated on where to find bed mobility status in the alerts section of POC. The training topic was "transfers, bed mobility and alerts" and the content included: 1. Proper transfers, bed mobility and where to find alerts for each resident. 2. If resident requires air mattress or is not able to assist with care, utilize 2-person assist for ADLs. Director of Nursing (DON)/Staff Development Coordinator (SDC)/Assistant Director of Nursing (ADON) was responsible for ensuring all staff were trained on proper care to prevent falls. The corrective action plan was validated to be completed as of 03/11/22.	F 689		
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and	F 732		9/1/22

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F 732	Continued From page 45 unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to post the correct daily nurse staffing information for 1 out of 4 days of the recertification survey and failed to post the correct census number for 4 out of 4 days of the recertification (August 8 through 11, 2022). The findings included:	F 732	The statements included in the plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the	

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F 732	Continued From page 46 Observations made during the recertification survey on 8/09/2022 at 8:10 AM and 4:45 PM revealed the posted daily nurse staffing information was dated 8/08/2022 for the previous day. Observations made during the recertification survey on 8/08/2022 at 10:55 AM, 8/09/2022 at 8:10 AM and 4:45 AM, 8/10/2022 at 8:50 AM, and 08/11/2022 at 2:00 PM revealed incorrect information for the census number for the facility. On 8/11/2022 at 3:48 PM an interview was conducted with the Staffing Coordinator (SC) who was responsible for the scheduling of the nursing department. The SC stated she was responsible for filling out and posting the daily nurse staffing hours with the census. She revealed she completed the daily nurse staffing information a week ahead of time and would make changes as needed to the hours or the census number. The SC stated she posted the daily nurse staffing on the bulletin board outside of the nursing station on the 100 and 200 halls in the mornings and when she was not working one of the nurses on duty was responsible. She revealed the incorrect census number on the daily nurse staffing information was an error and should have reflected the correct daily census number for the facility. The SC stated the posting on 8/09/2022 of the previous day daily nurse staffing was an error and the correct date and information should be posted each day. Interview was conducted with Director of Nursing (DON) on 8/11/2022 at 5:33 PM revealed the SC was responsible for printing off the daily nurse staffing information and posting it in the facility. She stated the SC was completing the information a week ahead of time and would	F 732	following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. The daily staffing sheet for the week of 08/08/2022 through 08/11/2022 was corrected on 8/11/22 by the Director of Nursing (DON)to ensure that the correct census was accurate for each day. The daily staffing sheets from August 1-August 7 were audited on 8-11-22 by the DON for accuracy of census. Any identified concerns were addressed on 8/11/22. Education on the daily staffing sheet and changes per shift was provided on 08/12/2022 by Administrator, DON, or Designee to Nursing Administration. This education was also provided to all Licensed Nurses and the delegation of duty to provide accurate census numbers on the daily staffing sheet each shift. Any licensed nurse or the Nursing Administration who did not receive the in service by 09-01-22 will not be allowed to work until the in service has been completed. This education will also be implemented in the new hire orientation. The facility has adopted a new process of having members of Nursing Administration complete the daily staffing sheet at the start of each shift, if a member of Nursing Administration is not present at time of shift change then a designated licensed nurse in the facility will complete. The administrator or DON will audit 5 daily staffing sheets for accuracy a week for the	

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F 732	Continued From page 47 make changes to reflect the daily census in the facility and staffing changes. She revealed she was not aware the daily nurse staffing information posted on 8/09/2022 was the previous day nor was she aware the census was not correct. She stated the daily nurse staffing information should reflect the correct date and number of hours and the correct census number.	F 732	first four weeks, 3 daily staffing sheets a week from weeks five through eight, and 1 daily staffing sheets a week for weeks nine through twelve. The Administrator or DON will report all audit findings to the Quality Assurance Committee monthly for three consecutive months. The Quality Assurance Committee will evaluate the effectiveness of the above plan and will make additional interventions based on the audits to ensure continued compliance. Completion date is 09/01/2022.	
F 761 SS=E	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 applicable. §483.45(h) Storage of Drugs and Biologicals §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. §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	F 761		9/1/22

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F 761	Continued From page 48 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to refrigerate an unopened insulin vial, date opened insulin vials and discard expired medications available for use in 3 of 5 medication carts (Medication Cart 2, Medication Cart 4, and Medication Cart 1). The findings included: a. An observation of Medication Cart 2 with Nurse #3 on 8/11/22 at 10:28 AM revealed an undated and unopened vial of Insulin detemir available for use in the top drawer and labeled with Resident #36's name. The vial had a pharmacy sticker which indicated it was sent to the facility on 8/8/22. Insulin detemir is a long-acting insulin used to treat diabetes. An interview with Nurse #3 on 8/11/22 at 10:35 AM revealed she didn't know who placed the unopened vial of Insulin detemir in the medication cart but whoever did it probably did not realize that Resident #36 had another vial in the medication cart that was available. Nurse #3 stated the vial should have been kept in the refrigerator until ready to be opened and used because it was only good for 42 days after being taken out of refrigeration. Nurse #3 further stated she didn't notice the insulin because she didn't have to give it and it was scheduled to be given only at bedtime. b. An observation of Medication Cart 4 with Medication Aide (MA) #1on 8/11/22 at 10:38 AM	F 761	The statements included in the plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center□s allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. On 8/11/22, the Nurses on the medication carts, removed the undated, unrefrigerated insulin, and expired magic mouthwash. The Director of Nursing and the Nurse Administrative team audited all medication carts and medication rooms for expired and undated medications. Any items found to be affected were removed immediately and discarded. On 8/16/22, the pharmacy nurse consultant and consulting pharmacist audited 100% of medication carts and medication storage rooms for expired and undated medications. Any items found to be out of date or undated, were removed and discarded. On 8/11/22, the Director of Nurses (DON) initiated education to all Licensed Nurses and Medication Aides on dating medications, insulin storage and checking	

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F 761	Continued From page 49 revealed an opened and undated vial of Insulin detemir labeled with Resident #4's name and an opened and undated vial of Admelog labeled with Resident #14's name. Admelog is a short-acting insulin product used to help control blood sugar. An interview with MA #1 on 8/11/22 at 10:38 AM revealed Nurse #4 was assigned to give all the insulins from Medication Cart 4, and she did not have anything to do with the insulins on the medication cart. MA #1 checked both insulin vials and verified that both did not have an open date. An interview with Nurse #4 on 8/11/22 at 11:09 AM revealed he hadn't gotten around to giving the insulins in Medication Cart 4 and had not seen the insulin vials that were undated. Nurse #4 stated both insulins should have been dated when they were opened because Insulin detemir was only good for 42 days after it was opened while Admelog was good for 28 days after being opened. c. An observation of Medication Cart 1 with Nurse #4 on 8/11/22 at 11:01 AM revealed a bottle of Magic Mouthwash with an expiration date of 7/17/22 and approximately 150 ml (milliliters) left in the bottle available for use. There was another bottle of Magic Mouthwash with an expiration date of 8/3/22 and approximately 75 ml left for use. Both bottles of Magic Mouthwash were labeled as belonging to Resident #37. Magic Mouthwash is a mouth-rinse mixture used to relieve pain from mouth and throat sores. An interview with Nurse #4 on 8/11/22 at 11:06 AM revealed he was not sure why the expired bottles of Magic Mouthwash had not been	F 761	expirations of medications. Additional education on these topics was being taught by the Nurse Administration team. Any licensed nurse or medication aide who did not complete this education by 8/30/22 will not be allowed to work until complete. This education will be included in the new hire orientation. The DON and/or Nurse Administration will audit 5 medication carts/storage rooms weekly times 4 weeks, then 3 medication carts/storage rooms weekly times 4 weeks then 1 medication cart/storage room weekly times 4 weeks. The DON will report the findings of these audits to the Quality Assurance Committee for 3 consecutive months. The Quality Assurance Committee will evaluate the effectiveness of the above plan and will make additional interventions based on the audits to ensure continued compliance. Completion date is 09/01/2022	

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F 761	Continued From page 50 discarded off the medication cart and that he had meant to take them out of the medication cart but had just not gotten around to doing it. An interview with the Director of Nursing (DON) on 8/11/22 at 5:08 PM revealed the insulins should be stored in the refrigerator until ready to be used and should be dated when opened. The DON stated the expired bottles of Magic Mouthwash should have been taken off the medication cart when they expired. The DON further stated that all the nurses who were on the medication carts were responsible for checking each medication cart. The medication aides were also educated on checking all the medications including the insulins so they should make sure all insulins were dated and not expired.	F 761		
F 791 SS=K	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility- §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and	F 791		9/1/22

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F 791	Continued From page 51 (ii) By arranging for transportation to and from the dental services locations; §483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay; §483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and §483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and Nurse Practitioner (NP), Dental Clinic Manager, facility staff, and resident interviews, the facility failed to obtain dental services from an oral surgeon for teeth extractions. Resident #68 was seen by a dentist on 11/21/21 who wrote a referral for an oral surgeon for extraction of all remaining teeth. Resident #68 was seen by an oral surgeon on 12/07/21 and the plan was to remove all upper and lower teeth during two appointments using nitrous oxide which she asked to defer until January 2022 when her Medicaid would take effect. When the oral surgeon's office was contacted in January 2022 it	F 791	On 8/10/22, the Director of Nursing (DON) performed an oral evaluation on Resident #68. Resident #68 exhibited slight redness to the mucous membrane. No overt swelling of gums. Resident #68 verbalized no pain at the time. Resident #68 stated she has had no issues with eating related to oral pain. On 8/10/22, Nursing Management (Director of Nursing and Unit Coordinators) completed a review of all current in-house residents' medical records to identify any outstanding	

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F 791	Continued From page 52 was communicated that the current oral surgeon did not accept Medicaid. The in-house dentist recommended referrals to an oral surgeon for extractions on 4/28/22 and 6/28/22. The Physician/Nurse Practitioner wrote orders for oral surgery consults for extraction of teeth on 6/7/22 and 7/28/22. The delay in services led to repeated dental infections, unresolved pain, and difficulty eating. Resident #68 oral surgeon consultation appointment was scheduled on 08/10/22 (after the survey started) for 08/15/22. The deficient practice occurred for 1 of 1 resident reviewed for dental services (Resident #68). Immediate jeopardy began on 05/10/22 when Resident #68 was treated for a second tooth abscess and the facility failed to obtain dental services for the extraction of all remaining teeth. The immediate jeopardy was removed on 8/12/22 when the facility implemented an acceptable credible allegation for immediate jeopardy removal. The facility remains out of compliance at a lower scope and severity level of E (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) to ensure education and monitoring systems put into place are effective. Findings included: Resident #68 was admitted to the facility on 06/13/21 and a readmitted on 06/23/22 with diagnoses to include Type 2 Diabetes, end stage renal failure, heart disease and malignant neoplasm of right ovary and left kidney. Review of admission minimum data set (MDS) dated 10/04/21 revealed Resident #68 was coded as having no issues or concerns with oral care	F 791	referrals for dental care and ensure these have been completed. As well, to identify dental visit status, including the last dental visit, follow up recommended and validation of scheduled appointments (as applicable). By 8/11/22, the Director of Nursing will educate Licensed Nurses regarding the process for communicating new physician orders for dental services to the Unit Coordinators. The Director of Nursing, Unit Coordinators, and Social Worker will be responsible for reviewing in-house dentist visit notes for recommendations, referrals, and notify MD and obtain any orders. On 8/11/22 The Regional Clinical Coordinator educated the Director of Nursing, Unit Coordinators, and Social Worker of the process. The DON or designee will audit the dental referral log 3 times a week times 4 weeks, then 2 times a week times 4 weeks, and then weekly times 4 weeks. The DON will bring the results of this audit to three consecutive monthly Quality Assurance Committee meetings. The Quality Assurance committee will evaluate the effectiveness of the above plan and will make additional interventions based on the audits to ensure continued compliance. Completion date is 09/01/2022	

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Review of in-house dental note dated 10/19/21 revealed Resident #68 was in pain due to tooth infection and referral was made for outside dental treatment and recommended antibiotics such as Amoxicillin 500 MG (milligrams) 1 tablet every 8 hours for 10 days or Clindamycin 300 MG 1 tablet every 8 hours for 10 days if appropriate due to overall health condition.

Review of nursing progress note dated 10/20/21 revealed Nurse Practitioner (NP) evaluated Resident #68 related to tooth infection with new order as follows: Amoxicillin 50 milligrams (MG) by mouth daily for 7 days. Resident #68 is her own responsible person and is aware of new order.

Review of Physician order dated 10/20/21 for Amoxicillin 500 MG 1 tablet by mouth every 8 hours (2pm, 10pm, 6am).

Review of outside dental note dated 11/21/21 revealed Resident #68 required oral surgery for extractions of all remaining teeth. The outside dental practice wrote a referral for

Resident #68 to be seen by an oral surgeon for teeth extraction due to the teeth being broken and all root tips with tissue covering the teeth.

Review of oral surgeon note dated 12/07/21 revealed plan to remove all upper and lower teeth for Resident #68 during two appointments using nitrous oxide; however, the resident requested to wait until January 2022 when her Medicaid would take effect.

Per telephone interview with Transportation

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Coordinator on 08/11/22 at 03:19 PM, she called the oral surgeon practice in January 2022 to make Resident #68 an appointment to have her teeth extracted and the oral surgeon who had agreed to do the extractions had retired. The oral surgeon who took over the practice could not see anyone until August 2022 and did not accept Medicaid.

Review of in-house dental note for 04/28/22 visit revealed Resident #68 was seen by facility dentist for routine dental visit. Facility dental note stated in house dentist could not perform extractions for Resident #68 due to all teeth being root tips and tissue had completely covered her teeth and the procedure would need to be surgical. Resident #68 had been referred out for dental treatment, and the attached referral provided dentist's recommendations in case the resident would like to proceed with the treatment plan through a provider that accepts their current coverage. It was recommended the facility contact the resident's current insurance provider for a list of accepted dental offices.

There was no documentation in the medical record as to whether the staff or the Social Worker contacted Medicaid for a list of oral surgeons as recommended by the in-house dentist. The facility could not produce any documentation of anyone contacting oral surgeon practices to inquire if they took Resident #68 Medicaid.

Review of nursing progress note dated 05/10/22 revealed new orders for Resident #68 to receive Clindamycin 300 MG 1 tablet by mouth every 8 hours for dental abscess. Resident #68 was made aware.

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Review of Physician order dated 05/10/22 revealed Resident #68 to receive Clindamycin 300 MG 1 tablet by mouth every 8 hours (12AM, 8AM, 4PM) for 7 days.

Quarterly MDS dated 05/27/22 revealed Resident #68 was coded as having no issues or concerns with oral care.

Review of Physician order dated 06/07/22 revealed an order for oral surgery consult for teeth extractions for Resident #68.

Review of nursing progress note dated 06/09/22 revealed new orders for oral surgery consult for teeth extractions, Clindamycin 300 MG 1 tablet by mouth every 8 hours for 7 days for dental abscess. Resident # 68 was made aware.

Review of Physician order dated 06/09/22 revealed Resident #68 to receive Clindamycin 300 MG 1 tablet by mouth every 8 hours (5AM, 1PM, 9PM) for 7 days.

Review of in-house dental note dated 06/28/22 revealed Resident #68 was seen again for a routine scheduled dental visit. The in-house dental note indicated Resident #68 had previously been referred to an oral surgeon for extractions and described Resident #68 as having "severe periodontal disease (the result of infections and inflammation of the gums and bone that surround and support the teeth) with heavy calculus buildup". It was noted there was no dental abscess present today though one was detected a month ago.

Admission MDS dated 06/30/22 revealed

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Resident #68 was coded as having no issues or concerns with oral care.

Review of quarterly Minimum Data Set (MDS) dated 07/25/22 revealed Resident #68 to be cognitively intact. Resident #68 was coded as having no issues or concerns with oral care or dental issues.

Review of nursing progress note dated 07/26/22 revealed request for Physician/ Nurse Practitioner (NP) for complaint of right-side jaw pain area is swollen. NP evaluated on 07/28/22. Received physician order on 07/28/22 for oral surgery consults for extraction of teeth for dentures.

Review of Physician order dated 07/28/22 revealed an oral surgery consult for Resident #68 for extraction of teeth for dentures.

Review of nursing note dated 07/28/22 revealed new orders by Medical Director for oral surgeon consult for extraction of teeth for dentures for Resident #68.

Resident #68 was receiving antibiotic therapy for a urinary tract infection and received the last dose on 08/03/22.

Review of physician order dated 08/04/22 for antibiotic Clindamycin 300 MG 1 tablet by mouth every 8 hours (7PM, 3AM, 11AM) for 7 days for dental abscess, Oxycodone 5-325MG every 6 hours PRN for pain and Ibuprofen 400 MG 1 tablet by mouth 3x ' s daily (7PM, 3AM, 11AM) for pain.

Review of Physician order dated 08/08/22 for Ibuprofen 200 MG 2 tablets by mouth 3x ' s daily

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(5AM, 1PM, 9PM) for pain.

Review of nursing progress note dated 08/08/22 revealed new order received from nurse practitioner (NP) to begin Ibuprofen 200 MG 2 tablet by mouth 3x's daily. Orders processed and Resident #68 was made aware of new orders.

Review of Physician order dated 8/11/22 for antibiotic Clindamycin 300 MG 1 tablet every 8 hours (7PM, 3AM, 11AM) for 7 days for dental abscess, Oxycodone 5-325 MG every 6 hours PRN for pain, and Ibuprofen 200 MG 2 tablets by mouth 3x's daily for pain.

Resident #68 observation and interview was conducted on 08/08/22 at 11:06 AM revealed her sitting up in her wheelchair in her room. Resident #68 right cheek was slightly swollen, and she opened her mouth to reveal gums were red, inflamed and swollen and only tips of teeth were visible from swollen gums, other visible teeth were broken and chipped. Resident #68 stated the abscesses in her mouth were painful and she was currently receiving an antibiotic and pain medication. She revealed she had been having dental issues since last year after she received chemo treatments, and this was her third infection. Resident #68 stated she saw the in-house dentist several months ago about her dental issues and was told the in-house dentist was not able to treat her, so she saw another dentist who recommended she have all of her teeth removed by an oral surgeon. She revealed the facility staff told her they were looking for an oral surgeon who would take her Medicaid.

An interview was conducted with Nurse #4 on 08/10/22 at 03:25 PM which revealed he was

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familiar with Resident #68 and her dental issues. He stated he observed cheek swelling on Resident #68 right side and she informed him about abscesses in her mouth. He stated he told the nurse practitioner (NP) about Resident #68 ' s cheek being swollen on the right side and having abscess in her mouth. Nurse #4 revealed Resident #68 was currently receiving antibiotics, pain medication and ibuprofen for the abscess and the facility staff were supposedly looking for an oral surgeon to remove her teeth.

Social worker (SW) interview was conducted on 08/10/22 at 04:41 PM which revealed he was familiar with Resident #68 and had been working on a referral for an oral surgeon since November 2021. He stated Resident #68 was referred to an outside dental clinic in November 2021 and he recommended an oral surgeon referral. He revealed Resident #68 was sent out to oral surgeon in December 2021 and a plan was developed for the oral surgeon to extract her teeth over two appointments. The SW stated in January 2022, the transportation aide called the oral surgeon to schedule the two appointments and the oral surgeon had retired and his replacement did not have an opening until August 2022 and did not accept Medicaid. He revealed Resident #68 was seen by the in-house dentist in April 2022 and was recommended to have all teeth extracted and referred to a dental clinic. The SW stated he contacted the referred dental clinic in June 2022 about the status of the referral for Resident #68 and was informed they had not received the referral and it had to be faxed. He revealed he spoke with the dental clinic again in July 2022 to inquire about the status of the referral and was informed the referral had been denied due to the dental clinic not providing oral

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA CARE HEALTH AND REHABILITATION	111 HARRILSON STREET CHERRYVILLE, NC 28021

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surgery and not accepting Medicaid. The SW stated he had not documented the attempts made to contact dental practices for Resident #68 to be seen by an oral surgeon.

A telephone interview was conducted with the Dental Clinic Manager on 08/11/22 at 09:48 AM which revealed the clinic received a referral on 07/27/22 for oral surgery for Resident #68. She stated the dental clinic director reviewed the referral and denied it due to Resident #68 needing oral surgery and they did not perform oral surgery. She revealed this was the only referral received by the clinic for Resident #68. The dental clinic manager revealed the facility social worker called the dental clinic on 08/10/22 and was informed the referral for Resident #68 had been denied due to the clinic not being able to perform oral surgery.

Unit coordinator interview was conducted on 08/11/22 at 02:30 PM which revealed she was familiar with on-going dental issues with Resident #68 and had called dental clinic herself sometime in July and spoke with someone about oral surgery referral for Resident #68. She stated she was told the referral was in the basket and had not been reviewed yet. She revealed she informed SW of the information received from the dental clinic. The Unit Coordinator revealed she did not document or make a note of her call to the dental clinic and has no knowledge of the name of the dental clinic employee she spoke with.

Telephone interview conducted with Transportation Coordinator on 08/11/22 at 03:19 PM revealed she was familiar with Resident #68 and had transported her to a dental appointment in November 2021. She stated Resident #68 was

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referred to an oral surgeon in December 2021 and they discussed a plan with Resident #68 to remove her teeth and she asked to wait until she received her Medicaid at the first of the year. The Transportation Coordinator revealed she contacted oral surgeon's office in January 2022 to schedule Resident #68 appointment and the oral surgeon had retired and his replacement did not accept Medicaid. She stated she called a few other dental practices in January 2022, but none of the offices accepted Medicaid. The Transportation Coordinator revealed she contacted a dental clinic in July, and they would not accept Medicaid. She further revealed she was not allowed to enter notes into electronic chart but did inform her supervisor and the Social Worker about practices she called in January and July.

Interview was conducted on 08/11/22 at 11:41 AM with Nurse Practitioner (NP) which revealed she was familiar with Resident #68 and her dental issues. She stated October 2021 Resident #68 was experiencing oral pain and had some broken teeth and a dental infection which required antibiotics. She revealed Resident #68 was seen by both an in-house and outside dentist who recommended all teeth to be extracted by an oral surgeon. The NP revealed she was told Resident #68 teeth extraction supposedly fell through the cracks due to insurance issues and the SW was working on finding an oral surgeon who would accept Medicaid. She stated Resident #68 had been on antibiotic therapy last October for a dental infection and this past May for a dental abscess on the left side of Resident #68 mouth, and was currently on an antibiotic, pain medication and ibuprofen due to abscesses on right side of mouth and slight swelling of right side

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of her face. The NP stated she felt it had taken too long and has expressed concern to the Director of Nursing (DON) and SW multiple times over the past year and kept being told it was being worked on. She revealed the dental issues had affected Resident #68's eating and she had expressed concerns to the DON and SW about the dental infection causing harm to resident due to heart issues. The NP stated she spoke with the Medical Director about her concerns and asked he get involved to move the referral process along. She stated the Medical Director ordered a consult for oral surgery on 07/28/22. The NP revealed she had no knowledge of an oral surgery consult or any consult taking this long to be completed.

The Director of Nursing (DON) and Regional Nurse Consultant interview was conducted on 08/11/22 at 06:30 PM which revealed the DON was aware of the need for Resident #68 to be referred for oral surgery services. She stated the SW had been working with the in-house dental practice in getting Resident #68 seen for oral surgery services but has trouble finding a practice that would accept Medicaid. She revealed the facility had not contacted Medicaid or corporate for a list of oral surgeon providers that would accept Medicaid. The DON stated she had spoken with Resident #68 multiple times about her dental referral but was not aware of the severe pain the resident was having with her mouth due to her teeth and current abscesses.

The facility was notified of immediate jeopardy on 08/19/22 at 04:39 PM.

The facility provided the following plan for IJ removal.

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F 791	Continued From page 62 Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance On 11/23/2021, a referral to an outside oral surgeon was received from the facility contracted dental service for Resident #68 related to the need for extractions of teeth due to broken, decayed teeth and mouth pain. The facility made multiple attempts to schedule this appointment. An appointment was scheduled for the resident with an oral surgeon on 12/7/21. The oral surgeon recommended extraction of lower and upper teeth. However, Resident #68 requested to wait until January 2022 when dental insurance would take effect. In January 2022, the transportation aide proceeded to schedule an appointment however attempts were unsuccessful. Resident #68 was seen by the facility contracted dentist on 4/28/22 and 6/28/22 with a referral to an oral surgeon for extractions. On 7/28/22, the facility received an order from the medical director to refer Resident #1 to an oral surgeon for teeth extractions and dentures. The facility failed to schedule the oral surgeon appointment subsequently Resident #68 experienced tooth pain and abscesses requiring antibiotics. Resident saw oral surgeon on 8/15/2022 and is scheduled for oral surgery on 8/25/2022. On 8/10/22, the Director of Nursing (DON) performed an oral evaluation on Resident #68. Resident #68 exhibited slight redness to the mucous membrane. No overt swelling of gums. Resident #68 verbalized no pain at the time. Resident #68 stated she has had no issues with eating related to oral pain.	F 791		

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F 791	Continued From page 63 On 8/10/22, Nursing Management (Director of Nursing and Unit Coordinators) completed a review of all current in-house residents ' medical records to identify any outstanding referrals for dental care and ensure these have been completed. As well, to identify dental visit status, including the last dental visit, follow up recommended and validation of scheduled appointments (as applicable). Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete By 8/11/22, the Director of Nursing will educate Licensed Nurses regarding the process for communicating new physician orders for dental services to the Unit Coordinators. The Director of Nursing, Unit Coordinators, and Social Worker will be responsible for reviewing in-house dentist visit notes for recommendations, referrals, and notify MD and obtain any orders. On 8/11/22 The Regional Clinical Coordinator educated the Director of Nursing, Unit Coordinators, and Social Worker of the process. The process is as follows: 1. A licensed nurse receives the referral and inputs the orders for a referral. 2. The Unit Coordinator will print, review, and bring the "Facility Activity Report - Orders" to include new dental services referrals (orders) to review with the DON and Social Services Director during the daily Clinical Morning Meeting. 3. Unit Coordinators will schedule appointments.	F 791		

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4. Unit Coordinators will communicate with Director of Nursing if unable to schedule appointment daily
5. Director of Nursing will write the information on a master log of residents receiving dental services and update daily; Director of Nursing will reconcile this log daily by validating any outside or in-house dental appointments. When the Director of Nursing is not available the Social Worker will be responsible for filling in and updated the master log. On 8/10/22 the Regional Clinical Manager educated the Director or Nursing and Social Worker on the responsibility for the Master log and the new referral process.
6. The DON will reconcile this log daily by validating any outside or in-house dental appointments that have been completed.
The Director of Nursing will ensure no staff will work without receiving this education. Any new hires, including nursing agency staff will receive education prior to the start of their shift.

On 8/10/22, the Regional Clinical Manager educated the Director of Nursing, Unit Coordinators, Social Worker, and the Administrator regarding the new referral process and their responsibilities on the referral process to review the "Facility Activity Report -Orders" to include any referrals (orders) for dental services and pain medication orders. During this education the Unit Coordinators were notified that they were responsible for printing, reviewing, and bringing the "Facility Activity Report- Orders" to Clinical Morning Meeting. The Director of Nursing, Unit Coordinators and Social Worker will review the "Facility Activity Report - Orders" during the daily Clinical Morning Meeting. Additionally, new admissions will be reviewed to identify residents with physician orders for dental services to

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validate dental services are scheduled and these orders completed. On 8/10/22 the Regional Clinical Manager educated the Social Worker on the responsibility for the log and the new referral process. The Director of Nursing, Unit Coordinators, and Social Worker will review documentation daily from outside dental appointments and in-house dental appointments to ensure dental service recommendations from the dental provider and physician are implemented.

Effective 8/11/22, the Director of Nursing and Administrator will be responsible to ensure implementation of this immediate jeopardy removal for this alleged non-compliance.

Alleged Date of IJ Removal: 8/12/2022

On 8/25/22 the credible allegation for the immediate jeopardy removal was validated and the removal date of 08/12/22 was confirmed.

The audit tools completed by the facility on 08/10/22 were reviewed. The physician was notified of results from the audits and residents identified with dental needs were scheduled to see in house dentist and oral surgeon. .

On 08/10/22, the Regional Clinical Manager provided education with the Administrator, Director of Nursing, Unit Coordinators and Social Worker on regarding the new referral process and their responsibilities on the referral process to review the "Facility Activity Report -Orders" to include any referrals (orders) for dental services and pain medication orders. During this education the Unit Coordinators were notified that they were responsible for printing, reviewing, and bringing

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the "Facility Activity Report- Orders" to Clinical Morning Meeting. The Director of Nursing, Unit Coordinators and Social Worker will review the "Facility Activity Report - Orders" during the daily Clinical Morning Meeting. Additionally, new admissions will be reviewed to identify residents with physician orders for dental services to validate dental services are scheduled and these orders completed. The Director of Nursing, Unit Coordinators, and Social Worker will review documentation daily from outside dental appointments and in-house dental appointments to ensure dental service recommendations from the dental provider and physician are implemented.

A review of the Dental Referral Logs was completed and revealed residents with dental needs were scheduled to see the in-house dentist or oral surgeon for extractions depending on what issue was indentified.

Interviews with nurses, nursing assistants and Unit Coordinators revealed they received education on identifying any changes in resident condition including mouth pain, abnormal odor coming from mouth, broken teeth, bleeding gums, any abnormal areas in mouth, difficulty eating and reporting these changes to the nurses and the medical providers. Oral care handout was also provided to all nursing staff. Nursing staff contacts the Nurse Practitioner or Physician with any reports of dental issues, enters any new orders and referrals, and informs the Unit Coordinator so appointments can be scheduled.

Interviews with the Unit Coordinators revealed they also received education on reviewing any new orders or referrals for dental issues and

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F 791	Continued From page 67 scheduling appointments. They will inform the Director of Nursing of the new order or referral and if an appointment was made and complete a facility report to review during daily clinical meeting. Director of Nursing (DON) revealed she educated nursing staff on oral care and referral process. She stated nursing assistants are responsible for performing oral care every shift and as needed and looking for any dental issues such as odor, difficulty chewing, pain and when observed to notify nursing. Nursing staff was responsible for assessing resident for dental issues and pain and inform the Unit Coordinator, Nurse Practitioner or Physician about any dental concerns. Nursing will also input any new orders or referrals related to dental issues and notify Unit Coordinator. She revealed the Unit Coordinator schedules all dental appointments and completes a tracking form that is brought to daily clinical meeting. The DON stated she was responsible for keeping a master list of all dental appointments that was reconciled daily to reflect when the resident appointment was completed and the outcome.	F 791		
F 835 SS=K	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 by: Based on observations, record reviews and Nurse Practitioner (NP), Dental Clinic Manager,	F 835	On 8/10/22, the Regional Clinical Manager and the Regional Director of	9/1/22

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F 835	Continued From page 68 staff, and resident interviews Administration failed to provide leadership and oversight to facility staff to ensure dental referrals for extractions were scheduled for Resident #68 as recommended by the dentist and ordered by the Physician. The Administration failed to have an effective process that involved the interdisciplinary team and explore all options to ensure needed care and services were provided for 1 of 1 sampled resident (Resident #68). Immediate Jeopardy began on 05/10/22 when the facility failed to have systems in place to obtain dental services for Resident #68 for the extraction of all remaining teeth. The immediate jeopardy was removed on 8/11/22 when the facility implemented an acceptable credible allegation for immediate jeopardy removal. The facility remains out of compliance at a lower scope and severity level of E (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) to ensure education and monitoring systems put into place are effective. Findings included: This tag is cross referred to F684 and 791. F 684 - Based on observations, record reviews, Nurse Practitioner (NP), facility staff, and resident interviews, the facility failed to ensure resident's well-being by not providing care and services to prevent oral abscesses, unresolved dental pain and chewing difficulty for 1 of 1 resident (Resident #68). On 10/19/21 was seen by the in-house dentist who noted Resident #68 was in pain due to a tooth infection and referral was made for outside dental treatment and antibiotics were recommended. The antibiotics were	F 835	Operations educated the Administrator (NHA), Director of Nurses (DON), Unit Coordinator and Nurse Supervisor on the facility's revised process for managing in-house and outside dental services. On 8/10/22, the Regional Director of Operations re-educated the NHA on the requirements of F835. On 8/10/22, the Regional Director of Operations and Regional Clinical Manager educated the NHA and DON regarding the process for the Daily Stand-Up meeting where the Interdisciplinary Team (IDT) which includes Administration, Nursing, Social Services, Dietary and Therapy Services will meet and review to identify and outstanding consultations of dental referrals. This education included the daily Stand Down meeting where follow up is validated on previously identified issues. The Regional Director of Operations and Regional Clinical Manager will provide onsite support and validation for the Administrator and Director of Nursing weekly. A random observation of key facility meetings to include the daily IDT meeting and weekly Risk meeting will be conducted by the Regional Director of Operations and Regional Clinical Manager to provide ongoing validation, support, and education. Date of Completion: 9-01-22	

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ordered the next day by the Nurse Practitioner. Resident #68 was seen by a dentist on 11/21/21 who wrote a referral for an oral surgeon for extraction of all remaining teeth. Resident #68 was seen by an oral surgeon on 12/07/21 and the plan was to remove all upper and lower teeth during two appointments using nitrous oxide which she asked to defer until January 2022 when her Medicaid would take effect. On 3/27/22 Resident #68's diet order was changed to regular diet with mechanical soft meat. On 05/10/22 physician orders were written for antibiotics for a dental abscess. From 5/10/22 through 5/13/22, Resident #68 reported a pain level ranging from 6 to 7 (on a scale of 1-10 with 10 being the worst pain). Antibiotics were prescribed on 6/9/22 for a dental infection. From 06/09/22 through 06/15/22, Resident #68 reported pain level ranging from 5 to 7 (on a scale of 1-10 with 10 being the worst pain). On 7/8/22 Resident #68 diet order was changed to regular diet with chopped meat. On 7/28/22 Resident #68 was seen by the NP who noted a dental abscess. This infection required 14 days of antibiotics and oxycodone for the pain. From 8/4/22 through 8/11/22, Resident #68 reported a pain level ranging from 6 to 9. Resident #68 oral surgeon consultation appointment was scheduled on 08/10/22 (after the survey started) for 08/15/22.

F 791 - Based on observations, record reviews, and Nurse Practitioner (NP), Dental Clinic Manager, facility staff, and resident interviews, the facility failed to obtain dental services from an oral surgeon for teeth extractions. Resident #68 was seen by a dentist on 11/21/21 who wrote a referral for an oral surgeon for extraction of all remaining teeth. Resident #68 was seen by an

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oral surgeon on 12/07/21 and the plan was to remove all upper and lower teeth during two appointments using nitrous oxide which she asked to defer until January 2022 when her Medicaid would take effect. When the oral surgeon ' s office was contacted in January 2022 it was communicated that the current oral surgeon did not accept Medicaid. The in-house dentist recommended referrals to an oral surgeon for extractions on 4/28/22 and 6/28/22. The Physician/Nurse Practitioner wrote orders for oral surgery consults for extraction of teeth on 6/7/22 and 7/28/22. The delay in services led to repeated dental infections, unresolved pain, and difficulty eating. Resident #68 oral surgeon consultation appointment was scheduled on 08/10/22 (after the survey started) for 08/15/22. The deficient practice occurred for 1 of 1 resident reviewed for dental services (Resident #68).

Facility administration was notified of immediate jeopardy on 08/19/22 at 04:39 PM.

The facility provided the following IJ removal plan.

Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance

The Administration failed to provide leadership and oversight to the facility staff to ensure that dental referral/consults were completed. There were no effective systems to manage referrals/ consults with an oral surgeon and follow through with recommendations for needed services. The lack of effective systemic process resulted in residents experiencing pain, difficulty chewing, and infection.

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F 835	Continued From page 71	F 835		

Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete

On 8/10/22, the Regional Clinical Manager and the Regional Director of Operations educated the Administrator (NHA), Director of Nurses (DON), Unit Coordinator and Nurse Supervisor on the facility ' s revised process for managing in-house and outside dental services.
On 8/10/22, the Regional Director of Operations re-educated the NHA on the requirements of F835.

On 8/10/22, the Regional Director of Operations and Regional Clinical Manager educated the NHA and DON regarding the process for the Daily Stand-Up meeting where the Interdisciplinary Team (IDT) which includes Administration, Nursing, Social Services, Dietary and Therapy Services will meet and review to identify and outstanding consultations of dental referrals. This education included the daily Stand Down meeting where follow up is validated on previously identified issues.

The Regional Director of Operations and Regional Clinical Manager will provide onsite support and validation for the Administrator and Director of Nursing weekly. A random observation of key facility meetings to include the daily IDT meeting and weekly Risk meeting will be conducted by the Regional Director of Operations and Regional Clinical Manager to provide ongoing validation, support, and education.

Effective 8/11/22 the Administrator will be

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CAROLINA CARE HEALTH AND REHABILITATION	111 HARRILSON STREET CHERRYVILLE, NC 28021

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F 835	Continued From page 72	F 835		

responsible to ensure implementation of this immediate jeopardy removal for this alleged non-compliance.
Alleged Date of IJ Removal: 8/11/2022

On 8/25/22 the credible allegation for the immediate jeopardy removal was validated and the removal date of 08/11/22 was confirmed.

A root cause analysis was completed by the Regional Director of Operations which identified the following root causes for the IJ concerns identified at the survey: failure to provide leadership and oversight to the facility staff to ensure that dental referral/consults were completed and no effective systems to manage referrals/ consults.

The audit tools completed by the facility on 08/10/22 were reviewed. The physician was notified of results from the audits and residents identified with dental needs were scheduled to see in house dentist and oral surgeon. .

On 08/10/22, the Regional Clinical Manager and Regional Director of Operations provided education with the Administrator and Director of Nursing on identifying issues with immediate jeopardy cited and discussed with them the components of the regulations for F-684, F-791, and F-835. The education also included QA (Quality Assurance) roles and responsibilities, morning stand-up, clinical stand-up, dental referral process and follow-ups, correction plans and monitoring processes.

Interviews with nurses and nurse aides revealed they received education on identifying any changes in resident condition including mouth

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F 835	Continued From page 73 pain, abnormal odor coming from mouth, broken teeth, bleeding gums, any abnormal areas in mouth, difficulty eating and reporting these changes to the nurses and the medical providers. Oral care handout was also provided to all nursing staff. An QAPI (Quality Assurance and Performance Improvement) meeting was conducted on 08/22/22 with the following key personnel in attendance: Regional Clinical Manager, Administrator, Director of Nursing, and Medical Director. They discussed weekly risk meetings, morning stand-up, clinical stand-up, dental referral process and follow-ups, correction plans and monitoring processes.	F 835		
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, resident, and staff interviews, the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedures and monitor the interventions that the committee put into place. This was for three (3) deficiencies in the areas of Accuracy of Assessments and Care Plan Timing and Revision which were originally cited on the 08/12/21 recertification investigation survey and Infection Control which was originally cited on the 08/12/21 and 09/22/20 recertification	F 867	The facility□s Quality Assurance Committee failed to maintain implemented procedures and monitor the interventions the facility put into place following the recertification survey on 8/12/21 in the areas of Accuracy of Assessments, Care Plan Timing and Revision, and Infection Control. Infection Control was cited in addition on the 9/22/20 recertification survey. A plan of Correction for F641, F657 and	9/15/22

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F 867	Continued From page 74 investigation surveys. These areas were cited again on the current recertification survey with an exit date of 09/01/22. The continued failure of the facility during the three federal surveys showed a pattern of the facility's inability to sustain an effective Quality Assessment and Assurance Program. The findings included: This citation is cross referred to: 1. F641: Based on record reviews and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessments in the areas of hospice (Resident #14), level of assistance required for eating (Resident #37, Resident #80, Resident #33, Resident #9, Resident #51 and Resident #23), oral/dental status (Resident #68) and cognition (Resident #34 and Resident #59) for 10 of 18 sampled residents whose MDS were reviewed. During the recertification survey completed on 08/12/21 the facility was cited for not accurately coding the MDS assessment reviewed for the areas of Hospice to reflect prognosis for 1 of 1 resident reviewed for hospice and the number of falls for 1 of 3 residents reviewed for falls. 2. F657: Based on record review, observation, and resident and staff interviews, the facility failed to update care plans to reflect dental issues for 1 of 1 resident reviewed for dental care (Resident #68). During the recertification survey completed on 08/12/21 the facility failed to revise a resident's care plan to reflect the level of assistance	F 867	F880 cited during the annual survey on 8/12/21 and F880 for annual survey 9/22/20 were submitted to CMS and accepted with follow up and return to compliance visits. Plans of correction were put into place at the time of each deficiency cited. Each plan of correction included monitoring tools, and review of monitoring tools during monthly Quality Assurance Committee meetings for a defined amount of time. Monitoring of each plan of correction was presented to the Quality Assurance Committee and no further issues were identified throughout the monitoring period and were discontinued. The Administrator initiated an in-service to all administrative staff on 09/15/2022 regarding Quality Assurance Performance Improvement processes including identifying and prioritizing quality deficiencies, systemically analyzing causes of systemic quality deficiencies, developing, and implementing corrective action or performance improvement activities, and monitoring and evaluating the effectiveness of corrective action/performance improvement activities. This in-service included ensuring accuracy of audits, extending audits when appropriate, and reviewing corrective action/performance improvement activities to evaluate the effectiveness of each plan and revise as necessary. All newly hired administrative staff will receive the appropriate education during orientation. No Administrative staff will work until they have received the appropriate education.	

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F 867	Continued From page 75 required by the staff when repositioning in bed for 1 of 3 residents reviewed for falls. 3. F880: Based on record reviews, observation and staff interviews, the facility failed to implement their infection control policies and the Centers for Disease Control and Prevention (CDC) recommended practices when 1 of 1 staff member (Nurse Aide #5) failed to change gloves and perform hand hygiene during incontinence care on 1 of 3 residents (Resident #37) reviewed for infection control. During the recertification survey completed on 08/12/21 the facility was cited for not placing an unvaccinated resident on enhanced droplet contact precautions according to CDC guidance, staff not using all personal protective equipment (PPE), staff not changing PPE between rooms and nurses not cleaning glucometers after use according to the manufacture's recommendations. During the recertification survey completed on 09/22/20 the facility was cited for staff working on the isolation unit for staff not performing hand hygiene before entering and after exiting a resident room, staff not disposing of used gloves properly, staff not wearing face mask on the isolation unit, staff not wearing PPE correctly on the isolation unit and staff failing to follow CDC guidance and their own policy and procedure for cleaning and disinfecting resident care equipment after use on the isolation unit. An interview with the Director of Nursing (DON) who was also the Infection Preventionist on 8/11/22 at 2:43 PM revealed they were constantly educating staff on infection control procedures	F 867	The QAPI Committee will review the compliance audits for F641, F657, and F880 to evaluate continued compliance. The committee will make recommendations if any noncompliance is identified and reevaluate the plan of correction for possible revisions. This process will continue until the facility has achieved three months of consistent compliance. The Administrator will be responsible for the plan of correction. Date of Compliance: 09/15/2022	

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F 867	Continued From page 76 and needed to do more training on infection control during procedures. She stated they needed to do more audits of infection control guidelines during various procedures and more education on principles of infection control across all staff members and include all aspects in the orientation process for new hires. A phone interview on 08/11/22 at 6:04 PM with the Administrator revealed their implemented procedures had not held strong and they had had an influx of admissions and it was difficult for one person to keep up with the workload. He explained they were in the process of recruiting another nurse with experience to help with the MDS workload. He further explained he would be taking a more proactive role in the clinical meeting as well as the stand-up meeting held daily. The Administrator stated he would continue meeting with the administrative team to discuss concerns and look at ways to resolve them in the best interest of the residents. He further indicated they would seek assistance from corporate in recruiting for the MDS position to help alleviate the workload on one person and utilizing their expertise in educating staff on infection control principles.	F 867		
F 880 SS=D	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.	F 880		9/20/22

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F 880	Continued From page 77 §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 conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct	F 880		

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F 880	Continued From page 78 contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 record reviews, observation and staff interviews, the facility failed to implement their infection control policies and the Centers for Disease Control and Prevention (CDC) recommended practices when 1 of 1 staff member (Nurse Aide #5) failed to change gloves and perform hand hygiene during incontinence care on 1 of 3 residents (Resident #37) reviewed for infection control. The findings included: The Centers for Disease Control and Prevention (CDC) guidance entitled, "Hand Hygiene in Healthcare Settings," last reviewed on 1/8/21 indicated the following information: Change gloves and perform hand hygiene during patient care, if moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene	F 880	The statements included in the plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center□s allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. NA#5 was educated on 8-9-22 by the Director of Nursing (DON) regarding handwashing/Hand Hygiene, specifically moving from a contaminated surface to a non-contaminated surface. On 08/30/2022, the DON initiated	

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F 880	Continued From page 79 occurs. The facility's infection control policy entitled, "Handwashing/Hand Hygiene," revised in August 2015 indicated the following statements: Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: h. Before moving from a contaminated body site to a clean body site during resident care; i. After contact with blood or bodily fluids. An observation of incontinence care by Nurse Aide (NA) #5 on Resident #37 was made on 8/9/22 at 10:53 AM. NA #5 was observed using hand sanitizer to both hands prior to putting gloves on before starting the procedure. NA #5 proceeded to unfasten Resident #37's brief and turned her towards her right side. While Resident #37 held on to the side rail, NA #5 started to clean stool off Resident #37's buttocks with a disposable wipe using her left hand while the right hand supported Resident #37's back. Without removing her gloves, NA #5 reached into Resident #37's drawer with her right hand for a jar of moisture barrier cream, opened the lid with her left hand, and applied the cream to Resident #37's buttocks with her left hand. She placed a new brief underneath Resident #37's bottom and then rolled her onto her back and proceeded to wipe her front perineal area with a disposable wipe using her left hand. She fastened the new brief, replaced Resident #37's covers and re-adjusted her bed. NA #5 placed the trash in a plastic bag and removed gloves from both hands. She discarded the trash and then used hand sanitizer to both hands. An interview with NA #5 on 8/9/22 at 2:15 PM	F 880	education on all Nursing staff including certified nursing assistants, medication aides, licensed practical nurses, and registered nurses were educated on appropriate hand hygiene processes, to include contaminated surfaces to non-contaminated surfaces. The DON completed hand hygiene observations. Any members of nursing staff who did not complete this education and observation by 09/20/2022, will not be allowed to work until complete. This education and hand washing observation will be included in the new hire orientation. The Staff Development Coordinator, DON and Unit Managers will observe 10 staff members on hand hygiene during incontinence care weekly times 4 weeks then 5 staff members weekly times 4 weeks then 2 staff members weekly times 4 weeks. The DON will bring the results of these audits to the Quality Assurance Committee monthly times 3 consecutive months. The Quality Assurance committee will evaluate the effectiveness of the above plan and will make additional interventions based on the audits to ensure continued compliance. Date of Compliance: 09/20/2022	

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F 880	Continued From page 80	F 880		

revealed she normally did perineal care from front to back but if the resident had a bowel movement, she would wipe the bowel movement off the buttocks first. NA #5 stated she probably should have changed her gloves prior to reaching for the barrier cream in the drawer and before wiping Resident #37's front perineal area. NA #5 stated this was what she had been educated to do when doing incontinence care and she just forgot to change her gloves and do hand hygiene in between touching contaminated and clean surfaces.

An interview with the Director of Nursing (DON) who was also the Infection Preventionist on 8/11/22 at 2:43 PM revealed NA #5 should have started doing incontinence care from the front perineal area and then to the back. She should have never reached inside the drawer with contaminated gloves, and she should have taken off her gloves and washed her hands when touching between dirty and clean surfaces. The DON stated she needed to do more education with incontinence care and infection control.