

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2021
NAME OF PROVIDER OR SUPPLIER Windsor House		STREET ADDRESS, CITY, STATE, ZIP CODE 4411 McAllister Drive Huntsville, AL 35805	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interviews, record review, and review of a facility policy titled Weight Loss Interventions, the facility failed to notify Resident Identifier (RI) #36's responsible party when RI #36, a resident with a history of weight loss, lost a severe amount of weight from October 2020 through March 2021. RI #36 went from 169.9 pounds to 132.0 pounds without the family being made aware of the continued weight loss. This deficient practice affected RI #36; one of three residents sampled for weight loss.</p> <p>Findings include:</p> <p>The facility's policy titled Weight Loss Interventions, with an effective date of 3/16/2021, documented PURPOSE To ensure adequate nutrition for those at risk for weight loss, etc. PROCEDURE . 6. If weight has not stabilized or if the resident has lost 5% in one month . the . responsible party shall be notified . 8. The . responsible party shall be notified if weight loss continues .</p> <p>RI #36 was admitted to the facility on [DATE] with an admitting diagnosis of Dementia. The resident has a medical history to include a diagnosis of: Dysphasia, Oropharyngeal Phase.</p> <p>A review of RI #36's weights over a six-month period revealed the following:</p> <p>On 10/14/2020, RI #36 weighed 169.9 pounds</p> <p>On 11/25/2020, RI #36 weighed 157.4 pounds, a severe loss of 7.3% in one month</p> <p>On 12/17/2020, RI #36 weighed 149 pounds, a severe loss of 5.3% in one month</p> <p>On 1/18/2021, RI #36 weighed 137.9 pounds, a severe loss of 7.4% in one month</p> <p>On 2/10/2021, RI #36 weighed 134 pounds, a loss of 2.8% in one month</p> <p>On 3/15/2021, RI #36 weighed 132 pounds, a loss of 1.9% in one month</p> <p>In an interview on 5/26/2021 at 5:56 PM, Employee Identifier (EI) #1, the Director of Nursing (DON) was asked who notifies the family of a resident's weight loss. EI #1 stated nursing. EI #1 said if the family was notified it should be in the nurses or dietary notes.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0580 Level of Harm - Actual harm Residents Affected - Few	<p>A review of RI #36's nurses and dietary notes revealed no documentation of RI #36's responsible party being notified of the resident's weight loss.</p> <p>In a follow-up interview on 5/27/2021 at 11:00 AM, EI #1 said she was not sure if RI #36's family had been notified of the resident's weight lost but they should have been.</p> <p>During a telephone interview on 5/27/2021 at 11:51 AM, RI #36's responsible party stated she had never been notified of RI #36's weight losses.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 02113</p> <p>Based on observation, interviews and review of Resident Identifier (RI) #28's medical record, the facility failed to maintain the ceiling in RI #28's room. RI #28's ceiling was observed with different color paint and water spots. This deficient practice affected RI #28, one of 39 sampled residents.</p> <p>Findings include:</p> <p>RI #28 was admitted to the facility on [DATE].</p> <p>RI #28's Quarterly Minimum Data Set with an assessment reference date of 2/17/2021 indicated the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>On 4/11/2021 at 3:48 PM, RI #28 stated he/she would like the ceiling painted. An observation of the ceiling in RI #28's room revealed the ceiling had two colors of paint and spots over the resident's bed that resembled water spots. RI #28 stated he/she had spoken to the facility's Administrator about the ceiling, but nothing had been done about painting it.</p> <p>On 4/12/2021 at 9:03 AM, Employee Identifier (EI) #17, the Maintenance Director stated he observed RI #28's ceiling and it needed to be painted.</p> <p>During an interview on 4/12/2021 at 9:54 AM, EI #18, the Administrator stated she didn't remember being calling to look at RI #28's ceiling. EI #18 stated she will look at it and have it painted.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 02113</p> <p>Based on interview and record review, the facility failed to provide a notice of bed-hold to the resident and/or their representative when Resident Identifier (RI) #59 and RI #78 were transferred to the local hospital. This deficient practice affected RI #59 and RI #78, two of three sampled residents reviewed for hospitalization , with the potential to affect all residents that are transferred to the hospital.</p> <p>Findings include:</p> <p>RI #59 was admitted to the facility on [DATE]. A review of RI #59's medical record indicated the resident was transferred to the local hospital on 12/1/2020, 1/30/2021 and 3/28/2021.</p> <p>RI #78 was admitted to the facility on [DATE]. A review of RI #78's medical record indicated the resident was transferred to the local hospital on 3/24/2021, 4/1/2021, and 4/7/2021.</p> <p>In an interview on 5/26/2021 at 5:36 PM, Employee Identifier (EI) #18, the facility's Administrator stated the facility does not issue a notice of bed-hold when a resident is transferred to the hospital. According to EI #18, the only time a notice of bed-hold was discussed was during the admission process.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interviews and record review, the facility failed to ensure Resident Identifier (RI) #77's Quarterly Minimum Data Set (MDS) with an assessment reference date of 10/21/2020, accurately reflected the stage of RI #77's pressure ulcer. This deficient practice affected RI #77; one of 14 residents whose MDS assessments were reviewed.</p> <p>Findings include:</p> <p>RI #77 was originally admitted to the facility on [DATE].</p> <p>RI #77's Admission MDS with an assessment reference date of 7/21/2020, revealed RI #77 had a Stage II pressure ulcer during this assessment period.</p> <p>RI #77's Quarterly MDS with an assessment reference date of 10/21/2020, revealed RI #77 had a Stage IV pressure ulcer during this assessment period.</p> <p>On 1/18/2021, RI #77 was transferred to a local hospital for evaluation.</p> <p>RI #77 returned to the facility on [DATE], with a diagnosis of Pressure Ulcer of Sacral Region, Stage IV, with an onset date of 1/26/2021.</p> <p>RI #77's readmit BODY AUDIT sheet, dated 1/27/2021, revealed RI #77 had a State IV pressure ulcer to the sacral area.</p> <p>In an interview on 5/29/2021 at 8:50 AM, Employee Identifier (EI) #6, the Treatment Nurse said on RI #77's first admission to the facility, the resident had a Stage II pressure ulcer. When asked when did the pressure ulcer progress to Stage IV, EI #6 said when RI #77 returned from the hospital on 01/26/21, the Stage IV pressure ulcer was present. When asked why RI #77's 10/21/2020 Quarterly MDS assessment coded RI #77 as having a Stage IV pressure ulcer if the Stage IV was not identified until 1/26/2021, EI #6 said it looked like a coding error had occurred. EI #6 said from the facility's investigation, RI #77's pressure ulcer was identified as a Stage IV when the resident was readmitted on [DATE].</p> <p>During an interview on 5/29/2021 at 10:19 AM, EI #7, the Registered Nurse MDS Coordinator was asked did she complete the Skin Section, Section M of RI #77's Quarterly MDS dated [DATE]. EI #7 said yes. When asked where she got the information RI #77 had a Stage IV pressure ulcer, EI #7 said from the documentation of the Physician's Progress notes and from EI #2, the Assistant Director of Nursing (ADON). EI #7 said the Physician's Progress notes made it sound like a Stage IV pressure ulcer, but the stage of the pressure ulcer was never documented. EI #7 said she received a verbal statement from EI #2 about the stage of RI #77's pressure ulcer. EI #7 said she never saw any documentation of the pressure ulcer being Stage IV.</p> <p>A review of RI #77's wound care orders dated 10/10/2020 and RI #77's Physician's Progress Notes dated 10/16/2020, did not reveal the wound had been staged as a Stage IV pressure ulcer.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/29/2021 at 11:08 AM, EI #2, the ADON was asked before RI #77's readmission to the facility on [DATE], was RI #77 ever identified to have a Stage IV pressure ulcer to his/her sacral area. EI #2 said no. EI #2 said she never informed EI #7 that RI #77 had a Stage IV pressure ulcer to his/her sacrum. EI #2 said RI #77 only had the Stage IV pressure ulcer when the resident was readmitted back to the facility on [DATE].</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on an observation, interviews, record review, and review of FUNDAMENTALS OF NURSING, the facility failed to ensure a dressing remained on Resident Identifier (RI) #77's Stage IV sacral pressure ulcer as ordered by the physician. This deficient practice affected RI #77; one of two residents observed for wound care.</p> <p>Findings include:</p> <p>Page 1209 of Chapter 48 titled Skin Integrity and Wound Care of FUNDAMENTALS OF NURSING with a copyright date of 2017, documented . Purposes of Dressings . When the skin is broken, a dressing helps reduce exposure to micro-organisms .</p> <p>RI #77 was readmitted on [DATE], with a diagnosis of Pressure Ulcer of Sacral Region, Stage IV.</p> <p>RI #77's Quarterly Minimum Data Set with an assessment reference date of 4/20/2021, revealed RI #77 had a Stage IV pressure ulcer during this assessment period.</p> <p>RI #77's May 2021 physician's order revealed an order dated 4/14/2021 for . CLEAN WOUND TO SACRUM WITH NORMAL SALINE. PACK WITH HYDROGEL IMPREGNATED GUAZE (GAUZE) THEM APPLY NON-ADHERENT FOAM DRESSING EACH DAY AND AS NEEDED .</p> <p>On 5/25/2021 at 3:28 PM, RI #77 was observed lying in bed on his/her left side with a wedge to his/her back.</p> <p>On 5/25/2021 at 4:05 PM, Employee Identifier (EI) #1, the Director of Nursing (DON) and EI #10, a Nursing Assistant (NA) removed the wedge from 77's back and repositioned RI #77. There was no dressing observed to the Stage IV pressure ulcer on RI #77's sacral area at this time.</p> <p>In an interview on 5/28/2021 at 9:30 AM, EI #10, a NA said she had no idea why RI #77 did not have a dressing to his/her sacral area but there definitely should have been one there.</p> <p>During an interview on 5/28/2021 at 10:03 AM, EI #2, the Assistant Director of Nursing (ADON)/Infection Preventionist said when a resident has a pressure ulcer there should be a dressing covering the wound. When asked what the potential was for when wounds are not covered, EI #2 said infection. EI #2 said she was not made aware RI #77 did not have a dressing on his/her Stage IV pressure ulcer until a little after 5:00 PM on 5/25/2021. EI #2 said when she became aware RI #77 did not have a dressing on his/her pressure ulcer she went and put one on it.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interview, review of Resident Identifier (RI) #59's medical record and the facility's Diversicare Restorative Guideline, the facility failed to assess RI #59, a resident having occasional incontinent episodes of bladder; and a history of falls when going to and from the bathroom, for a toileting program. This deficient practice affected RI #59; one of two residents reviewed for bowel and bladder incontinence.</p> <p>Findings include:</p> <p>RI #59 was admitted to the facility on [DATE].</p> <p>RI #59's Admission Minimum Data Set with an assessment reference date of 4/13/2017, indicated the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) of 15. RI #59 was assessed as being occasionally incontinent of bladder and not on a urinary toileting program during this assessment period.</p> <p>The facility's Diversicare Restorative Guideline dated June 2019, documented Purpose Restorative services refers to nursing interventions to assist the resident in reaching his/her highest level and then maintain that function . Restorative Considerations . Bladder Training and Scheduled Toileting . Key Elements: Residents will benefit from a restorative program in order to sustain function and/or to continue to progress toward functional goals after formalized therapy .</p> <p>RI #59's Quarterly MDS with an assessment reference date of 9/14/2020, indicated the resident was cognitively intact with a BIMS of 13. RI #59 was assessed as being occasionally incontinent of bladder and not on a urinary toileting program during this assessment period.</p> <p>According to RI #59's medical record, the resident experienced a fall on 10/22/2020 when coming from the bathroom.</p> <p>RI #59's Quarterly MDS with an assessment reference date of 12/15/2020, indicated the resident was cognitively intact with a BIMS of 13. RI #59 was assessed as being occasionally incontinent of bladder and not on a urinary toileting program during this assessment period.</p> <p>According to RI #59's medical record, the resident experienced a fall on 2/20/2021 when coming from the bathroom.</p> <p>RI #59's Annual MDS with an assessment reference date of 3/11/2021, indicated the resident was cognitively intact with a BIMS of 14. RI #59 was assessed as being occasionally incontinent of bladder and not on a urinary toileting program during this assessment period.</p> <p>According to RI #59's medical record, the resident experienced a fall on 3/28/2021 and 4/8/2021 when going to the bathroom.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/28/2021 at 4:51 PM, the surveyor conducted an interview Employee Identifier (EI) #1, the Director of Nursing. When asked when residents are placed on a toileting program, EI #1 said when a pattern is needed to identify the times a resident usually voids. EI #1 said the resident is usually continent or frequently incontinent of bowel and bladder when a toileting program is initiated. EI #1 said the facility did not have any residents on a toileting program at the time. EI #1 said the reason for that was usually the incontinent residents are checked and changed every two hours and the continent residents are encouraged and assisted to the restroom approximately every two hours as the resident will allow. When asked how many of RI #59's falls occurred when the resident was going to or coming from the bathroom, EI #1 replied, four. When asked if the facility ever considered RI #59 would benefit from a toileting program, EI #1 said no because RI #59 was leaning on furniture when coming out of the bathroom. When asked what the one factor was of four of the falls, EI #1 said the use of the bathroom. EI #1 said to her knowledge RI #59 had not been considered for a toileting program. The surveyor asked EI #1 what would a toileting program do for the resident. EI #1 said it would help the staff and resident know the time a resident normally voids. When asked would RI #59 benefit from being placed on a toileting program, EI #1 said yes.</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interviews, review of Resident Identifier (RI) #36's medical record, and the facility's policy titled Weight Loss Interventions, the facility failed to ensure nutritional interventions were implemented when RI #36 experienced a severe weight loss from November 2020 to January 2021. Beginning 11/25/2020, RI #36 experienced a severe weight loss of 7.3% in one month. There were no nutritional interventions to address the resident's weight loss until 1/18/2021. This deficient practice affected RI #36; one of three residents reviewed for weight loss.</p> <p>Findings include:</p> <p>RI #36 was admitted to the facility on [DATE] with an admitting diagnosis of Dementia. The resident has a medical history to include a diagnosis of: Dysphasia, Oropharyngeal Phase.</p> <p>RI #36's care plan titled I am at risk for altered nutritional status related to Dementia with an initiated date of 9/30/2019, had an intervention of Consult RD PRN (as needed) .</p> <p>RI #36's Quarterly Minimum Data Set with an assessment reference date of 11/20/2020 indicated the resident was moderately impaired in cognitive skills with long- and short-term memory problems. The resident was assessed as requiring supervision with eating.</p> <p>A review of RI #36's weights over a six-month period revealed the following:</p> <p>On 10/14/2020, RI #36 weighed 169.9 pounds</p> <p>On 11/25/2020, RI #36 weighed 157.4 pounds, a severe loss of 7.3% in one month</p> <p>On 12/17/2020, RI #36 weighed 149 pounds, a severe loss of 5.3% in one month</p> <p>On 1/18/2021, RI #36 weighed 137.9 pounds, a severe loss of 7.4% in one month</p> <p>On 2/10/2021, RI #36 weighed 134 pounds, a loss of 2.8% in one month</p> <p>On 3/15/2021, RI #36 weighed 132 pounds, a loss of 1.9% in one month</p> <p>RI #36's Quarterly Minimum Data Set with an assessment reference date of 2/18/2021 indicated the resident was moderately impaired in cognitive skills with long- and short-term memory problems. The resident was assessed as requiring limited assistance with eating.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy titled Weight Loss Interventions, with an effective date of 3/16/2021, documented PURPOSE To ensure adequate nutrition for those at risk for weight loss, etc. PROCEDURE . When a resident loses 3% or more in one month . the following steps shall be taken: . 2. At the weekly Focus Meetings all possible causes for poor consumption shall be reviewed including: . d) Need to review and update of the resident's personal food preferences . 6. If weight has not stabilized or if the resident has lost 5% in one month . the RD . shall be notified and a revised plan shall be suggested, such as: A high calorie/protein snack, such as peanut butter, cheese, cottage cheese, etc. may be provided as an extra H.S. (bed time) snack . 13. The RD will enter a progress note and will write monthly progress notes until the problem is resolved. They will enter documentation in the progress note describing the status of the residents condition related to nutritional therapy .</p> <p>A review of RI #36's dietary notes revealed there was no progress notes addressing nutritional interventions for RI #36's severe weight loss of 7.3% in one month on 11/25/2020, or the severe weight loss of 5.3% in one month on 12/17/2020.</p> <p>During an interview on 5/27/2021 at 11:00 AM, Employee Identifier (EI) #1, the Director of Nursing was asked had RI #36 had any weight loss. EI #1 said yes. According to EI #1 on 10/14/2020, RI #36 weighed 169.9 pounds and RI #36's next month's weight on 11/25/2020, was 157.4 pounds. EI #1 said that was a 12. 5-pound weight loss over a month. When asked was the RD, EI #8, consulted for the weight loss at that time, EI #1 said that would be something EI #9, the Dietary Manager (DM) does. EI #1 said she was not sure this was done. EI #1 said RI #36's next month's weight was 149 pounds on 12/17/2020. EI #1 said this was a loss of 8.4 pound over a month. When asked was this weight loss addressed by the RD, EI #1 said no but it should have been. EI #1 stated she attributes the resident's weight loss to COVID-19 and the constant walking he/she does. EI #1 explained the resident is constantly walking and that burns calories.</p> <p>According to RI #1's diagnoses information, on 1/1/2021, the resident obtained a new diagnosis of personal history of COVID-19.</p> <p>In a telephone interview with RI #36's emergency contact, she stated RI #36 usually body weight is between 130 and 140 pounds. While RI #36's emergency contact was not aware of the resident's weight loss, she had no concerns regarding the care the resident has received at the facility.</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/27/2021 at 3:52 PM, a telephone interview was conducted with EI #8, the Consulting RD. EI #8 was asked if she was familiar with RI 36 and she said yes. E #8 stated RI #36 had been in the facility since 2019 and when the resident was first admitted , the resident weighed 131 pounds. When asked how often residents are weighed at the facility, EI #8 replied on admission to establish his/her weight, then weekly or monthly. According to EI #8, RI #36's ideal body weight is between 117 and 143 pounds. When the RD Nutritional Assessment was done on 10/14/2020, this was the annual assessment and RI #36 weighed 169.9 pounds; the resident was above his/her ideal body weight. Then on 11/25/2020, RI #36's weight was listed as 157.4, which is a 7.4% weight loss from the previous month. EI #8 stated she didn't implement any interventions at this time because the resident was above his/her ideal body weight and the resident was a walker and that may have been a contributing factor. EI #8 stated then on 12/17/2020, the resident's weight was 149 pounds. EI #8 stated this was a 5.3% weight loss in one month; however, she was not aware of this weight. EI #8 stated while the resident was still within his/her ideal body weight, she would have recommended to review the resident's food preferences to see if the staff could get the resident to eat more of his/her meals. RI #36's next weight of 137.9 was recorded on 1/18/2021. This was a 7.4% weight loss in one month. When asked what interventions were implemented as the result of this weight loss, EI #8 stated fortified food. EI #8 was asked what could she attribute RI #36's weight loss to. EI #8 replied, it could have been from the resident's increased activity of walking. EI #8 stated she reviewed the resident's intake and it ranged from 25% to 100%. EI #8 stated she could not give a definitive reason/explanation for the resident's weight loss. Since the weight loss, appropriate interventions have been implemented and the resident has maintained his/her weight in the ideal body weight range.</p> <p>In a follow-up telephone interview on 5/29/2021 at 6:06 PM, EI #8 stated again that she was not made aware of RI #36's weight of 157.4 pounds on 11/25/2020 but she should have been because it was a weight loss over 5% in one month. EI #8 stated had she been aware, she would have recommended some form of food preference or snack intervention. If the resident was not eating, she would have recommended a supplement. If the resident was eating, she would have recommended a snack.</p> <p>A telephone call/interview with the facility's Dietary Manager, EI #9, on 5/29/2021 was unsuccessful.</p> <p>From 5/25/2021 to 5/29/2021, RI #36 was observed for breakfast, lunch and dinner meals by the survey team. The resident was provided the correct, palatable diet with nutritional interventions. The staff provided verbal cues and assistance during each meal and the resident consumed 50% to 75% of each meal.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 02113</p> <p>Based on observation, interview, record review and facility policy review, the facility failed to discard the expired Lantus pen of Resident Identifier (RI) #67 and further failed to label and date the inhaler for RI #68. These deficient practices affected RI #67 and RI #68, and were observed on one of two medication carts in the facility.</p> <p>Findings include:</p> <p>The facility's policy titled Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles, revised [DATE], documented . This Policy . sets for the procedures relating to the storage and expiration dates of medications, biologicals, syringes and needles . PROCEDURE . 4. Facility should ensure that medications and biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; . are stored separate from other medications until destroyed . 5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the primary medication container when the medication has a shortened expiration date once opened .</p> <p>During an observation of the medication cart on [DATE] at 2:56 PM, RI #67's Lantus pen had an opened date of [DATE]. Employee Identifier (EI) #19, a Licensed Practical Nurse (LPN) said the pen should be discarded 28 days after opening. Also observed on the medication cart was RI #68's Breo Ellipta inhaler; the inhaler and the packages did not have an opened date. The manufacture's information indicated Discard BREO ELLIPTA 6 weeks after opening the foil traym .</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>21055</p> <p>Based on interview and record review, the facility failed to conduct an investigation when Resident Identifier (RI) #36, an ambulatory cognitively impaired resident brought an implant/bridge to a licensed nurse on 10/20/2020. The facility failed to conduct an investigation to determine whose implant/bridge this was. This deficient practice had the potential to affect one of the 82 residents who reside at the facility.</p> <p>Findings include:</p> <p>RI #36 was admitted to the facility's secured unit on 9/4/2019 with an admitting diagnosis of Dementia.</p> <p>RI #36's Quarterly Minimum Data Set with an assessment reference date of 2/18/2021 indicated the resident was moderately impaired in cognitive skills with long- and short-term memory problems. RI #36 was assessed as requiring supervision with walking in room and corridor and locomotion on and off the unit.</p> <p>RI #36's progress note dated 10/20/2020 10:44 PM written by Employee Identifier (EI) #14, a Licensed Practical Nurse (LPN) documented At 3:15pm resident came to nurse and gave me (his/her) left front tooth implant/bridge (two connected teeth noted with a post extending from the root of one. Resident denies pain, no bleeding noted. Root of the left tooth is visible from the gumline. No complaints during the shift. Ate supper without difficulty. Will continue plan of care.</p> <p>During a telephone interview that began on 5/26/2021 at 4:26 PM, EI #14, a LPN was asked about the situation when RI #36 brought her an implant/bridge. EI #14 stated she was shocked when the resident brought it to her. EI #14 stated she looked in the resident's mouth and didn't see any bleeding or anything. EI #14 stated that evening for dinner she observed the resident and there were no problems with eating. When asked who did the implant/bridge belong to, EI #14 said RI #36.</p> <p>During an interview on 5/26/2021 at 5:56 PM, EI #1, the Director of Nursing stated she became aware on 10/21/2020 that RI #36's implant/bridge had come out via reading the nurses' notes and the facility's morning meeting. EI #1 stated on 10/21/2020, she went and assessed the resident's mouth and gum line. She stated there was no redness, swelling or bleeding and the resident did not voice or show signs of pain or discomfort. When asked if she had done an investigation to determine who the implant/bridge belonged to, EI #1 said no.</p> <p>In a telephone interview with RI #36's emergency contact on 5/27/2021 at 11:51 AM, she was asked did RI #36 have an implant/bridge when admitted to the facility. The emergency contact said no, the resident only had his/her natural teeth. She stated RI #36 has never had an implant/bridge.</p> <p>RI #36's Clinical Health Status Evaluation dated 9/5/2019 indicated the resident has his/her own natural teeth.</p> <p>(continued on next page)</p>		

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to documentation within RI #36's medical record, the resident refused to be seen by the dentist on 2/12/2020. During the dental exam on 3/19/2021, the comprehensive oral evaluation was within normal limits; no concerns noted.		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on interview, review of Resident Identifier (RI) #36's medical record and the facility's policy titled Weight Loss Interventions, the facility failed to consistently document the meal intake of RI #36, a resident with a history of weight loss. This deficient practice affected RI #36; one of three residents reviewed for weight loss.</p> <p>Findings include:</p> <p>RI #36 was admitted to the facility on [DATE] with an admitting diagnosis of Dementia. The resident has a medical history to include a diagnosis of: Dysphasia, Oropharyngeal Phase.</p> <p>A review of RI #36's Windsor House Documentation Survey Report v2 (Flow Sheet), under the task of Nutrition - Amount, revealed there was no documented percentage of RI #36's meal consumption for seven of 90 meals served during October 2020.</p> <p>A review of RI #36's Windsor House Documentation Survey Report v2, under the task of Nutrition - Amount, revealed there was no documented percentage of RI #36's meal consumption for 27 of 90 meals served during November 2020.</p> <p>A review of RI #36's Windsor House Documentation Survey Report v2, under the task of Nutrition - Amount, revealed there was no documented percentage of RI #36's meal consumption for 68 of 90 meals served during December 2020.</p> <p>A review of RI #36's Windsor House Documentation Survey Report v2, under the task of Nutrition - Amount, revealed there was no documented percentage of RI #36's meal consumption for 24 of 90 meals served during January 2021.</p> <p>A review of RI #36's Windsor House Documentation Survey Report v2, under the task of Nutrition - Amount, revealed there was no documented percentage of RI #36's meal consumption for 34 of 84 meals served during February 2021.</p> <p>A review of RI #36's Windsor House Documentation Survey Report v2, under the task of Nutrition - Amount, revealed there was no documented percentage of RI #36's meal consumption for 35 of 90 meals served during March 2021.</p> <p>The facility's policy titled Weight Loss Interventions, with an effective date of 3/16/2021, documented PURPOSE To ensure adequate nutrition for those at risk for weight loss, etc. PROCEDURE . 4. The CNA (Certified Nursing Assistant) will document on the Flow Sheet, the percentage of consumption of each meal .</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview that began on 5/26/2021 at 4:26 PM, Employee Identifier (EI) #14, a Licensed Practical Nurse was asked where are RI #36's meal percentage charted. EI #14 said in the computer under RI #36's Activities of Daily Living portion of eating. When asked who was responsible for charting RI #36's meal percentage, EI #14 said the Certified Nursing Assistants. When asked why it was important for the meal percentage to be recorded, EI #14 said it showed how much the resident did or did not eat.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21055</p> <p>Based on observation and interviews, the facility failed to ensure Employee Identifier (EI) #10, a Nursing Assistant (NA), changed her contaminated gloves during the provision of incontinence care for Resident Identifier (RI) #77. This deficient practice affected RI #77; one of one resident observed for incontinence care.</p> <p>Findings include:</p> <p>RI #77 was originally admitted to the facility on [DATE] with a principal diagnosis of Alzheimer's Disease.</p> <p>RI #77's Quarterly Minimum Data Set with an assessment reference date of 4/20/2021, revealed RI #77 was totally dependent on staff for toileting and personal hygiene and always incontinent of bowel and bladder.</p> <p>During the provision of incontinence care on 5/25/2021 at 4:05 PM, EI #10, a NA used Procure disposable large adult washcloth and wiped RI #77's groin area and labia using different wipes. There was a small amount of bowel noted in RI #77's inner buttocks; EI #10 wiped the bowel off four times, using different wipes. EI #10 picked up a clean adult brief, with the contaminated gloves still on, and positioned the brief to RI #77's back. With the contaminated gloves still on, EI #10 picked up the tube of skin barrier, squeezed the barrier on her contaminated gloves and rubbed the barrier cream onto RI #77's buttocks. With the same contaminated gloves still on, EI #10 rubbed skin barrier in RI #77's groin areas and fastened the right side of RI #77's adult brief. EI #10 pulled RI #77's gown down, touched the incontinent pad, helped to reposition RI #77 by placing a pillow under RI #77's left elbow, pulling the sheet over RI #77, and letting the head of bed of RI #77 up.</p> <p>On 5/27/1021 at 5:45 PM, the surveyor conducted an interview with EI #10. The surveyor read back the observed incontinence care observation and asked EI #10 what she failed to do. EI #10 said she did not change her gloves. When asked what it was considered when gloves are not changed when going from dirty to clean items, EI #10 said contamination. EI #10 said she was last in-serviced on infection control in orientation. EI #10 was asked when she was told she needed to change her gloves during incontinent care. EI #10 said she was told to be aware of her glove use and every time she went from dirty to clean to change her gloves.</p> <p>A review of EI #10's Temporary Nurse Aide Skills Competency Checklist revealed on 7/18/2020, EI #10 had been checked off on Preventing Infection While Providing Personal Care.</p> <p>In an interview on 5/28/2021 at 10:03 AM, EI #2, the Infection Preventionist Nurse. was asked during incontinence care, when should gloves be changed. EI #2 said change gloves several times when going from one area to another, washing your hands or using hand sanitizer in-between. EI #2 said when not changed in this manner there was a potential for infection, Urinary Tract Infections, and yeast. EI #2 said CNAs are taught in orientation they are to change their gloves frequently.</p>		