

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2021
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NAME OF PROVIDER OR SUPPLIER BELLATERRA SCHAUMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193
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S 000	Initial Comments First Probationary Licensure Survey for Change of Ownership	S 000		
S9999	<p>Final Observations</p> <p>First Probationary Licensure Survey for Change of Ownership</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>1/5</p> <p>300.686b)2)</p> <p>Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications</p> <p>b) A resident shall not be given unnecessary medications. An unnecessary medication is any drug used:</p> <p>2) For excessive duration</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure that an order for a PRN (as needed) anti-psychotic medication did not exceed a duration of 14 days.</p> <p>This applies to 1 of 5 residents (R104) reviewed for unnecessary medications in a sample of 28.</p> <p>The findings include:</p> <p>The Physician's Order Sheet dated September 2021 shows that R104 has diagnoses including Major Depression, Anxiety Disorder, Unspecified Dementia without Behavioral Disturbance and Unspecified Psychosis. This same document</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>shows that R104 has an order for Olanzapine (Anti-psychotic) 5 mg (milligrams) intramuscularly every 6 hours as needed for agitation. This medication was ordered on 8/26/21.</p> <p>R104's August 2021 Medication Administration Record shows that R104 was given one dose of Olanzapine 5 mg on August 27 and August 31. On 8/27/21 the dose is marked as ineffective and on 8/31/21 the dose is marked as effective.</p> <p>On 9/15/21 at 10:51 AM V23 (LPN- Psychotropic Nurse) stated, "I have called hospice and tried to discontinue it but they want to keep it on standby just in case. I am aware of the 14 day stop date requirement and I have spoken to many people at hospice but they do not want to discontinue it. "</p> <p>The facility policy entitled Psychotropic Medications dated 7/28/21 states, "All PRN anti-psychotic medication will not be ordered beyond 14 days. A physician needs to physically evaluate the resident and document in the resident's medical record why the PRN anti-psychotic medication needs to be reordered after 14 days." (AW)</p> <p>2/5 300.696c)6)7)</p> <p>Section 300.696 Infection Control c) Each facility shall adhere to the following guidelines and toolkits of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, and Agency for Healthcare Research and Quality (see Section 300.340):</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>6)Guideline for Isolation Precautions: Transmission of Infectious Agents in Healthcare Settings</p> <p>7)Guideline for Infection Control in Healthcare Personnel</p> <p>Based on observation, interview, and record review the facility failed to follow recommended guidelines from Centers for Disease Control (CDC) by not ensuring staff were wearing N95's face masks and face shield/goggles per recommendations while caring for residents that are on transmission based precautions (contact/droplet). This applies to 1 of 28 residents (R293) reviewed for infection control in the sample of 28.</p> <p>The findings include:</p> <p>The facility's list of isolation provided on September 13, 2021 shows, R293 is quarantine isolation (contact/droplet isolation) for being a new admission. The same list shows, she is not vaccinated for COVID-19.</p> <p>R293's electronic medical record shows, her admission date as September 1, 2021.</p> <p>On September 13, 2021 at 10:42 AM, V24 Occupational Therapy Assistant (OTA) went into R293's room to do therapy with her. She was wearing a surgical mask, gown, and gloves. She was not wearing a face shield or N95 face mask. A sign hanging on R293's from CDC shows, "to wear gown, mask or respirator, goggles or face shield, and gloves."</p> <p>On September 14, 2021 at 10:07 AM, V2 Director of Nursing stated, all new admissions are placed on quarantine on admission for 14 days whether</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>they are vaccinated or not. Staff should be wearing a face shield, N95 face mask, gown, and gloves in contact/droplet isolation/quarantine rooms.</p> <p>The CDC's Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes last updated September 10, 2021 shows, "New Admissions and Residents who Leave the Facility, Create a Plan for Managing New Admissions and Readmissions: ... In general, all unvaccinated residents who are new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission... Guidance addressing recommended PPE when caring for residents in quarantine is described in Section: Manage Residents who had Close Contact with Someone with SARS-CoV-2 Infection. Manage Residents with Close Contact, Manage Residents who had Close Contact with Someone with SARS-CoV-2 Infection: Unvaccinated residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. HCP (healthcare personnel) caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator)."</p> <p>The facility's COVID-19 guidelines and emergency preparedness plan last revised August 9, 2021 shows, "C) Isolation and Quarantine: Healthcare personnel entering the COVID-19 isolation or quarantine room should use standard precautions, contact precautions, droplet precautions, and use full PPE (personal protection equipment) which includes gown, gloves, N95 (or surgical mask if N95 is unavailable due to crisis shortage), eye protection</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>(e.g., goggles or a face shield). (B)</p> <p>3/5</p> <p>300.1035d) 300.1035g)</p> <p>Section 300.1035 Life-Sustaining Treatments d)Any decision made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section must be recorded in the resident's medical record. Any subsequent changes or modifications must also be recorded in the medical record. g)The physician shall confirm the resident's choice by writing appropriate orders in the patient record or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to have the correct advanced directives regarding resuscitation in a resident's orders for 1 of 28 residents (R7) reviewed for advanced directives in the sample of 28.</p> <p>The findings include:</p> <p>R7's Physician's Order Sheet printed on 9/14/21 shows an order dated 8/26/21 for DNR (Do Not Resuscitate).</p> <p>R7's POLST (Physician Order for Life-Sustaining Treatment) form dated 8/31/14 shows, "Attempt Resuscitation/CPR."</p> <p>R7's Minimum Data Set Assessment shows that</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>her cognition is intact.</p> <p>On 9/15/21 at 9:41 AM, V7 said that she would like resuscitation if something happened. V7 said that she does not ever remember telling the facility that she does not want to be resuscitated.</p> <p>On 9/15/21 at 9:42 AM, V26 (Registered Nurse) said that on admission social services has the resident review the POLST form and mark if they would like resuscitation or not. Once the form is signed, it is given to the nurse and the nurse puts the order into the computer. The order should be put in based on the form. In an emergency, the code status of the resident is checked by looking in the electric medical record for the order.</p> <p>On 9/15/21 at 10:20 AM, V16 (Licensed Practical Nurse) said that he was probably doing a chart audit and put the order in under the wrong person.</p> <p>The facility's Advanced Directives Policy revised on 7/27/21 shows, "An advanced directive form (as provided by the healthcare facility) shall be completed with resident and/or legal representative to verify treatment options as well as code status. Appropriate information will be added to Physician Order Sheet (POS).</p> <p>(B)</p> <p>4/5 300.1210b)4) 300.1210b)5) 300.1210d)2) 300.1620a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b)The facility shall provide the necessary care</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time.</p> <p>This requirement was not met as evidenced by:</p> <p>A. Based on observation, interview and record review the facility failed to ensure incontinence care was provided every 2 hours and as needed for residents dependent on staff for activities of daily living (ADL's), for 2 of 28 residents (R106, R69) reviewed for ADL's in the sample of 28.</p> <p>1. R106's 8/26/2021 Minimum Data Set (MDS) shows that her cognition is intact, she is always incontinent of bladder and usually of bowel, and she requires extensive assistance from staff for her toileting needs.</p> <p>On 9/13/2021 at 10:27 AM, R106 was in bed in her room. She told the surveyor she is incontinent and is dependent on staff for being changed. R106 said she has been waiting for someone to come in and change her for hours and she has not been changed since last night.</p> <p>On 9/13/2021 at 11:00 AM, V21 (Certified Nursing Assistant/CNA) came into R106's room to provide incontinence care and change her. V21 said she had not yet been in to change R106 today. V21 took off R106's incontinent brief and it was heavily soiled with urine and feces. The incontinence pad and bed sheet under R106 were also saturated with urine.</p> <p>On 9/13/2021 at 11:25 AM, V21 said that residents should be checked and incontinence care provided 2 times a shift. On 9/13/2021 at</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>11:35 AM, V20 (CNA) said she is the person who trains CNA's and what V21 said was not entirely accurate, residents should be changed and incontinence care done every 2 hours and as needed.</p> <p>On 9/14/2021 at 10:31 AM, V13 (Assistant Director of Nursing/ADON) said that residents should be checked for incontinence and offered incontinence care every 2 hours. She said no residents should wait overnight until 11:00 AM the next day to be changed.</p> <p>2. R69's Minimum Data Set Assessment dated 8/6/21 shows that his cognition is intact, requires extensive assistance of one person for toilet use, is always incontinent of urine and frequently incontinent of stool.</p> <p>On 9/13/21 at 10:31 AM, R69 was heard from the hallway yelling out. V13 (Assistant Director of Nursing) answered his call light. R69 stated, "I've been sitting here in piss and sh*t and my scrotum is burning. [V14] came in here about 15 minutes ago and I said that I needed to get cleaned up and she just left." V13 went and found V14 (Certified Nursing Assistant) and then went and sat at the nurse's station. At 10:35 AM, V14 entered R69's room. R69 stated, "I've been waiting 40 minutes to get cleaned up, please clean me up." V14 stated, "I can't, I am busy right now but I will do it when I am done" and turned off his call light. At 10:43 AM, V13 was sitting at the nurse's station desk. At 10:43 AM, V14 re-entered R69's room to provide care.</p> <p>On 9/13/21 at 2:00 PM, V14 said that she went in R69's room twice before cleaning him up. V14 said that the first time she went in, he said that he was done going to the bathroom and needed to</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>get cleaned up and up in the chair. V14 said that the mechanical lift was unavailable at that time so she did not clean him up and went and did something else. V14 said she went in there a second time to tell him that she was in the middle of doing something and would come back when she was done. V14 said that when she was done providing care to the other resident, she went in and cleaned up urine and stool.</p> <p>The facility's Incontinent and Perineal Care Policy revised on 7/28/21 shows, "It is the policy of the facility to provide perineal care to ensure cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observe the residents skin condition....Do rounds at least every 2 hours to check for incontinence during shift..."</p> <p>B. Based on observation, interview and record review the facility failed to provide restorative services to maintain the resident's ability to carry out their activities of daily living (ADLs) for 1 of 28 residents (R130) reviewed for ADLs in the sample of 28.</p> <p>The findings include:</p> <p>R130's Minimum Data Set Assessment dated 8/24/21 shows that his cognition is intact and needs extensive assistance of one person to walk in the corridor. R130's POC (Point of Care) Response Report printed on 9/15/21 shows, "Task: Nursing Rehab: Walking: {R130} will walk 100-200 feet with the use of gait belt and a rolling walker." From 9/2-9/14 this task was documented as being done on 6 of the 13 days.</p> <p>On 9/13/21 at 10:28 AM, R130 was sitting in his room in his wheelchair. R130 said that he is</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>supposed to get therapy every day but he usually does not get it. R130 said that he likes to ride the bike in the therapy room and walk the hallway. R130 said that he used to be able to walk the entire hall and only stop once but now since he has not been getting it daily, he has to stop 4-5 times during the walk since his body is not used to it anymore.</p> <p>09/14/21 10:48 AM, V10 (Restorative Certified Nursing Assistant-CNA) said that R130 is on the walking program and active range of motion program. V10 said that yesterday she did not walk him because she was the only restorative aide for the whole facility. V10 said she tries her best to get to everyone but sometimes cannot due to staffing challenges. V10 said that if a resident does not get walked routinely, that can decrease their ability to do the task. V10 said that R130 really likes to participate and is always ready when she goes to see him.</p> <p>On 9/14/21 at 1:10 PM, V11 (Restorative Licensed Practical Nurse) said that there are 5 restorative CNAs but sometimes the facility pulls them to work on the floor leaving him short staffed. V11 said that today (9/14) he has one restorative CNA for the whole facility because they pulled the other CNA to work the floor. V11 said that R130 is on the restorative program and should have active range of motion and be walked every day for at least 15 minutes.</p> <p>The Facility's Restorative Nursing Program Policy revised on 7/28/21 shows, "Appropriate nursing and restorative services consistent to the resident's functional needs must be provided....Nursing and restorative services shall be reflected in the resident's individualized care plan consistent to the completion of the resident's</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>comprehensive assessment."</p> <p>The facility's ADL Care Guidelines dated 10/31/20 shows, "The facility's restorative nursing care program is designed to assist each resident to achieve and maintain an optimal level of self-care and independence as well as helping slow down and/or prevent decline in functioning."</p> <p>C. Based on observation, interview and record review the facility failed to administer ordered medication for pain relief for 1 of 28 residents (R83) reviewed for pain in the sample of 28.</p> <p>The findings include:</p> <p>R83's Face Sheet shows diagnoses of: pain in left shoulder and other chronic pain. R83's Minimum Data Set Assessment dated 8/1/21 shows that her cognition is intact.</p> <p>R83's September Medication Administration Record (MAR) shows an order for "bengay 5% U/S (ultra-strength), Apply to L (left) shoulder R (right thigh) topically one time a day for pain and remove per schedule." The MAR shows that it should be applied at 6:00 AM and removed at 6:00 PM. The MAR shows that the patches were administered on 9/13/21 at 6:00 AM. A new order for bengay ultra strength patch 5%, Apply to lower back, left shoulder topically one time a day for lumber pain and remove per schedule was ordered with a start date of 9/14/21. The MAR shows that they were administered on 9/14/21.</p> <p>09/13/21 at 10:47 AM, R83 was sitting in her wheelchair in the hallway. R83 said that she asked the nurse an hour ago for her pain patch for her shoulder and back pain that she is having.</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER BELLATERRA SCHAUMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 675 SOUTH ROSELLE ROAD SCHAUMBURG, IL 60193
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S9999	<p>Continued From page 12</p> <p>R83 said that her pain was a 7 on a scale of 0-10. R83 said that she is supposed to get it put on in the AM but she did not.</p> <p>On 9/13/21 at 10:47 AM, V12 (Registered Nurse) spoke with R83 and asked if the night nurse put her pain patch on. R83 said that she did not because the nurse told her that they did not have it available. V12 said that the patch is from house stock. V12 verified that she did not have a patch on and applied a patch at 11:01 AM to her left shoulder. At that time, R83 was also complaining of pain in her left lower back and said that she usually gets a patch there as well but it was not applied either. V12 told R83 that she does not have an order for a patch to be applied to her back but would call the doctor to get an order.</p> <p>09/14/21 at 10:28 AM, R83 had a patch on her left shoulder but no patch on her lower back. R83 said that yesterday the nurse never came back to put a patch on her back and has not had one put on since. R83 said that her lower back pain was a 9 on a scale of 1-10. V12 then applied a patch to her lower back.</p> <p>On 9/14/21 at 10:30 AM, V12 said that she had called the doctor on 9/13/21 around noon to get an order for a patch to her lower back. V12 said that she did not apply the patch at that time and was going to just wait until it was scheduled to be put on next (6:00 AM). V12 said that she should have applied the patch right away since the resident was having pain.</p> <p>On 9/15/21 at 9:03 AM, V2 (Director of Nursing) said that if a pain medication is ordered due to a resident having pain, it should be administered right away. V2 said that R83's patch should have been applied when the nurse got the order and</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER
BELLATERRA SCHAUMBURG

STREET ADDRESS, CITY, STATE, ZIP CODE
**675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL 60193**

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S9999	<p>Continued From page 13</p> <p>the nurse should not have waited until 6:00 AM if the resident was having pain.</p> <p>R83's Progress notes for 9/13/21 at 11:06 AM show, "Resident claimed that she needs patch to left shoulder. Claimed patch not applied this AM. Check left shoulder no patch applied. Resident claimed pain 7/10 without a patch. Patch applied to left shoulder. Also wants patch on her back. Will call MD (Medical Doctor)." Progress notes dated 9/13/21 at 11:39 AM show, "Called [Doctor] informed her that bengay patch was applied at 10:30 AM. Patch scheduled for 6 AM but not applied. Resident c/o (complains of) 7/10 pain and c/o of back pain. With order to have patch on lumbar area and left shoulder."</p> <p>The facility's Pain Policy revised on 7/28/21 shows, "For those identified with pain.....an order for pain medication will be obtained from the physician.....If available in the convenience box or facility house stock, the pain medication ordered will be administered to the resident as soon as possible."</p> <p>D. Based on observation, interview and record review the facility failed to have an ordered medication available for 1 of 28 residents (R7) reviewed for pharmacy services in the sample of 28.</p> <p>The findings include:</p> <p>R7's Physician's Order Sheet (POS) shows an order dated 5/12/21 for Renal Caps Soft gels-Give 1 capsule by mouth one time a day for supplement. R7's POS shows diagnoses of: end stage renal disease, anemia, vitamin D deficiency and vitamin B deficiency.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>R7's September Medication Administration Record (MAR) printed on 9/14/21 shows that she received renal caps 3 times for the month of September. R7's August MAR shows that she received renal caps 11 times for the month of August. Renal caps was marked as unavailable for all of the other days.</p> <p>On 9/13/21 at 11:10 AM, V12 (Registered Nurse) gave R7 her morning medications. V12 documented that renal caps were unavailable.</p> <p>On 9/14/21 at 10:36 AM, V12 said that she has called the pharmacy at least 3 times to get the medication re-ordered. V12 said that she thinks that they have not had the medication available for about one month. V12 said that she called the pharmacy again yesterday (9/13) and they said that they were going to send it and she administered a dose this morning.</p> <p>On 9/15/21 at 9:03 AM, V2 (Director of Nursing) said that if a medication is ordered by the doctor, it should be given. V2 said that R7's medication went missing somehow.</p> <p>No documentation was found in the electronic medical record prior to 9/13/21 that the doctor was notified of the unavailable medication.</p> <p>The facility's undated Medication Administration General Guidelines Policy shows, "If a dose of regularly scheduled medication is withheld, refused or not available.....An explanatory note is entered on the reverse side of the record. If 3 consecutive doses of a vital medication are withheld, refused or not available the physician is notified. Nursing documents the notification and physician response."</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>E. Based on observation, interview and record review the facility failed to administer medications at the ordered times. There were 31 opportunities with 15 errors resulting in a 48.39 % error rate.</p> <p>This applies to 3 of 6 residents (R8, R37 and R69) observed in the medication pass.</p> <p>The findings include:</p> <p>1. R8's Physician's Order Sheet (POS) printed on 9/14/21 shows that she receives calcium-carb 600 milligrams (mg) twice a day for low calcium, carvedilol 25 mg twice a day for hypertension, cholestyramine 4 grams (GM) packet twice a day for fecal abnormalities, hydralazine 100 mg twice a day for hypertension, magnesium oxide 400 mg twice a day for supplement and Pentasa 500 mg-two capsules twice a day for treatment.</p> <p>R8's September Medication Administration Record (MAR) shows that calcium-carb, carvedilol, cholestyramine, hydralazine, magnesium oxide and pentasa is to be administered at 9:00 AM and 5:00 PM.</p> <p>On 9/13/21 at 11:36 AM, V12, Registered Nurse (RN) took R8's blood pressure and it read 148/87. V12 then administered R8's 9:00 AM medications.</p> <p>2. R69's POS printed on 9/14/21 shows that he receives eliquis 5 mg twice a day for DVT (Deep Vein Thrombosis) and simethicone 125 mg four times a day for bloating/excessive gas.</p> <p>R69's September MAR shows that eliquis is to be administered at 9:00 AM and 5:00 PM and simethicone is to be administer at 1:00 AM, 9:00</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>AM, 5:00 PM and 9:00 PM.</p> <p>On 9/13/21 at 11:24 AM, V12 administered R69's 9:00 AM dose of eliquis and simethicone.</p> <p>On 9/13/21 at 11:36 AM, V12 said that the medications were late because she had a lot of interruptions.</p> <p>On 9/14/21 at 10:28 AM, V12 said that medications can be administered one hour after the scheduled time. If it is longer than that, they are considered late.</p> <p>3. R37's Face sheet printed on September 15, 2021 showed R37 is an 82 year old female admitted on April 26, 2018 with diagnoses which include: constipation, major depressive disorder, hypertension, gastro-esophageal reflux, and unspecified convulsions.</p> <p>On September 13, 2021 at 10:25 AM, V19 RN prepared R37's medications ready for administration. R37's medications list on the computer screen had all of R37's medications in red highlights. V19 stated medications should be given one hour before or one hour after administration time. V19 stated any medications for 9:00 AM will become red on the screen at 10:00 AM because they are considered to be late. V19 stated all medications should be given within the one hour before and one hour after window. V37's medication administration ended at 10:35 AM.</p> <p>R37's Medication Administration Record for September 2021 showed R37's Acidophilus (probiotic), bupropion 100 mg (for major depression), Calcium/vitamin D tablet, Carvedilol 12.5 mg (hypertension), Levetiracetam 500 mg</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>for (seizure activity), Senna 8.6 mg (constipation), and Hydralazine 50 mg (hypertension) are ordered for morning administration at 9:00 AM.</p> <p>R37's POS printed on September 14, 2021 showed R37's Acidophilus, Bupropion, Calcium/vitamin D, Carvedilol, Levetiracetam, and Senna are ordered for twice a day. R37's Hydralazine is ordered for three times a day.</p> <p>The facility's undated Medication Administration Policy showed " ...Medications are administered within 1 hour before or after scheduled time, except before, with or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the facility ..."</p> <p>The facility's undated Medication Administration Times Schedule showed 2 doses a day medications administration times are 9:00 AM and 5:00 PM, and 3 doses a day medication administration times are 9:00 AM, 1:00 PM, and 5:00 PM.</p> <p>(B)</p> <p>5/5</p> <p>300.2090a) 300.2090b)</p> <p>Section 300.2090a),b) Food Preparation and Service</p> <p>a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use.</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs.</p> <p>This REQUIREMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure food was palatable and warm when served for 4 of 28 residents (R76, R98, R106 and R130) reviewed for food palatability in the sample of 28.</p> <p>The findings include:</p> <p>On 9/13/21 during the noon meal on the second floor, plates were brought up to the serving area. The plates were set on the serving counter of the steam table. The plates were not put in the plate warmer. The vegetable blend that was being served appeared to have no seasoning or parmesan on it.</p> <p>At 1:23 PM the temperature of the veggie burger was taken and it was less than 100 degrees Fahrenheit. V25 (Dietary Aide) said that he forgot to turn on part of the steam table.</p> <p>On 9/13/2021 at 10:45 AM, R106 stated, "The food at the facility is absolutely terrible. It never tastes good and is usually cold so I have my family buy me snacks to eat."</p> <p>On 9/13/21 at 12:57 PM, R76 said that the food is usually cold and does not taste very well.</p> <p>09/13/21 at 1:05 PM, R130 was eating his lunch in the dining room on the 2nd floor and stated, "It's all too damn cold. There is no seasoning on the vegetables. I don't think they know what seasoning is. It is always disgusting. It has been</p>	S9999			

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S9999	<p>Continued From page 19</p> <p>a lot worse since the new people have taken over."</p> <p>On 9/13/2021 at 1:05 PM, R98 was sitting in the dining area on the 2nd floor eating her noon meal. She stated, "The food is terrible as always. It is cold every day, and today they gave me about a spoonful of soup at the bottom of the bowl like I am a little kid or something."</p> <p>On 9/13/21 at 1:43 PM, V17 (Dietary Manager) said that they get cold food complaints often but he is not sure why. He said that the food may get cold between serving and delivering.</p> <p>The menu for 9/13/21 noon meal shows that the residents should have been served Italian parmesan vegetable medley. The recipe for Italian Parmesan Vegetable Medley shows ingredients of: Vegetable blend Italian frozen, butter, yellow onion, stewed tomatoes, oregano, garlic powder, pepper, bread crumbs and parmesan cheese.</p> <p>On 9/13/21 at 1:46 PM, V18 (Culinary Specialist) said that the vegetables were just frozen vegetables that she steamed and did not add any additional seasonings or ingredients.</p> <p>On 09/15/21 at 9:32 AM, V17 said that to ensure the food is warm when served the staff are supposed to turn on the steam table one hour before service, use the plate warmer and cover the food during transport. V17 said that the recipes should always be followed.</p> <p>The facility's Food: Quality and Palatability Policy dated 10/2019 shows, "It is the center policy that food is prepared by method to conserve nutritive value, flavor and appearance. Food is palatable,</p>	S9999		

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S9999	Continued From page 20 attractive and served at a safe and appetizing temperature.....The cook(s) season food appropriately in accordance with recipe and region and/or ethnic preferences, and use cooking techniques to ensure color and flavor retention." (AW)	S9999		