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S 000	Initial Comments First Probationary Licensure survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 4) 300.686d)1)2)3)4)5)6) 300.686e) 300.686f) Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications d) A resident shall not be given unnecessary drugs. An unnecessary drug is any drug used: 1) In an excessive dose, including in duplicative therapy; 2) For excessive duration; 3) Without adequate monitoring; 4) Without adequate indications for its use; 5) In the presence of adverse consequences that indicate the medications should be reduced or discontinued (Section 2-106.1(a) of the Act); or 6) Any combination of the circumstances stated in subsections (d)(1) through (5). e) Residents shall not be given antipsychotic medications unless antipsychotic medication therapy is ordered by a physician or an authorized prescribing professional, as documented in the resident's comprehensive assessment, to treat a specific symptom or suspected condition as	S9999		

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diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Appendix F.

f) Residents who use antipsychotic medications shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these medications in accordance with Appendix F. In compliance with subsection 2-106.1(b-3) of the Act and this Section, the facility shall obtain informed consent for each dose reduction.

This requirement is NOT met as evidenced by:

Based on interview, observation and record review, the facility failed to attempt a gradual dose reduction of an antipsychotic medication for one of three residents (R3) reviewed for psychotropic medications in the sample of five.

Findings include:

The facility's Psychotropic Medication- Gradual Dosage Reduction policy (revised 02/01/18) documents the following: "Residents who use psychotropic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue or reduce the medication. A gradual dose reduction shall be encouraged at least twice yearly unless previous attempts at reduction have been unsuccessful or reduction is clinically contraindicated. The drug reduction will continue until eliminated or the clinical condition of resident worsens."

R3's current Physician's Orders document the following medication order: Aripiprazole

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(antipsychotic medication) 5 milligrams by mouth one time a day related to Unspecified Psychosis.

R3's monthly Medication Administration Records (dated 11/2024 - 03/2025) document R3 is being monitored for the following target behaviors: hallucinations and delusions, and also contains a separate area to document any additional generalized adverse behaviors exhibited by R3. These forms document no consistent adverse behaviors were exhibited by R3 during this time.

On 03/11/25 at 07:55 AM, R3 was sitting in her electric wheelchair in the dining room eating breakfast. R3 was conversing with her tablemates and had consumed nearly 100% of her breakfast. No adverse behaviors were observed by R3 at this time.

On 03/11/25 at 09:35 AM, R3 was sitting in her electric wheelchair near the entrance to her room. R3 stated she has resided at the facility for over two years and currently serves as the Resident Council President. R3 stated she is diabetic, and her sugars are usually controlled, "They can fluctuate when I eat a lot of carbs (carbohydrates), but I try not to do that very often." R3 stated she enjoys the activities offered at the facility and often participates in Bingo. R3 was cooperative and no adverse behaviors were displayed by her at this time.

The facility's Gradual Dose Tracking Report documents the last attempt for a gradual dose reduction of R3's Aripiprazole was completed on 01/26/24.

On 03/12/25 at 10:15 AM, V2 (Director of Nursing) stated she is not aware of R3 exhibiting any recent adverse behaviors since she began

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working at the facility a few months ago. V2 then stated she could not provide documentation that a gradual dose reduction has been suggested or attempted on R3's Aripiprazole since 01/26/24. V2 stated, "It should have been completed in January (2025) and must have been missed." (B)
Statement of Licensure Violations (2 of 4)

300.696b)6)7)14)

Section 300.696 Infection Prevention and Control

b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.

6) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

7) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services

14) Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent

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S9999	Continued From page 4 Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs) This requirement is NOT met as evidenced by: Based on interview, observation and record review, the facility failed to ensure Enhanced Barrier Precautions were implemented prior to administration of cares for two of two residents (R1 and R4) reviewed for Enhanced Barrier Precautions in the sample of five. Findings include: The facility's Enhanced Barrier Precautions policy (dated 04/03/24) documents the following: "Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multi-resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and the use of PPE (personal protective equipment) to donning of gloves and gowns during high-contact resident care activities that provide opportunities for transfer of MDROs (Multidrug-Resistant Organism) to staff hands and clothing. EBP are indicated for residents with any of the following: Infection or colonization with a CDC-targeted (Centers for Disease Control and Prevention) MDRO when contact precautions do not otherwise apply; or Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Note: Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g. band-aid) or similar dressing. Examples of chronic wounds include, but are not limited to: Pressure ulcers, diabetic foot ulcers, unhealed	S9999		

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surgical wounds, venous stasis ulcers. Indwelling medical device examples include: Central lines, urinary catheters, feeding tubes, tracheostomies. EBP should be used for any residents who meet the above criteria, whenever they reside in the facility." This policy also documents, "For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: Dressing; Bathing/showering; Transferring; Providing hygiene; Changing linens; Changing briefs or assisting with toileting; Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator; Wound care: any chronic skin opening requiring a dressing."

1. On 03/10/25 at 01:55 PM, a sign was posted on R4's door with indication that Enhanced Barrier Precautions were currently in place, and a small bin containing personal protective equipment was positioned in the hall next to the entrance to R4's room.

R4's current Physician's Orders document the following order: "Enhanced Barrier Precautions (due to) Indwelling catheter, wounds."

On 03/12/25 at 11:25 AM, R4 was lying supine in her bed with a full mechanical lift sling in place underneath of her. R4 stated that facility staff had just transferred her into bed from her wheelchair for her cares to be performed. R4 had an indwelling urinary catheter in place, and a urinary drainage bag was positioned inside of a dignity bag attached to the lower aspect of R4's bed. V6 and V8 (Licensed Practical Nurses) entered R4's room to provide indwelling urinary catheter care followed by wound care to the pressure ulcer on R4's right buttocks. V6 first performed indwelling urinary catheter care on R4, and then proceeded

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to cleanse R4's right buttocks pressure ulcer and apply the topical treatment currently ordered. V8 provided positioning assistance to R4 maintaining R4 on her left side while cares were being conducted by V6. R4 had a scabbed area on her right buttocks measuring approximately 0.3 centimeters by 0.2 centimeters, which appeared to be healing well. Neither V6 nor V8 applied a gown before R4's cares were performed.

2. R1's current Care Plan, dated 3/10/25, documents "(R1 has) Presence of pressure wound to coccyx. I have a diabetic/vascular ulcer of the (Right foot) related to Diabetes, Necrotizing Fasciitis, Gangrene."

On 3/12/25 at 1:42 PM, R1's room contained a sign on the door that documented R1 is in Enhanced Barrier Precaution isolation. At this time, V4 (Licensed Practical Nurse/ Infection Control Preventionist) and V10 (Licensed Practical Nurse) applied gloves, entered R1's room and then completed bowel incontinence care followed by pressure ulcer wound care to R1's coccyx pressure ulcer. Throughout R1's care, V4 and V10 did not wear a personal protective gown.

On 03/12/25 at 3:00 PM, V9 (Regional Nurse) stated staff should apply a gown and gloves prior to performing cares on a resident who have been placed in Enhanced Barrier Precautions.

On 3/12/25 at 3:15 PM, V4 confirmed R1 and R4 both have an indwelling urinary catheter and pressure ulcers. V4 stated "(R1 and R4) are on Enhanced Barrier Precautions. I don't think we have to wear a gown when caring for them though. I believe gloves have to be worn but gowns are not required." V4 confirmed when

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completing direct patient cares for R1 and R4 on 3/12/25, nursing staff did not wear gowns.
(B)
Statement of Licensure Violations (3 of 4)

300.670a)
300.670b)1)2)3)4)
300.670c)1)2)3)

Section 300.670 Disaster Preparedness

a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.

b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following:

1) Proper instruction in the use of fire extinguishers for all personnel employed on the premises;

2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises;

3) A written plan for moving residents to safe locations within the facility in the event of a tornado warning or severe thunderstorm warning; and

4) An established means of facility notification when the National Weather Service issues a tornado or severe thunderstorm warning

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that covers the area in which the facility is located. The notification mechanism shall be other than commercial radio or television. Approved notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the facility, or arrangements with local public safety agencies (police, fire, emergency management agency) to be notified if a warning is issued.

c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:

1) Ensure that all personnel on all shifts are trained to perform assigned tasks;

2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and

3) Evaluate the effectiveness of disaster plans and procedures.

This requirement is NOT met as evidenced by:

Based on interview and record review, the facility failed to ensure a disaster drill was conducted twice annually. This failure has to potential to affect all 43 residents currently residing in the facility.

Findings include:

On 03/12/25, the facility's Emergency Preparedness manual was provided by V1 (Administrator). Upon review, this manual did not

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contain documentation of a disaster drill conducted at the facility during the past 12 months.

On 03/12/25 at 04:00 PM, V1 (Administrator) stated he could not provide of any type of documentation confirming a disaster drill had been conducted at the facility in the past year. V1 also stated that the facility does have policies in place specific to handling several natural disasters, but the facility does not have a policy in place for staff to reference regarding parameters and frequency of conducting disaster drills.

The facility's Daily Census form (dated 03/09/25), and provided by V1 upon survey entrance on 03/10/25, documents 43 residents currently reside at the facility. On 03/10/25 at 08:50 AM, V1 confirmed accuracy of the 03/09/25 Daily Census form, and verified 43 residents were currently residing at the facility on 03/10/25.
(C)
Statement of Licensure Violations (4 of 4)

300.1210a)

Section 300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and

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provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.

This requirement is NOT met as evidenced by:

Based on Observation, Interview and Record Review, the facility failed to ensure a Care Plan was in place for a resident's indwelling urinary catheter for one of two residents (R1) reviewed for Urinary Catheters in the sample of five.

Findings include:

The Facility's Comprehensive Care Plan policy, dated 11/17/17, documents "The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment." This same policy documents "The care plan should be revised on an ongoing basis to reflect changes in the resident and the care that the resident is receiving."

On 3/11/25 at 1:28 PM, R1 was laying in his room in bed. R1's bed had a urinary catheter drainage bag with yellow urine, dangling from the bottom rail of the bed. At this time R1 confirmed he has had an indwelling urinary catheter since he was admitted to the facility.

R1's current Care Plan, dated 3/10/25, documents R1 was admitted to the facility on

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S9999	Continued From page 11 2/4/25 and has a diagnosis of Urinary Retention. This same Care Plan does not document a plan of care for R1's indwelling urinary catheter or his diagnosis of urinary retention. On 3/12/25 at 11:00 AM, V7 (Licensed Practical Nurse/ Care Plan Coordinator) confirmed R1 has an indwelling urinary catheter and a diagnosis of urinary retention. V7 stated "The urinary catheter should be on (R1's) Care Plan and it is not on there." (C)	S9999		