APPROVED 2/22/24

Wesley Gardens Retirement Center ALF

Facility ID# D5104 Administrator, Randy Allen

Date of Survey: 11/28/2023

Submitted by: Randy Allen
Randy Allen, Administrator

Date Submitted: January 2, 2024

Assisted Living

- **A-302 / 410-5-4- .03 420-5-4-.03 (1) (e) Administration.**
  Policies.
  The governing authority shall be responsible for establishing and implementing written policies for the management and operation of the facility and shall be responsible for development of, and adherence to, procedures implementing those policies. The policies and procedures shall be made available to residents, any guardians, next of kin, sponsoring agency(ies), or representative payee(s). All residents shall be informed of new policies or changes in existing policies that may have bearing on the residents. All residents shall be provided a copy of such policies at least 30 days prior to the policies taking effect. Policies shall cover the following:
  (xiii) Oxygen administration and storage if used in the facility…….

This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to follow its' own policies for the daily management and operation of the facility.

a. Findings:

Monthly assessments
The facility policy for assessments every 30 days did not include the need to perform a Medication Awareness Assessment. Refer to deficiency 604 for additional information.

Oxygen
According to the facility policy titled, "Oxygen Administration" with a 2010 revision date, "...Purpose The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation 1. Verify that there is a physician's order for this procedure. ...2. Review the resident's care plan to assess for any special needs of the resident. ..."

Care plans
According to the facility policy titled, "Care Planning ... The Director of Resident Health Services and the licensed nursing team is responsible for the development of resident care plans. ...2. ...person-centered care plans are based on resident assessments. ..."

b. An audit of all current residents who receive Oxygen was conducted by EI#2 on 12/26/2023 to review and ensure that each residents file had the physicians order and was properly documented and care planned. EI#2 (DON) and designees within the nursing department will update and bring all monthly care plans into compliance for the current residents. Anticipated completion date 1/31/2024.

c. In the review of The Guidelines for Charting and Documentation an update to the policy was made to reflect requirement for 30 Day Assessments and Care Plans review and update. A training In Service for current Nursing Staff will be completed by January 15, 2024 by the EI#2 (See Exhibit D#1)

d. EI#2 will conduct a monthly audit of the charts for compliance.

e. The Administrator or his designee will conduct monthly quality checks to ensure care plans are being completed correctly.

- **A 303 420-5-4-.03 (2) (a) Administration. The Administrator.**
  (a) Responsibility.
  1. The administrator shall be a direct representative of the governing authority in the management of the assisted living facility and shall be responsible to the governing authority for the proper performance of his or her duties…..

  12. The administrator shall ensure that plans of care for all residents are current and appropriate.

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the administrator failed to perform his duties to ensure the care and safety needs of all residents were met.

a. Findings:

Monthly assessments did not include Medication Awareness screenings.

Specialty care treatment of oxygen therapy was not directed by a physicians' order.

Care plans did not include needs, interventions and expected outcomes to meet the residents' individual needs.

b. In the review of The Guidelines for Charting and Documentation an update to the policy was made to reflect requirement of the Medication Awareness Assessment every 30 days. A training In Service for current Nursing Staff will be completed by January 15, 2024 by the EI#2 (See Exhibit D#1)

c. The Monthly Assessment for Resident RI#2 was completed on December 1, 2023. (See Exhibit D#3)
An audit of current residents will be conducted by EI#2 by 1/15/2024 to review and ensure that the Monthly Assessments are in place. EI#2 (DON) and designees within the nursing department will update and bring current residents into compliance. Anticipated completion date 1/31/2024.

d. An audit of the current resident that receives Oxygen was conducted by EI#2 on 12/1/2023 to review and ensure that the Physician Oder (See Exhibit #2) was in place. EI#2 (DON) and designees within the nursing department will update and bring other current residents with respiratory devices into compliance. Anticipated completion date 1/31/2024.

e. The Care Plan for RI#2 was updated on December 15, 2023 (See Exhibit D#4). EI#2 (DON) and designees within the nursing department will update and bring current residents into compliance. Anticipated completion date 1/31/2024.

f. Administrator will conduct a monthly audits of the charts for compliance.

- **A 604 420-5-4-.06 (3) (a) (b) Care of Residents. (3) Health Supervision. (a) Initial Assessment. No more than 30 days prior to admission, the facility shall assess prospective residents for facility eligibility. This assessment shall document identified care needs and serve as a baseline for future assessments. (b) Monthly Assessments. The facility shall assess each resident monthly and more often when necessary to identify changes in resident's status. In addition to other items that may be required by the facilities own policies and procedures.**

This Rule is not met as evidenced by: The facility failed to ensure medication awareness assessments were completed with the monthly assessments for Resident Identifier (RI)#2, RI#3 and RI#4.

a. Findings: A review of resident records on November 15 and16, 2023 revealed the following information. RI#2 had resided at the facility since Septembe1, 2023 and had diagnoses to include chronic hypoxemic respiratory failure, coronary artery disease, gastroesophageal reflux disease, dementia and atrial fibrillation. RI#2 had only one medication awareness assessment and it was dated November 21, 2023. RI#3 had resided at the facility since December 9, 2021 and had diagnoses to include syncope hypertensive heart disease, vitamin D deficiency, and hyperlipidemia and gastroesophageal reflux disease. RI#3 had only one medication awareness assessment and it was dated March 1, 2022. RI#4 had resided at the facility since September 7, 2021 and had diagnoses to include macular degeneration, vitamin D deficiency and osteopenia. RI#4 had only one medication awareness assessment and it was dated February 22, 2022.
During an interview before noon on November 16, 2023, EI#2 said RI#4 had only one medication awareness assessment since admission on February 22, 2022. EI#2 did not know why the medication awareness assessments had not been done with the monthly assessments. EI#2said she was responsible for ensuring they were done.

b. An audit of all current residents will be conducted by EI#2 and nursing staff by 1/31/2024 to review and ensure that each residents has current medication awareness in place. EI#2 (DON) and designees within the nursing department will update and bring all monthly medication awareness forms into compliance for the current residents. Anticipated completion date 1/31/2024.

c. In the review of The Guidelines for Charting and Documentation an update to the policy was made to reflect requirement for Medication Awareness Assessment to be conducted on each resident every 30 days A training In Service for current Nursing Staff will be completed by January 15, 2024 by the EI#2 (See Exhibit D#1)

d. EI#2 will conduct a monthly audit of the charts for compliance.

e. The Administrator or his designee will conduct monthly quality checks to ensure Medication Awareness Forms are being completed correctly.

- **A 611 420-5-4-.06 (4) (a) (b) Care of Residents. (4) Personal Care and Services. The facility shall provide care and services consistent with community Standards…….**

  As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.

This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure the care plan was current with appropriate interventions to meet the care and safety needs of the residents.

a. Findings: The Plan of care failed to include interventions for management of RI#2's oxygen use, to include interventions for monitoring the flow rate and function/effectiveness of the oxygen or self-administration of medications. Also, the facility failed to ensure RI#1's medications were care planned to include interventions of potential side effects to monitor for.
In the morning of November 16, 2023, RI#2's medical record revealed no care plan for use of oxygen therapy or self-administration of medication. In the afternoon of November 16, 2023, EI#2, Director of Resident Health Services, said the concern of no care plan for RI#2's oxygen use and self-administration of medications was the care may not be appropriate.
RI#1 In the morning of November 16, 2023, RI#1'smedical record revealed no care plan for RI#1's medications.

In the morning of November 16, 2023, EI#2 said the concern of RI#1's medications not being care planned was staff may not know what to monitor for.

b. A review of The Oxygen Policy was conducted and updated in December 2023 Policies will be reviewed and updated annually by the Administrator and Director of Nursing. (See Exhibit D#5)

c. An In-service has been planned for January 11, 2024 to cover guidelines Oxygen use.

d. An audit of all current residents will be conducted by EI#2 and nursing staff by 1/31/2024 to review and ensure that each residents has current medication awareness in place. EI#2 (DON) and designees within the nursing department will update and bring all monthly medication awareness forms into compliance for the current residents. Anticipated completion date 1/31/2024.

e. In the review of The Guidelines for Charting and Documentation an update to the policy was made to reflect requirement for Medication Awareness Assessment to be conducted on each resident every 30 days A training In Service for current Nursing Staff will be completed by January 15, 2024 by the EI#2 (See Exhibit D#1)

f. EI#2 will conduct a monthly audit of the charts for compliance.

g. The Administrator or his designee will conduct monthly quality checks to ensure Medication Awareness Forms are being completed correctly.

- **A 613 420-5-4-.06 (5) (a) (b) (c) (d) (e) Care of Residents. (5) Medications……**
  (b) A physician order is required for a resident to manage and have custody of his or her own medications.

This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure oxygen administration was directed by a physician's order.

a. Findings: RI#2 was observed with oxygen via nasal cannula in use beginning November 14, 2023 with no physicians' order in place. RI#2 RI#2 had resided at the facility since September 1, 2022. information regarding RI#2. In the morning of November 16, 2023 review of the medical record revealed no physicians' order was in place for the administration of the oxygen.
EI#2, Director of Resident Health Services, received an order for the use of the oxygen on November 16, 2023.
During an interview in the afternoon of November 16, 2023, EI#2 said a physicians' order is always needed for oxygen use to ensure the oxygen was administered correctly

b. An audit of the current resident that receives Oxygen was conducted by EI#2 on 11/16/2023 to review and ensure that the Physician Oder (See Exhibit D#2) was in place.. EI#2 (DON) and designees within the nursing department will update and bring other current residents with respiratory devices into compliance. Anticipated completion date 1/31/2024.
c. EI#2 will conduct a monthly audit of the charts for compliance.

d. The Administrator or his designee will conduct monthly quality checks to ensure Medication Awareness Forms are being completed correctly

Document Exhibits

D -1 Guidelines for Charting and Documentation

D -2 Physician Order for RI-#2

D-3 Monthly Assessment for RI-#2

D-4 Care Plane for RI-#2

D-5 Oxygen Administration Policy

D-6 Oxygen In-service Training