



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 30, 2023

Administrator
Prairie View Senior Living
250 Fifth Street East
Tracy, MN 56175

RE: CCN: 245371
Cycle Start Date: August 17, 2023

Dear Administrator:

On August 17, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

Prairie View Senior Living

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- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by November 17, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by February 17, 2024 (six months after

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the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

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August 30, 2023

Administrator
Prairie View Senior Living
250 Fifth Street East
Tracy, MN 56175

Re: State Nursing Home Licensing Orders
Event ID: S9FQ11

Dear Administrator:

The above facility was surveyed on August 16, 2023 through August 17, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.



Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00342	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/17/2023
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NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 250 FIFTH STREET EAST TRACY, MN 56175
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 8/16/23, and 8/17/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure.</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE 	(X6) DATE 09/07/23
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaints were reviewed during the survey.</p> <p>H53714586C (MN00095973, MN00095917, MN00095920), with a licensing order issued at 1555.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2 not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
21555	MN Rule 4658.1325 Subp. 2 Administration of Medications Staff designated Subp. 2. Staff designated to administer medications. A nurse or unlicensed nursing personnel, as described in part 4658.1360, must be designated as responsible for the administration of medications during each work period. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility's current administration failed to ensure proper oversight nursing staff licensure. This deficient practice resulted in a licensed practical nurse (LPN) working scheduled shifts with administration knowledge under an expired license. Findings include: Review of license practical nurse (LPN)-A employee file revealed an expired license as of 6/30/23. Review of facility schedule revealed LPN-A was currently scheduled to be working and had been scheduled since 6/30/23.	21555	CORRECTED	8/23/23

Minnesota Department of Health

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21555	<p>Continued From page 3</p> <p>During an interview on 8/16/23 at 5:05 p.m. LPN-A stated nursing license had expired on 6/30/23, and forgot to renew them. LPN-A confirmed she had worked from 7/1/23, until 7/28/23, as a licensed nurse without a current license. LPN-A also stated the director of nursing (DON) called her on 7/11/23, and informed her to renew her nursing license. LPN-A verified on 7/11/23, she had paid the \$106 fee to renew nursing license, and on 7/25/23, the DON called and asked why her nursing license was still expired. LPN-A stated called the Minnesota Board of Nursing (MNBN) on 7/25/23, and was informed she was required to provide proof of continuing education units (CEU's), verify employment and hours worked, and pay a fine of \$170 for working as a LPN without a current license. LPN-A stated she had understood once the renewal fee of \$106 had been paid on 7/11/23, her nursing license would have been reinstated, but had not received confirmation from the MNBN or checked for verification on the website. LPN-A stated she was allowed to work at the facility as a licensed practical nurse and charge nurse, completed nursing duties such as medication administration, insulin injections, nursing assessment and all other nursing duties from 7/1/23, through 7/28/23. LPN-A stated she had received a phone call from the administrator on 8/1/23, discussed the situation, and agreed should have been off work until my nursing license were reinstated.</p> <p>During an interview on 8/17/23 at 11:19 a.m. DON stated the facility was expected to have provided nursing coverage 24 hours a day with a nurse that had current licensure to ensure proper care of the residents. DON stated nursing staff would not be allowed to work when they had an expired</p>	21555		

Minnesota Department of Health

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21555	<p>Continued From page 4</p> <p>nursing license. DON verified had been her responsibility to assure all nursing staff had current nursing license and was aware on date of hire LPN-A's nursing license expiration date was 6/30/23. DON indicted they later realized, not sure of date, LPN-A nurse's licensed had expired on 6/30/23. DON stated on 7/27/23, they called LPN-A and informed her she needed to renew her nursing license, and assisted her with the cost. DON received verification through her credit card it was paid and assumed LPN-A nursing license was renewed, however did not check the MNBON website. DON stated she returned to work the following Monday on 7/31/23, checked the MNBON website, and LPN-A's nursing license was listed as inactive so they assisted LPN-A to submit the required documents. DON verified LPN-A worked at the facility as a LPN from 7/1/23, through 7/31/23, without current nursing license. DON stated LPN-A was allowed to work as a TMA on 8/1/23, approximately 3 ½ hours then taken off the schedule until 8/11/23.</p> <p>During an interview on 8/17/23 at 12:33 p.m. administrator stated had been on vacation 8/3/23, through 8/15/23, but was made aware of LPN-A's expired nursing license on 8/1/23. Administrator verified the DON was made aware of LPN-A's expired nursing license on either 7/27/23, or 7/28/23. Administrator indicated he had worked on licensure tracking on 8/2/23, and a TMA had reported to him that day also LPN-A had been working with an expired nursing license. Administrator stated licensed nurses are not allowed to work until nursing license were renewed. Administrator indicated LPN-A was allowed to work on 7/27/23, 7/28/23, 7/29/23, and 7/30/23, after DON indicated she had received confirmation the license renewal was received. Administrator verified he had not received</p>	21555		

Minnesota Department of Health

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21555	<p>Continued From page 5</p> <p>confirmation of the renewal prior to going on vacation on 8/3/23. Administrator indicated facility was required by Centers for Medicare and Medicaid Services (CMS) to have provided a licensed nurse with a current nursing license on every shift. Administrator stated the DON was responsible to have kept track of the licensed staff and expiration dates of each licensure. Administrator also stated would have expected DON to have notified him right away of this incident rather than wait.</p> <p>MNBON statues dated 2022, revealed every licensed practical nurse must maintain with the board a current registration for practice and renewed at regular intervals established by the board by rule. Any licensed person who failed to register within the period shall not be entitled to practice nursing in the state as a licensed practical nurse. A person whose registration had lapsed desiring to resume practice shall make application for registration , submit satisfactory evidence of compliance with the procedures and requirements established by the board, and pay the registration fee for the current period to the board. A penalty fee shall be required from a person who practiced nursing without current registration.</p> <p>Facility document titled Director of Nursing Services-Skilled Nursing Facility Essential Job Functions dated 2018, identified assist with hiring nursing staff and retain quality staff to carry out nursing care and services.</p> <p>Facility document titled Executive Director/Administration Essential Job Functions dated 2019, identified the administrator was expected to oversee and conduct regular rounds to monitor deliver of</p>	21555		

Minnesota Department of Health

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21555	<p>Continued From page 6</p> <p>nursing care, monitor Human Resources to ensure compliance with employment laws, company policies, and to ensure practices maintain high morale, staff retention, including effective communication, prompt problem resolution, and a proactive work environment.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for ensuring physician orders are administered as ordered. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure medication were correctly administered. The quality assurance committee could monitor these measures to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days</p>	21555		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245371	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/17/2023
NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FIFTH STREET EAST TRACY, MN 56175		
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F 000	<p>INITIAL COMMENTS</p> <p>On 8/16/23, and 8/17/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed.</p> <p>H53714586C, (MN00095973, MN00095917, MN00095920), with deficiencies issued at F835 and F839.</p> <p>However, as a result of the investigation deficiencies were issued at F755 and F880.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000			
F 755 SS=D	<p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed</p>	F 755		8/23/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/07/2023

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.

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NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 250 FIFTH STREET EAST TRACY, MN 56175		
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F 755	<p>Continued From page 1</p> <p>personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to administer physician's order as written for 1 of 1 (R5) residents reviewed for steroid inhalation.</p> <p>Findings include:</p> <p>R5's quarterly Minimum data set (MDS) dated 6/8/23, identified R5 had intact cognition and no behaviors. R5 required limited assistance with transfers, locomotion, bed mobility, dressing,</p>	F 755	<p>1. In continuing compliance with F 755, Pharmacy Srvcs/Procedures/Pharmacist/Records, Prairie View Senior Living corrected the deficiency by educating LPN A on ensuring R5 and all like residents have mouth rinsed after administration of steroid nebulizers on 8/18/2023 by Director of Nursing Services.</p> <p>2. To correct the deficiency and to ensure</p>	

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F 755	<p>Continued From page 2</p> <p>toilet use, and personal hygiene. R5's diagnoses included respiratory failure, asthma, chronic obstructive pulmonary disease (COPD), obesity, and congestive heart failure (CHF).</p> <p>R5's care plan dated 8/8/23, identified R5 had an altered respiratory status, difficulty breathing, decreased oxygen saturation levels. The staff were directed to observe, document, and report to nurse/medical practitioner any signs and symptoms of respiratory distress such as increased respirations or heart rate, oxygen levels 90% or below, restlessness, headaches, lethargy, confusion, use of accessory muscle (muscles, usually abdominal, used to provide assistance to the main breathing muscles, when additional power was needed), pursed lip breathing or nasal flaring, and skin color change.</p> <p>R5's physician order dated 1/5/23, identified Pulmicort (steroid) suspension 0.5 milligrams (mg)/2 milliliters (ml) 0.5 mg inhale orally in the evening for asthma. Rinse mouth with water after use.</p> <p>R5's electronic medication administration record (EMAR) dated August 2023, identified Pulmicort suspension 0.5 mg/2 ml (Budesonide) 0.5 mg inhale orally in the evening for asthma. Rinse mouth with water after use.</p> <p>During an observation/interview on 8/16/23 at 3:52 p.m. licensed practical nurse (LPN)A stood at medication cart and completed all checks with medications and EMAR. LPN-A locked medication cart and computer screen, walked into R5's room, administered R5's oral medications then prepared the Pulmicort nebulizer inhalant treatment, handed the reservoir with mouthpiece</p>	F 755	<p>the problem does not recur all licensed staff and TMAs were educated by the Director of Nursing Services on the administration of steroid nebulizers on 8/18/23; ensuring/encouraging resident to rinse mouth after administration. The Director of Nursing Services and/or Designee will audit administration of steroid nebulizers 3x/week for 4 weeks, 2x/week for 4 weeks, 1x/week for 4 weeks and then randomly to ensure continued compliance.</p> <p>3. As part of Prairie View Senior Living's ongoing commitment to quality assurance, the Director of Nursing Services and/or designee will report identified concerns through the community's QA Process.</p>	

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F 755	<p>Continued From page 3</p> <p>and tubing to R5. R5 placed the mouthpiece into her mouth, LPN-A turned nebulizer machine on at 4:00 p.m., instructed R5 to take deep breaths, and she would return to check on her in about five minutes. At 4:05 p.m. LPN-A walked into R5's room and nebulizer machine on and treatment had not been completed yet. LPN-A quickly exited R5's room to assist with another resident across the hallway. At 4:09 p.m. R5 turned off nebulizer machine, removed the resistor from the tubing, opened it up, rinsed it with water from the sink, and dried it of with a towel. R5 stated she usually cleaned out the parts with water so would have been clean for the next use. R5 also stated the breathing medication treatment she had just received was one she was not familiar with and had two different ones she had received. R5 stated had not rinsed her mouth out with water and asked if that was something she should have been doing, not something she had done in the past with any of her breathing treatments. At 4:17 p.m. LPN-A returned to R5's room checked oxygen level with pulse oximeter 90%, applied 2 liters of oxygen, informed R5 would be back to recheck her. LPN-A completed a medication administration pass with another resident and re-entered R5's room at 4:30 p.m., checked oxygen level 92%, and administered Tylenol per R5's request, washed hands, and exited the room. LPN-A did not instruct or ask R5 about rinsing her mouth during these observations.</p> <p>During an interview on 8/16/23 at 4:45 p.m. LPN-A verified unaware R5 needed to rinse her mouth after the Pulmicort nebulizer treatment. LPN-A stated she knew when a steroid inhalant was given staff were expected to encourage/instruct the resident to wash mouth out afterwards to prevent yeast infection such as</p>	F 755		

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F 755	<p>Continued From page 4</p> <p>thrush. LPN-A also verified she was unaware if R5 had the knowledge regarding this medication. LPN-A verified NA-5 had not rinsed her mouth out after the Pulmicort inhalation treatment nor did she encourage her.</p> <p>During an interview on 8/17/23 at 11:19 a.m. director of nursing (DON) stated nursing staff were expected to follow the standard of practice for nebulizer treatments and encourage the resident to rinse their mouth out after a steroid treatment. DON stated the instructions should have been on the EMAR that would have helped remind and/or cue the nurse. DON verified the resident should have rinsed her mouth out with water after the steroid nebulizer treatment to rinse out any residue and help prevent a yeast infection such as thrush. DON indicated R5 was teachable and how receptive she would have been depended on the staff that worked with her. DON also stated she expected staff to encourage R5 to rinse her mouth out with water after the nebulizer treatment and if she had refused to document it. DON indicated there may have been lack of education with the nursing staff regarding the need to rinse after the nebulizer treatment.</p> <p>During an interview on 8/17/23 at 1:48 p.m. pharmacist (P)-A stated expected nursing staff to instruct resident to rinse mouth after the completion of Pulmicort/steroid nebulizer treatment. P-A also stated steroids in the mouth too long can cause thrush and this would have helped prevent it.</p> <p>Facility policy regarding medication administration of inhalant was requested and not received.</p>	F 755		
F 835 SS=E	Administration	F 835		8/23/23

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F 835	<p>Continued From page 5 CFR(s): 483.70</p> <p>§483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility's current administration failed to ensure proper oversight nursing staff licensure. This deficient practice resulted in a licensed practical nurse (LPN) working scheduled shifts with administrations knowledge under an expired licensed.</p> <p>Findings include:</p> <p>Review of license practical nurse (LPN)-A employee file revealed an expired licensed as of 6/30/23.</p> <p>Review of facility schedule revealed LPN-A was currently scheduled to be working and had been scheduled since 6/30/23.</p> <p>During an interview on 8/16/23 at 5:05 p.m. LPN-A stated nursing license had expired on 6/30/23, and forgot to renew them. LPN-A confirmed she had worked from 7/1/23, until 7/28/23, as a licensed nurse without a current license. LPN-A also stated the director of nursing (DON) called her on 7/11/23, and informed her to renew her nursing license. LPN-A verified on 7/11/23, she had paid the \$106 fee to renew nursing license, and on 7/25/23, the DON called and asked why her nursing license was still</p>	F 835	<p>1. In continuing compliance with F 835, Administration. Prairie View Senior Living corrected the deficiency by auditing all nurse licensure expiration dates to ensure compliance on 8/4/2023 by Executive Director and Director of Nursing Services.</p> <p>2. To correct the deficiency and to ensure the problem does not recur all licensed nurses were placed on the Executive Director and Director of Nursing Services Outlook Calendar with a reminder set at a month prior to expiration date of their license and another at 2 weeks prior to expiration date of their license. A licensure log has been created to check licensure monthly. ADP payroll software has been updated with all licensed staff license information as of 8/17/2023. This allows for reminders to be sent to the employee, administrator, DON, and Business office 60 days prior to expiration. A second notification comes from ADP at 30 days. Education was provided to all nurses on ensuring license is current and renewals are completed timely on 8/18/2023 by the Director of Nursing Services. The Director</p>	

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F 835	<p>Continued From page 6</p> <p>expired. LPN-A stated called the Minnesota Board of Nursing (MNBN) on 7/25/23, and was informed she was required to provide proof of continuing education units (CEU's), verify employment and hours worked, and pay a fine of \$170 for working as a LPN without a current license. LPN-A stated she had understood once the renewal fee of \$106 had been paid on 7/11/23, her nursing license would have been reinstated, but had not received confirmation from the MNBN or checked for verification on the website. LPN-A stated she was allowed to work at the facility as a licensed practical nurse and charge nurse, completed nursing duties such as medication administration, insulin injections, nursing assessment and all other nursing duties from 7/1/23, through 7/28/23. LPN-A stated she had received a phone call from the administrator on 8/1/23, discussed the situation, and agreed should have been off work until my nursing license were reinstated.</p> <p>During an interview on 8/17/23 at 11:19 a.m. DON stated the facility was expected to have provided nursing coverage 24 hours a day with a nurse that had current licensure to ensure proper care of the residents. DON stated nursing staff would not be allowed to work when they had an expired nursing license. DON verified had been her responsibility to assure all nursing staff had current nursing license and was aware on date of hire LPN-A's nursing license expiration date was 6/30/23. DON indicted they later realized, not sure of date, LPN-A nurse's licensed had expired on 6/30/23. DON stated on 7/27/23, they called LPN-A and informed her she needed to renew her nursing license, and assisted her with the cost. DON received verification through her credit card it was paid and assumed LPN-A nursing license</p>	F 835	<p>of Nursing Services and/or Designee will audit licensure log monthly to ensure continued compliance.</p> <p>3. As part of Prairie View Senior Living's ongoing commitment to quality assurance, the Director of Nursing Services and/or designee will report identified concerns through the community's QA Process.</p>	

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F 835	<p>Continued From page 7</p> <p>was renewed, however did not check the MNBON website. DON stated she returned to work the following Monday on 7/31/23, checked the MNBON website, and LPN-A's nursing license was listed as inactive so they assisted LPN-A to submit the required documents. DON verified LPN-A worked at the facility as a LPN from 7/1/23, through 7/31/23, without current nursing license. DON stated LPN-A was allowed to work as a TMA on 8/1/23, approximately 3 ½ hours then taken off the schedule until 8/11/23.</p> <p>During an interview on 8/17/23 at 12:33 p.m. administrator stated had been on vacation 8/3/23, through 8/15/23, but was made aware of LPN-A's expired nursing license on 8/1/23. Administrator verified the DON was made aware of LPN-A's expired nursing license on either 7/27/23, or 7/28/23. Administrator indicated he had worked on licensure tracking on 8/2/23, and a TMA had reported to him that day also LPN-A had been working with an expired nursing license. Administrator stated licensed nurses are not allowed to work until nursing license were renewed. Administrator indicated LPN-A was allowed to work on 7/27/23, 7/28/23, 7/29/23, and 7/30/23, after DON indicated she had received confirmation the license renewal was received. Administrator verified he had not received confirmation of the renewal prior to going on vacation on 8/3/23. Administrator indicated facility was required by Centers for Medicare and Medicaid Services (CMS) to have provided a licensed nurse with a current nursing license on every shift. Administrator stated the DON was responsible to have kept track of the licensed staff and expiration dates of each licensure. Administrator also stated would have expected DON to have notified him right away of this</p>	F 835		

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F 835	Continued From page 8 incident rather than wait. MNBNON statues dated 2022, revealed every licensed practical nurse must maintain with the board a current registration for practice and renewed at regular intervals established by the board by rule. Any licensed person who failed to register within the period shall not be entitled to practice nursing in the state as a licensed practical nurse. A person whose registration had lapsed desiring to resume practice shall make application for registration , submit satisfactory evidence of compliance with the procedures and requirements established by the board, and pay the registration fee for the current period to the board. A penalty fee shall be required from a person who practiced nursing without current registration. Facility document titled Director of Nursing Services-Skilled Nursing Facility Essential Job Functions dated 2018, identified assist with hiring nursing staff and retain quality staff to carry out nursing care and services. Facility document titled Executive Director/Administration Essential Job Functions dated 2019, identified the administrator was expected to oversee and conduct regular rounds to monitor deliver of nursing care, monitor Human Resources to ensure compliance with employment laws, company policies, and to ensure practices maintain high morale, staff retention, including effective communication, prompt problem resolution, and a proactive work environment.	F 835			
F 839 SS=E	Staff Qualifications CFR(s): 483.70(f)(1)(2)	F 839			8/23/23

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F 839	<p>Continued From page 9</p> <p>§483.70(f) Staff qualifications. §483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.</p> <p>§483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure 1 of 4 facility employed nursing staff (LPN)-A reviewed were currently licensed to practice nursing within the State. This had potential to affect all 42 residents living in the facility.</p> <p>Findings include: Review of license practical nurse (LPN)-A employee file revealed an expired licensed as of 6/30/23. On 8/17/23, facility provided evidence of licensure for LPN-A during time of hire on 6/8/23. LPN-A was listed as LPN on the Minnesota Board of Nursing (MNBN) with expiration date of license as 6/30/23. On 8/17/23, facility provided evidence of licensure for LPN-A upon application process form dated 6/2/23. LPN-A identified expiration date of Minnesota licensed practical nurse as 6/23/23. On 8/17/23, facility provided a copy of a letter from MNBN dated 8/10/23, identified LPN-A nursing license expiration date as 6/30/25. To</p>	F 839	<p>1. In continuing compliance with F 839, Staff Qualification, Prairie View Senior Living corrected the deficiency by auditing all nurse licensure expiration dates to ensure compliance on 8/4/2023 by Executive Director and Director of Nursing Services.</p> <p>2. To correct the deficiency and to ensure the problem does not recur all licensed nurses were placed on the Executive Director and Director of Nursing Services Outlook Calendar with a reminder set at a month prior to expiration date of their license and another at 2 weeks prior to expiration date of their license. A licensure log has been created to check licensure monthly. ADP payroll software has been updated with all licensed staff license information as of 8/17/2023. This allows for reminders to be sent to the employee, administrator, DON, and Business office 60 days prior to expiration. A second notification comes from ADP at 30 days. Education was provided to all nurses on ensuring license is current and renewals are completed timely on 8/18/2023 by the</p>	

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F 839	<p>Continued From page 10</p> <p>practice nursing in Minnesota an individual must be licensed and currently registered. Your registration application has been processed and your registration has been renewed.</p> <p>Daily hours LPN-A worked were provided and reviewed 7/1/23, through 8/1/32. LPN-A was identified as working within the facility:</p> <p>-7/1/23, 2:06 p.m. to 10:18 p.m. worked 8 hours 20 minutes -7/2/23, 1:59 p.m. to 10:44 p.m. worked 8 hours 70 minutes -7/5/23, 1:43 p.m. to 11:30 p.m. worked 9 hours 80 minutes -7/6/23, 1:53 p.m to 10?28 p.m. worked 8 hours 60 minutes -7/10/23, 1:37 p.m. to 10:57 p.m. worked 9 hours 40 minutes -7/11/23, 1:44 p.m. to 5:00 p.m. worked 3 hours 30 minutes and 5:30 p.m. to 11:42 p.m. 5 hours 20 minutes -7/12/23, 7:58 a.m. to 2:31 p.m. worked 6 hours 50 minutes -7/14/23 ,1:49 p.m. to 11:27 p.m. worked 9 hours 70 minutes -7/15/23, 1:38 p.m. to 10:29 p.m. worked 5 hours 90 minutes -7/16/23, 1:40 p.m. to 10:40 p.m. worked 9 hours -7/18/23, 1:40 p.m. to 10:44 p.m. worked 9 hours -7/19/23, 1:37 p.m. to 11:38 p.m. worked 10 hours -7/20/23, 1:34 p.m. to 11:45 p.m. worked 10 hours 30 minutes -7/22/23, 1:44 a.m. to 6:34 a.m. worked 4 hours 90 minutes -7/24/23, 1:54 p.m. to 10:49 p.m. worked 8 hours 90 minutes -7/25/23, 1:52 p.m. to 5:30 p.m. worked 3 hours</p>	F 839	<p>Director of Nursing Services. The Director of Nursing Services and/or Designee will audit licensure log monthly to ensure continued compliance.</p> <p>3. As part of Prairie View Senior Living's ongoing commitment to quality assurance, the Director of Nursing Services and/or designee will report identified concerns through the community's QA Process.</p>	

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F 839	<p>Continued From page 11</p> <p>60 minutes and 6:00 p.m. to 10:25 p.m. 4 hours 4 minutes</p> <p>-7/27/23, 1:57 p.m. to 11:50 p.m. worked 9 ours 80 minutes</p> <p>-7/28/23, 1:55 p.m. to 11:18 p.m. worked 9 hours 40 minutes</p> <p>-7/29/23, 1:56 p.m. to 10:35 p.m. worked 3 hours 90 minutes</p> <p>-7/30/23, 1:45 p.m. to 10:56 p.m. worked 9 hours 10 minutes</p> <p>-8/1/23, 2:58 p.m. to 6:00 p.m. worked 3 hours</p> <p>LPN-A removed from work schedule from 8/2/23 through 8/10/23 and then returned to work on 8/11/23, 1:38 pm. to 10:41 p.m. worked hours 10 minutes.</p> <p>Review of nursing staff scheduled from 7/1/23 through 8/1/23, identified LPN-A scheduled as charge nurse 15 times on the following dates: 7/1/23, 7/2/23, 7/5/23, 7/6/23, 7/10/23, 7/14/23, 7/15/23, 7/16/23, 7/19/23, 7/20/23, 7/24/23, 7/27/23, 7/28/23, 7/28/23, and 8/1/23.</p> <p>During an interview on 8/16/23 at 1:44 p.m., RN-B stated the DON would be responsible to assure all nursing staff had an up to date and current licensure and should had not worked without it.</p> <p>During an interview on 8/16/23 at 5:05 p.m. LPN-A stated nursing license had expired on 6/30/23, and forgot to renew them. LPN-A confirmed she had worked from 7/1/23, until 7/28/23, as a licensed nurse without a current license. LPN-A also stated the director of nursing (DON) called her on 7/11/23, and informed her to renew her nursing license. LPN-A verified on 7/11/23, she had paid the \$106 fee to renew</p>	F 839		

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F 839	<p>Continued From page 12</p> <p>nursing license, and on 7/25/23, the DON called and asked why her nursing license was still expired. LPN-A stated called the Minnesota Board of Nursing (MNBON) on 7/25/23, and was informed she was required to provide proof of continuing education units (CEU's), verify employment and hours worked, and pay a fine of \$170 for working as a LPN without a current license. LPN-A stated she had understood once the renewal fee of \$106 had been paid on 7/11/23, her nursing license would have been reinstated, but had not received confirmation from the MNBON or checked for verification on the website. LPN-A stated she was allowed to work at the facility as a licensed practical nurse and charge nurse, completed nursing duties such as medication administration, insulin injections, nursing assessment and all other nursing duties from 7/1/23, through 7/28/23. LPN-A stated she had received a phone call from the administrator on 8/1/23, discussed the situation, and agreed should have been off work until my nursing license were reinstated.</p> <p>During an interview on 8/17/23 at 11:19 a.m. DON stated the facility was expected to have provided nursing coverage 24 hours a day with a nurse that had current licensure to ensure proper care of the residents. DON stated nursing staff would not be allowed to work when they had an expired nursing license. DON verified had been her responsibility to assure all nursing staff had current nursing license and was aware on date of hire LPN-A's nursing license expiration date was 6/30/23. DON indicted they later realized, not sure of date, LPN-A nurse's licensed had expired on 6/30/23. DON stated on 7/27/23, they called LPN-A and informed her she needed to renew her nursing license, and assisted her with the cost.</p>	F 839		

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F 839	<p>Continued From page 13</p> <p>DON received verification through her credit card it was paid and assumed LPN-A nursing license was renewed, however did not check the MNBON website. DON stated she returned to work the following Monday on 7/31/23, checked the MNBON website, and LPN-A's nursing license was listed as inactive so they assisted LPN-A to submit the required documents. DON verified LPN-A worked at the facility as a LPN from 7/1/23, through 7/31/23, without current nursing license. DON stated LPN-A was allowed to work as a TMA on 8/1/23, approximately 3 ½ hours then taken off the schedule until 8/11/23.</p> <p>During an interview on 8/17/23 at 12:33 p.m. administrator stated had been on vacation 8/3/23, through 8/15/23, but was made aware of LPN-A's expired nursing license on 8/1/23. Administrator verified the DON was made aware of LPN-A's expired nursing license on either 7/27/23, or 7/28/23. Administrator indicated he had worked on licensure tracking on 8/2/23, and a TMA had reported to him that day also LPN-A had been working with an expired nursing license. Administrator stated licensed nurses are not allowed to work until nursing license were renewed. Administrator indicated LPN-A was allowed to work on 7/27/23, 7/28/23, 7/29/23, and 7/30/23, after DON indicated she had received confirmation the license renewal was received. Administrator verified he had not received confirmation of the renewal prior to going on vacation on 8/3/23. Administrator indicated facility was required by Centers for Medicare and Medicaid Services (CMS) to have provided a licensed nurse with a current nursing license on every shift. Administrator stated the DON was responsible to have kept track of the licensed staff and expiration dates of each licensure.</p>	F 839		

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F 839	<p>Continued From page 14</p> <p>Administrator also stated would have expected DON to have notified him right away of this incident rather than wait.</p> <p>MNBON statues dated 2022, revealed every licensed practical nurse must maintain with the board a current registration for practice and renewed at regular intervals established by the board by rule. Any licensed person who failed to register within the period shall not be entitled to practice nursing in the state as a licensed practical nurse. A person whose registration had lapsed desiring to resume practice shall make application for registration , submit satisfactory evidence of compliance with the procedures and requirements established by the board, and pay the registration fee for the current period to the board. A penalty fee shall be required from a person who practiced nursing without current registration.</p> <p>Facility document titled LPN Essential Job Functions dated 3/2019, identified LPN was responsible for the overall direction, coordination, and evaluation of nursing care and services provided to residents under the direction of the DON while maintaining quality care that is consistent with company and regulatory standards in accordance with individual care plans. Abide by the facility's policies, procedures, and practices. Qualifications included valid state licensure as an LPN.</p> <p>Facility document titled Director of Nursing Services-Skilled Nursing Facility Essential Job Functions dated 2018, identified assist with hiring nursing staff and retain quality staff to carry out nursing care and services.</p>	F 839		

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F 839	Continued From page 15 Facility document titled Executive Director/Administration Essential Job Functions dated 2019, identified the administrator was expected to oversee and conduct regular rounds to monitor deliver of nursing care, monitor Human Resources to ensure compliance with employment laws, company policies, and to ensure practices maintain high morale, staff retention, including effective communication, prompt problem resolution, and a proactive work environment.	F 839		
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and</p>	F 880		8/23/23

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F 880	<p>Continued From page 16</p> <p>procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its</p>	F 880		

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F 880	<p>Continued From page 17</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review the facility failed to follow professional standards of practice during medication administration for 1 of 5 (R6) residents reviewed for medication administration.</p> <p>Findings include:</p> <p>R6's quarterly Minimum data set (MDS) dated 5/23/23, identified severely impaired cognition and no behaviors. R6 required extensive assistance for all activities of daily living and with transfers. R6's diagnosis was cerebral palsy (affects movement and muscle tone).</p> <p>R6's physician order dated 11/22/21, indicated Memantine HCL (hydrochloric acid) tablet five 10 milligrams (mg) by mouth in the evening for memory.</p> <p>During an observation on 8/16/23 at 4:22 p.m. license practical nurse (LPN)-A prepared R6's medications while she stood in the hallway in front of the medication cart. LPN-A punched the Memantine 10 mg tab out of the medication card and aimed for the medication cup but landed on the top of the medication cart. LPN-A picked up the pill with her bare hand and placed it into the medication cup along with two other medications Ascorbic Acid (supplement) and propranolol (decreases high blood pressure). LPN-A locked medication cart and computer screen, did not sanitize her hands, picked up the medication cup and walked into R6's room. LPN-A administered three pills with water to R6, washed hands at sink and exited room.</p>	F 880	<ol style="list-style-type: none"> 1. In continuing compliance with F 880, Infection Prevention & Control, Prairie View Senior Living corrected the deficiency by educating LPN-A on proper pill handling during medication administration for R6 and all like residents on 8/18/2023 by the Director of Nursing Services. 2. To correct the deficiency and to ensure the problem does not recur education was provided to the nurses and TMAs on proper pill handling during medication administration on 8/18/2023 by the Director of Nursing Services. The Director of Nursing Services and/or designee will audit medication pass for proper pill handling 3x/week for 4 weeks, 2x/week for 4 weeks, weekly x4 weeks and then randomly to ensure continued compliance. 3. As part of Prairie View Senior Living's ongoing commitment to quality assurance, the Social Service Designee and/or designee will report identified concerns through the community's QA Process. 	

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F 880	<p>Continued From page 18</p> <p>During an interview on 8/16/23 at 4:45 p.m. LPN-A verified she had dropped R6's pill onto the top of the medication cart when she tried to punch it out of the medication card and picked it up with her bare hand. LPN-A stated she placed the pill in the cup with the rest of the medications and administered all three pills to R6. LPN-A indicated the pill she had dropped should have been discarded and a new one removed from the medication card. LPN-A also stated she should not have used her bare hand to pick up the pill due to contamination and possibly getting the medication on her hand/skin.</p> <p>During an interview on 8/17/23 at 11:19 a.m. director of nursing (DON) stated she expected nursing staff to destroy any medication/pill dropped on the top of the medication cart and remove another one from the medication card. DON also stated she expected nursing staff to have placed gloves on to pick up the pill, placed in a medication cup, and place in the liquid medication destroyer located in the medication room. DON indicated the top of the medication cart was not sanitized every time resident medications were prepared and therefore would have been an infection control issue.</p> <p>During an interview on 8/17/23 at 1:48 p.m. pharmacist (P)-A stated staff should have worn gloves when a pill was handled or picked up. P-A also stated the pill dropped would have been considered dirty, should have been destroyed, and not administered to the resident.</p> <p>Facility policy titled Medication Administration dated 2006 indicated properly handing of medications should be completed in accordance</p>	F 880		

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F 880	Continued From page 19 with good nursing principles and practices. Prior to handling a tablet examination gloves must be worn to prevent touching the tablet.	F 880		