

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/17/2024
NAME OF PROVIDER OR SUPPLIER  Atkins Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  605 Northwest 7th Street Atkins, AR 72823	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interviews, and record review, it was determined that the facility failed to ensure dignity was maintained while performing Activities of Daily Living (ADL) for 1 resident (Resident #56) of 1 receiving incontinent care.</p> <p>Findings included:</p> <p>1. Review of a facility policy titled, Resident Rights, (not dated), indicated, Each resident has the right to be treated with consideration, respect and full recognition of dignity and individuality.</p> <p>Review of an admission Record, indicated Resident #56 was admitted with a diagnosis of dementia and anxiety disorder.</p> <p>The quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/8/2024 revealed Resident #56 had a Brief Interview for Mental Status (BIMS) score of 03, which indicated Resident #56 was moderately cognitively impaired.</p> <p>On 10/15/2024 at 07:14 AM, observed Certified Nursing Assistants #6 and #7 performing incontinent care on Resident #56 without pulling the privacy curtain.</p> <p>On 10/15/2024 at 9:50 AM, Certified Nursing Assistant (CNA) #6 was asked if the privacy curtain should have been pulled completely. CNA #6 stated the curtain should have been closed all the way.</p> <p>On 10/15/2024 at 9:55 AM, Certified Nursing Assistant (CNA) #7 was asked if the privacy curtain should have been pulled completely. CNA #6 stated the curtain should have been pulled to provide privacy.</p> <p>Review of Resident #56's care plan with a revision date of 06/21/2024 showed the resident had bowel incontinence and had limited physical mobility related to dementia. Interventions with revision date of 09/05/2024 included that the resident was dependent on 2 staff for transferring and toileting.</p> <p>During an interview on 10/15/2024 at 11:00 AM, the Director of Nursing (DON) was asked if the privacy curtain should have been pulled completely. She stated the curtain should have been pulled to ensure privacy and dignity were provided to the resident.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 045339	If continuation sheet Page 1 of 9

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record review, and document review, the facility failed to ensure a Significant Change in Status Minimum Data Set (MDS) comprehensive assessment was completed within 14 calendar days from the determination that a significant change has occurred for one (Resident #2) of one resident reviewed for assessments.</p> <p>The findings are:</p> <p>Upon review of the residents admission Record, it showed Resident #2 was admitted on [DATE], with a primary diagnosis of encephalitis (inflammation of the brain).</p> <p>The most recent quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 07/25/2024 documented the resident scored 03 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status.</p> <p>Upon review of Resident #2's (R#2) scanned documents, hospice care was ordered on 5/11/24.</p> <p>Upon review of all completed MDS assessments, R#2 did not have a significant change in status MDS comprehensive assessment completed within 14 calendar days following readmission on [DATE].</p> <p>On 10/16/2024 at 10:30 AM, interviewed the MDS Coordinator regarding the MDS and care plan for R#2. She confirmed she was aware R#2 was currently receiving hospice care and was aware this was a change that took place upon the readmission on [DATE]. During the interview, the MDS Coordinator was asked to review the completed MDS assessments. Upon review, she confirmed a significant change MDS was not completed within 14 calendar days following the resident's readmission to the facility with hospice care ordered on 5/11/2024. Upon review of the most recent care plan, last updated 8/24/2024, the MDS Coordinator confirmed R#2 was no longer taking an anticoagulant, montelukast (medication used to control asthma and inflammation in the lungs), mirtazapine (a medication used to treat depression), or hydrocodone (a medication used to treat pain), however the medications remained on the care plan. In addition, she confirmed the care plan does not contain any new interventions addressing that the resident was receiving hospice care provided by named hospice provider. Under the Activities of Daily Living (ADL) section of the care plan, the MDS Coordinator confirmed it does not address the level of care needed during mealtimes. When asked about the importance of completing a significant change in status MDS assessment, the MDS Coordinator confirmed the MDS and care plans guide everyone providing care to the resident, and if the information is incorrect, this could have a negative impact on the resident.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, record review, and document review, it was determined the facility failed to develop and implement a comprehensive person-centered care plan to reflect the resident's needs, and failed to ensure it was accurate to represent the resident's current health status for one resident (Resident #2) of one resident reviewed for comprehensive care plans.</p> <p>The findings are:</p> <p>On 10/14/2024 at 12:55 PM, observed Resident #2 (R#2) sitting in a geriatric chair in the designated dayroom/dining area for the memory unit with Certified Nursing Assistant (CNA) #10 assisting R#2 with lunch. CNA #10 continued to offer each bite of food, and each drink of fluid to R#2. After the meal, CNA #10 was interviewed regarding care for R#2. When asked how much assistance R#2 requires for during meals and for fluids, and she confirmed R#2 requires full assistance with all food and drinks.</p> <p>Upon review of the residents admission Record, it showed Resident #2 (R#2) was admitted on [DATE] with a primary diagnosis of encephalitis (inflammation of the brain).</p> <p>Upon review of Resident #2's scanned documents, R#2 was readmitted to the facility on [DATE] with a significant change where hospice care orders were completed on 5/11/2024.</p> <p>The most recent quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 07/25/2024 documented the resident scored 03 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status. Under section GG regarding eating, it is documented R#2 requires Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity, however the care plan last updated 08/21/2024 does not address the assistance required for meals or fluids for R#2.</p> <p>The current level of care needed for R#2 is fully dependent on staff for eating meals and drinking fluids per staff interview and observations. Upon further review of the resident's physician orders and the care plan, the diet ordered stated: Regular diet, Mechanical Soft texture, Regular consistency.</p> <p>The diet in the care plan stated: Regular diet, Pureed texture, Regular consistency.</p> <p>There is a discrepancy between the orders and the care plan not stating the same diet. Confirmed with dietary staff that R #2 is receiving a Regular diet, Mechanical Soft texture, Regular consistency.</p> <p>Interviewed the MDS Coordinator on 10/16/2024 at 10:30 AM regarding R #2 and the MDS assessments and care plans. She confirmed she was aware R #2 is currently receiving hospice care and was aware this was a change that took place upon the readmission on [DATE]. During the interview, the MDS Coordinator was asked to review the completed MDS assessments. Upon review, she confirmed a significant change MDS was not completed within 14 calendar days following the resident's readmission to the facility with hospice care ordered on 5/11/2024. Upon review of the most recent care plan last updated 8/24/2024, the MDS Coordinator confirmed R#2's medications had changed, and the resident was no longer</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>taking an anticoagulant, montelukast (a medication used to control asthma and inflammation in the lungs), mirtazapine (a medication used to treat depression), or hydrocodone (a medication used to control pain), however the medications remain on the care plan. The care plan did not include atropine (a medication used to control secretions) as a current medication which is ordered for this resident. In addition, she confirmed, under the Activities of Daily Living section of the care plan did not address the level of care needed during mealtimes. The MDS Coordinator confirmed the care plan did not address the changes regarding the significant change in status including new interventions related to hospice care. When asked about the importance of completing a significant change in status MDS assessment, the MDS Coordinator confirmed the MDS and care plans guide everyone providing care to the resident and if the information is incorrect, this could have a negative impact on the resident.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure lint traps for two of two dryers located in the facility laundry room were cleaned to prevent the potential for fire hazard.</p> <p>The findings are:</p> <p>During a tour of the facility laundry room on 10/16/2024 at 9:04 AM, two clothing dryers used to launder resident clothing were observed. The Housekeeping/Laundry Supervisor was asked to provide the surveyor with access to the dryer's lint traps. The lint trap of one dryer was found to contain what appeared to be five white pieces of paper, a dryer sheet, and a buildup of lint. The lint trap of the second dryer contained what appeared to be ten dryer sheets and a buildup of lint.</p> <p>During an interview on 10/16/24 at 9:04 AM, the Housekeeper/Laundry Supervisor explained that the lint area of dryers are cleaned every hour. Upon further observation of the dryer lint traps, it appeared to not be cleaned recently in either dryer. The Housekeeper/Laundry Supervisor explained that laundry was told to clean the lint screens every hour instead of every two hours as described on the schedule. Last time Housekeeper #12 verbalized cleaning the dryer lint traps was 7:40 am.</p> <p>A document titled, Lint Cleaning Schedule for the month of October was reviewed on 10/16/24 and revealed that it was signed off as being last cleaned at 6:00 AM.</p> <p>During an interview on 10/16/2024 at 9:45AM, the Housekeeper/Laundry Supervisor and Housekeeper #12 stated that they dried three or four loads of laundry between 6:00AM-9:00AM.</p> <p>On 10/17/2024 the Administrator provided two documents:</p> <p>a. A Laundry Cleaning Schedule which indicated that staff should clean the lint under the dryer with each use.</p> <p>b. A Lint Log Sheet that indicated the lint trap should be emptied after each load of laundry dried.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, record review, and interview, the facility failed to ensure hot foods were served hot to maintain palatability and encourage adequate nutritional intake for 1 of 2 meals observed.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On 10/14/24 at 11:12AM, Resident #51 stated food is cold when served.</li> <li>2. On 10/15/24 at 8:11 AM, a food cart that contained 8 meal trays for breakfast was delivered to the 500 Hall by Certified Nursing Assistant (CNA) #3. At 8:22 PM, the temperature of the food items on the last resident tray, was taken and read by the District Dietary Manager. The temperatures were as follows:             <ol style="list-style-type: none"> <li>a. Scrambled eggs - 98 degrees Fahrenheit.</li> <li>b. Sausage - 84 degrees Fahrenheit.</li> <li>c. Pan cake - 100 degrees Fahrenheit.</li> <li>d. Gravy - 102 degrees Fahrenheit.</li> </ol> </li> <li>3. On 10/15/24 at 8:11 AM, the first breakfast meal tray for the 300 Hall was placed in an unheated food cart in the hall outside the kitchen window by Certified Nursing Assistant (CNA) #4, who left it open while loading the meal trays. When the staff began removing the meal trays, there were 7 trays in the food cart to be delivered to the residents who ate in their rooms. At 8:21 AM, Certified Nursing Assistant (CNA) #5 delivered the same unheated food cart with 3 remaining breakfast trays in it to the 300Hall. At 8:29 AM, the temperature of the food items on the test tray after the last residents was served in their room was taken and read by the District Dietary Manager. The temperatures were as follows:             <ol style="list-style-type: none"> <li>a. Sausage - 80 degrees Fahrenheit. The District Dietary Manager stated it was just warm.</li> <li>b. Scrambled eggs - 112 degrees Fahrenheit.</li> <li>c. Pureed oatmeal - 110 degrees Fahrenheit.</li> <li>d. Pureed eggs - 110 degrees Fahrenheit.</li> <li>e. Pureed sausage - 114 degrees Fahrenheit.</li> </ol> </li> <li>4. On 10/15/24 at 11:52 AM, when asked during an interview Certified Nursing Assistant #4 who loaded the breakfast meal trays into the food cart stated he was instructed to leave the food cart open during the loading process. CNA #4 stated that leaving it open while loading would cause the food to cool down.</li> </ol>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure dietary employees washed their hands or changed gloves before handling food items and clean equipment when contaminated; expired food products were promptly removed/discarded on or before the expiration or use by date to prevent the growth of bacteria.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. On 10/14/24 at 9:42 AM, Dietary [NAME] (DC) #1 wore gloves on her hands while using scissors to cut open a bag of shredded cheese which contaminated the gloves. Without washing her hands, she removed shredded cheese from the bag and sprinkled it on top of enchiladas to be baked and served to the residents for lunch.</li> <li>2. On 10/14/24 at 9:52 AM, an opened box of fish was on a shelf in the walk-in refrigerator. The box was not covered or sealed</li> <li>3. On 10/14/24 at 9:56 AM, the following observations were made in the storage room:             <ol style="list-style-type: none"> <li>a. One box with 24 count of probiotics drink, was on a shelf with an expiration date of 10/6/2024.</li> <li>b. On bag of butter fingers was on a shelf with an expiration date of 6/19/2024.</li> <li>c. One bag of hamburger buns was on the bread rack in the storage room with an expiration date of 10/12/2024.</li> </ol> </li> <li>4. On 10/14/24 at 10:28 AM, the following observations were made in the kitchen cabinet:             <ol style="list-style-type: none"> <li>a. One container of whole celery with an expiration date of 9/18/2024.</li> <li>b. One container of sage rub with an expiration date of or 9/19/2024.</li> </ol> </li> </ol> <p>On 10/14/24 at 11:04 AM, the following observations were made on a shelf in the refrigerator:</p> <ol style="list-style-type: none"> <li>a. An opened bottle of chicken sauce. There was no open date on the bottle.</li> <li>b. An opened bottle of nutritional drink. There was no received date or name listed on it.</li> <li>c. An opened cup of vanilla ice cream with a straw in it. The cup was not covered.</li> <li>d. An opened container of sherbet was in the freezer. The sherbet appeared discolored. The Dietary Manager stated it had thawed and refrozen, with all the layers of the sherbet mixed as one shade.</li> </ol> <p>5. On 10/15/24 at 07:19 AM, Dietary Aide (DA) #2 picked up a rag from the counter with food stains on it and dried inside a pan. Without washing his hands, DA #2 attached a clean blade at the base of the blender to be used in pureeing food items to be served to the residents. DA #2 stated he should have washed his hands.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. A review of facility policy titled, Handwashing and Glove Usage in Food service, initiated 2016, provided by the Dietary Manager on 10/15/2024 indicated employees must wash their hands after starting work and after touching dirty equipment.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff followed Enhanced Barrier Precautions to reduce the potential risk of infection for 1 (Resident #41) sampled resident who was reviewed for Enhanced Barrier Precautions.</p> <p>The findings are:</p> <p>Review of the admission Record revealed Resident #41 was admitted with a diagnosis of pressure ulcer of right heel, stage 3 (Stage 3 pressure ulcers involve full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle is not exposed).</p> <p>The quarterly 5 day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/13/2024 revealed Resident #41 had a Brief Interview for Mental Status (BIMS) score of 01, which indicated the resident had severe cognitive impairment.</p> <p>Review of Resident #41's care plan, completed 8/21/2024, revealed the resident had a stage 3 pressure ulcer to the right foot. Interventions included but were not limited to: Low Air Loss Mattress to bed for pressure relief as tolerated. Ensure functional and operational and encourage good nutrition and hydration in order to promote healthier skin.</p> <p>Review of Resident #41's physicians orders revealed the resident was on Enhanced Barrier Precautions related to wound to right heel and coccyx start date of 9/27/24.</p> <p>Review of the CMS (Centers for Medicare &amp; Medicaid Services) Center for Clinical Standards and Quality/Quality, Safety and Oversight Group Memorandum, Subject, Enhanced Barrier Precautions [EBP] in Nursing Homes. provided by the Administrator revealed on page 1 that EBP recommendations now include use of EBP for residents with chronic wounds and on Page 3 Chronic wounds include, but are not limited to, pressure ulcers.</p> <p>During an observation on 10/14/2024 at 11:30 AM CNA #8 and CNA #9 witnessed incontinent care and a transfer with a lift. No PPE (Personal Protective Equipment) was used during incontinent care or transfer of Resident #41.</p> <p>During an interview on 10/14/2024 at 12:26 PM CNA #9 stated, Wound is healed up on resident's bottom so no longer on barrier precaution.</p> <p>During an interview on 10/16/24 at 11:06 AM the Wound Consultant and the Treatment Nurse were asked if the pressure ulcer of the right heel of Resident #41 was considered current with treatment. The Wound Consultant and the Treatment Nurse stated yes, and that the resident would be under enhanced barrier precaution and that PPE (personal protective equipment) was in the room for staff to use.</p>