

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/29/2021	
NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE				STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546			
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F0000 SS=	<p>INITIAL COMMENTS</p> <p>SKLD Beltline was surveyed for a combined recertification & abbreviated survey from 7/26/21 -7/29/21.</p> <p>Intakes included: MI0000120101, MI0000120957, MI0000120683, MI0000120307.</p> <p>Census: 144</p>		F0000				
F0656 SS= D	<p>Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The</p>		F0656	<p>Care plans for resident #35 was reviewed and updated as needed.</p> <p>The facility has determined that residents residing in the facility receiving an anti-coagulant are at risk to be affected. Residents on an anticoagulant have been reviewed to ensure an appropriate care plan is in place.</p> <p>All interdisciplinary care plan team members responsible for writing care plans have been educated on the facility's policy and procedure for developing Comprehensive Care Plans. Staff who have not received the education by August 18, 2021, will be removed from the schedule until the education is completed.</p> <p>The Director of Nursing, or designee, will complete 5 resident audits of anticoagulant care plans weekly times 4 then monthly thereafter for 3 months. Audit records will be reviewed by the Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee.</p> <p>Audit records will be reviewed by the Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee.</p>		8/18/2021	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/11/2021

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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	<p>resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to develop an initial care plan for 1 of 29 residents (Resident #35) reviewed for care plans resulting in the potential for residents to attain or maintain their highest practicable physical, mental, and psychosocial well-being.</p> <p>Findings include:</p> <p>Review of the Face Sheet revealed Resident #35 was a female admitted to the facility in 2021 and diagnosed with atrial fibrillation (an irregular heart beat).</p> <p>Review of the MDS dated 7/14/21 revealed Resident #35 had a brief interview for mental status (BIMS) score of 15 out of 15 which indicated she was cognitively intact. The MDS further revealed Resident #35 had received an "Anticoagulant" for "7" days during the look back period for the MDS.</p> <p>Review of the Physician's Orders dated 7/2021 revealed Resident #35 was ordered to be given "Apixaban (blood thinning medication/anticoagulant)" for atrial fibrillation.</p>		<p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 08/18/2021 and for sustained compliance thereafter.</p>		

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F0761 SS= E	<p>Review of the care plans revealed no care plan for blood thinner or anticoagulant for Resident #35.</p> <p>During an interview on 07/29/21 at 01:07 PM, Director of Nursing (DON) "B" stated, "yes" Resident #35 should have had a care plan for anticoagulants and "no it (care plan) was not" in place.</p> <p>Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to MI00120307.</p> <p>Based on observation, interview and record review the facility failed to label, date and</p>	F0761	<p>Medication storage areas have been audited and cleaned out as needed, medications were checked for proper storage and labeling. The facility has determined there is a total of 12 medication carts and 5 med rooms that could be affected. Medication storage areas have been audited and items out of compliance have been removed to ensure compliance with labeling, storage and cleanliness.</p> <p>The Director of Nursing and nursing leadership team will educate all licensed nurses on medication labeling, storage, and drug administration. Staff who have not received the education by August 18, 2021, will be removed from the schedule until the education has been completed. DON/designee will randomly audit 5 medication carts/ Medication rooms weekly times 4 weeks and then monthly thereafter times 3 months to ensure adherence to medication administration, and storage policy. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 08/18/2021 and for sustained compliance thereafter.</p>		8/18/2021

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	<p>adequately store medications in 6 of 6 medication administration carts and 1 of 3 medication storage rooms resulting in the potential for decreased efficacy of medications and potential diversion of medications.</p> <p>Findings include:</p> <p>Review of the Policy "Insulin Administration" dated 6/21/17 revealed, "Insulin is a high risk drug and warrants additional precautions for the safe and effective administration." The Policy further revealed staff were to "Ensure that the opened date is documented on the vial or pen" of insulin.</p> <p>Review of the Policy "Medication Administration" dated 7/11/18 revealed, "Medications labeled for individual residents are stored separately from floor stock medications.</p> <p>During an observation on 07/26/21 at 07:42 AM, the 300 hall medication cart was noted with Licensed Practical Nurse (LPN) "L". Observed in the medication cart was a "Ergocalciferol oral solution (water soluble vitamin) with no open date on the bottle, a "Ventolin (breathing medication)" inhaler with no open date, a "Proair (breathing medication)" inhaler with no open date and an "Albuterol (breathing medication) inhaler with no open date on the inhaler.</p> <p>During an interview on 07/26/21 at 07:42 AM LPN "L" stated medications needed open "...dates on them"</p> <p>During an observation 07/26/21 at 08:19 AM, the "station 3" 600 hall medication cart was noted with LPN "U." Observed in the medication cart was an "artificial tears" dropper with no open date on the bottle, a "Polymyxin B sulfate (an opthalmic solution)" eye dropper with no open</p>				

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	<p>date on the bottle, "Dorzolamide (eye medication)" eye drop bottle with no open date on the bottle. Also observed was a "Lantus" (type of insulin) solostar insulin pen with no open date on the insulin, "Basaglar (type of insulin)" insulin pen with no open date on the pen, a "Ventolin" inhaler with no open date on the inhaler and a "Fluticasone (nasal medication)" nasal spray with no open date on the bottle.</p> <p>During an interview on 07/26/21 at 08:19 AM, LPN "U" stated, "there should be" an open date on all medications in the cart.</p> <p>During an observation on 07/26/21 at 09:08 AM, the 100 hall "station 1" medication cart "3" was noted with LPN "S". Observed in the medication cart was a "Humalog kwikpen (insulin pen) with no legible date on the insulin, a "Lantus" insulin pen with no open date on the insulin pen and a "Brinomidine ophthalmic solution with no open date on the bottle.</p> <p>During an interview on 07/26/21 at 09:08 AM, LPN "S" observed the "Humalog kwikpen and stated, "it's (the open date) faded" and "I don't know if I'm reading it up or down (indicated date not legible)". LPN "S" stated the "Lantus" insulin pen had "not yet" been used and the insulin pen "...should have been " in the refrigerator and medications "should" have "an open date."</p> <p>During an observation on 07/28/21 at 08:04 AM, the 400 hall medication cart "1" was noted with with LPN "X". Observed in the medication cart was noted with two (2) "Novolog (insulin) flexpen with no opened date, "Humalog" quikpen with no open date on the insulin and "Bassaglar" quikpen with no open date on the insulin.</p> <p>During an interview on 07/28/21 at 08:04 AM, LPN "X" stated, "there should have been" an</p>						

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	<p>open date on the insulin pens.</p> <p>During an observation on 07/28/21 at 08:10 AM, the 400 hall medication cart "2" was noted with LPN "X". Observed in the medication cart was a "Humalog" kwik pen with no open date on the pen, a "Lantus" solostar with no open date on the pen, a "Novolog" insulin pen with no open date.</p> <p>During an interview on 07/28/21 at 08:10 AM, LPN "X" stated insulin pens were to have "a date on" the insulin when opened.</p> <p>During an observation on 07/28/21 at 10:09 AM, the 700 hall medication cart "1" was noted with LPN "Z". Observed in the medication cart was a "Humalog kwikpen" with no open date on the pen, an "Ozempic (medication used to control blood sugar)" injection pen with no open date.</p> <p>During an interview on 07/28/21 at 10:09 AM, LPN "Z" observed the insulin pen and stated, "there's no date on" the insulin pen and observed the "Ozempic" injection and stated, "this one (Ozempic) looks unused." and "should be in the fridge (refrigerator)".</p> <p>Review of the Policy "Medication Administration" dated 7/11/18 revealed, "Except for those requiring refrigeration, medications intended for internal use are stored in a medication cart or other designated area."</p> <p>During an observation on 07/28/21 at 03:17 PM the "sub station 3" medication room was noted with Registered Nurse (RN) "AA." Observed in the cupboard was an un-opened bottle of "Atropine sulfate ophthalmic (prescription eye medication) solution 1%".</p> <p>During an interview on 07/28/21 at 03:17 PM, RN "AA" stated she was not "...sure why that's</p>						

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F0812 SS= F	<p>(prescription medication) out, that is a prescription medication" and should be kept in a medication cart.</p> <p>During an observation on 07/29/21 at 08:51 AM, Director of Nursing (DON) "B" stated, "we (facility) date" the insulin pen because the facility did not "...want to use" an insulin pen "after it's (medication, insulin) expired". DON "B" stated insulin medications were to be dated because without an open date the facility "...can't ensure the effectiveness of the medication". DON "B" stated medication were to have "the name of the resident" on every medication and this was so "...only (a medication was) used for that person for infection control reasons".</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i) (1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i) (2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to: 1. Rapidly cool down potentially hazardous foods; and 2. Properly</p>	F0812	<p>Dietary Cooks were immediately educated on the Hazard Analysis of Critical Control Point (HACCP) process to rapidly cool down potentially hazardous foods. Pantries noted were audited for cleanliness, proper food labeling, and storage. Administrator/ Designee will education all staff on pantry cleanliness, labeling, and food storage. Staff who have not received the education by August 18, 2021, will be removed from the schedule until the education has been completed. Administrator/ Designee will randomly audit HACCP cool logs 1 weekly for 4 weeks then monthly thereafter times 3 months to ensure adherence to proper cool down procedure. Administrator/ Designee will randomly audit 3 pantries weekly for 4 weeks then monthly thereafter times 3 months to ensure cleanliness of pantries, food is labeled properly, and food is being discarded in a timely manner. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p>	8/18/2021	

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	<p>maintain and clean pantry areas. These conditions resulted in an increased risk of contaminated foods and an increased risk of food borne illness that affected 142 residents who consume food from the kitchen.</p> <p>Findings Include:</p> <p>1. During an initial tour of the kitchen, at 8:22 AM on 7/26/21, an interview with Certified Dietary Manager (CDM) "MM" found that ground beef was cooling in the walk-in cooler from being cooked off this morning, when asked what this product was going to be used for, CDM "MM" stated, "Tacos for lunch tomorrow". At this time, the ground beef was found in a full six-inch-deep chafing dish with the top wrapped in saran wrap and tin foil with a small portion of the left corner pulled back for ventilation. Review of the cooling log found that the ground beef was at 155F at 5:00AM, 100F at 7:00 AM, and 70F at 8:00 AM. After reading the cooling log, the surveyor and CDM "MM", went back into the walk-in cooler to take a temperature of the ground beef. Once the tin foil and saran wrapped was pulled back, it was observed that no stirring had taken place within the product, and the product was lying flat in the pan. Using a Thermopen digital thermometer, the surveyor found the warmest spots of the ground beef to be between 105F and 110F. When asked what was going to happen to the product, CDM "MM" stated she was going to throw it out.</p> <p>A further review of the cooling log, at 8:28 AM on 7/26/21, found that roast pork, that was cooked the previous day, was found improperly cooled according to the cooling log. The log states the final cooking temperature for the roast pork was 145F at 9:00AM, then the product was 100F at 11:00 AM, 70F at 1:00 PM, and 41F by 3:00 PM. At this time, the surveyor asked CDM</p>		<p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 08/18/2021 and for sustained compliance thereafter.</p>		

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	<p>"MM", what meal the roast pork was supposed to be used for, CDM "MM" stated the pork was for dinner tomorrow. When asked what was going to happen with the roast pork, CDM "MM" stated, it was going to be thrown out.</p> <p>A review of the facilities HACCP Cooling Log Instructions, dated 2019, found that "The supervisor of food operation will verify proper cooling procedures by routinely monitoring work activity and reviewing this log" and that staff "must demonstrate that the temperature ... - Has moved from 140F to 70F within 2 hours..."</p> <p>According to the 2013 FDA Food Code section 3-501.14 Cooling."(A) Cooked TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled: (1) Within 2 hours from 57°C (135°F) to 21°C (70°F); and (2) Within a total of 6 hours from 57°C (135°F) to 5°C (41°F) or less."</p> <p>According to the 2013 FDA Food Code section 3-501.15 Cooling Methods. "(A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under § 3-501.14 by using one or more of the following methods based on the type of FOOD being cooled: (1) Placing the FOOD in shallow pans; (2) Separating the FOOD into smaller or thinner portions; (3) Using rapid cooling EQUIPMENT; (4) Stirring the FOOD in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods ..."</p> <p>2. An initial review of the Med-Bridge pantry area with CDM "MM", at 9:00 AM on 7/26/21, found brown and orange staining on the inside of the refrigeration unit. When asked who takes care of the pantry area, CDM "MM" stated that, "housekeeping does the cleaning and temps" of</p>				

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	<p>the refrigeration units.</p> <p>An initial review of the Station one pantry, at 9:06 AM on 7/26/21, found brown ice cream staining on the inside door of the freezer.</p> <p>An initial review of the Station three pantry, at 9:11 AM on 7/26/21, found an assortment of paper trash, cup lids, napkins, pepper, and sugar packets on the floor of the pantry. Inside the refrigeration unit was heavy orange and brown juice staining on the bottom shelf and drawers of the unit, a container of soup dated 7/18, a ham sandwich dated 7/21 to 7/23, and a container of spaghetti and a container of soup found in the bottom left drawer with no name or dates. When asked who is in charge of discarding out of date food in the pantry units CDM "MM" stated, "Housekeepers go through it".</p> <p>An initial review of the Station two pantry, at 9:18 AM on 7/26/21, found red and orange staining from juice spilling on the bottom shelf and left bottom drawer of the refrigeration unit. It was also observed that leftover pizza was found with no date, BBQ wings with no name or date, an open container of tex-dip with no name or date, and an open container of sliced ham dated 7/11.</p> <p>A review of the Pantry Refrigerator and Freezers, "Storage of Food" policy, undated, taped to pantry refrigeration units, states that "All food items can only be stored for a maximum of 7 days at 41 degrees or lower in the refrigerator." The policy goes on to state, "Any food/beverage items found not to have a name or date on them will be discarded. Food items found in the refrigerator after the 7th day will be discarded."</p> <p>According to the 2013 FDA Food Code section 3-501.18 Ready-to-Eat, Time/Temperature Control</p>						

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	<p>for Safety Food, Disposition. "(A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is appropriately marked with a date or day that exceeds a temperature and time combination as specified in 3-501.17(A) ..."</p> <p>According to the 2013 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. "(A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris."</p> <p>In an observation on 7/28/21 at 1:11 PM., noted a refrigerator in the physical therapy department inside was a boxed pizza with no date or label. Noted 2 storage dishes with an unidentifiable food items, a covered dish of tuna salad and a covered dish of salmon dish, none of these dishes had a label or date on them. In the refrigerator there was no thermometer.</p>				
F0880 SS= E	<p>Infection Prevention & Control §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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control</p>	F0880	<p>The facility staff were immediately educated on proper PPE and overall cleanliness of resident areas. Resident #96, and rooms of current residents residing on the 600 unit have been deep cleaned, all shared medical equipment have been deep cleaned, as well as other resident common areas. All resident's linen have been audited and changed out. Resident #140 was observed in hallway without mask on all residents with a</p>		8/18/2021

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	<p>program (IPCP) that must include, at a minimum, the following elements: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>		<p>BIMS 13 and higher to be educated on importance of wearing a mask. Residents with a BIMS 12 and lower will be evaluated for mask compliance and monitored by staff for compliance.</p> <p>Current residents residing on the 600 unit and through the facility have a potential to be affected.</p> <p>Housekeeping cleaning schedules have been audited and adjusted as needed, deep cleaning have been completed in noted facility areas. A linen inventory audit has been completed to ensure facility is stocked with proper linen counts. Disinfectant units have been added to wall kiosks to ensure staff have proper access to cleaning supplies.</p> <p>The Director of Nursing and interdisciplinary team will educate all facility staff on the transmission-based precautions policy with an emphasis on wearing appropriate PPE, and standard infection control practices. Staff who have not received the education by August 18, 2021, will be removed from the schedule until the education has been completed.</p> <p>DON/Designee will randomly observe 5 staff members weekly times 4 weeks and then monthly thereafter times 3 months to ensure adherence to transmission-based precautions, specifically the appropriate utilization of PPE.</p> <p>DON/Designee will randomly interview 5 residents weekly times 4 weeks and then monthly thereafter times 3 months to ensure residents are satisfied with cleanliness.</p> <p>Administrator/Designee will randomly audit 2 shower rooms and 5 resident rooms weekly</p>		

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	<p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to MI00120307.</p> <p>Based on observation, interview, and record review the facility failed to: 1.) clean/sanitize resident shared equipment, bath & shower rooms, linen closets, commonly used areas of the facility, high touch surfaces, and resident rooms and 2.) ensure residents wore Personal Protective Equipment (PPE) while in the observation unit, resulting in the potential for bacterial harborage, cross-contamination, and the spread of disease to a vulnerable population.</p> <p>Findings include:</p> <p>Review of a facility "Policy & Procedure" dated 7/11/18 revealed : "Resident-Care Equipment</p> <p>A. Handle used resident-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of other microorganisms to other residents and environments.</p> <p>B. Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned and reprocessed and single use items are properly</p> <p>Environmental Control</p> <p>A. Ensure that environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces are appropriately cleaned.</p>		<p>times 4 weeks and then monthly thereafter times 3 months to ensure adherence to overall cleanliness & ensure proper working condition.</p> <p>Administrator/Designee will randomly audit 5 random residents in the hallway weekly times 4 weeks and then monthly thereafter times 3 months to ensure compliance and safety for residents.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 08/18/2021 and for sustained compliance thereafter.</p>		

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	<p>Linen</p> <p>A. Handle, transport, and process used linen soiled with blood, body fluids, secretions, excretions in a manner that prevents skin and mucous membrane exposures."</p> <p>In an observation on 7/26/21 at 7:34 AM., observed a sit to stand on the 700 unit the base was visibly soiled with food crumbs, dust and debris.</p> <p>In an observation on 7/26/21 at 7:45 AM., observed room 625 floors to be heavily soiled with food crumbs, wrappers, dust, and debris. The room had a strong odor of urine during initial tour of the room and bathroom. Both privacy curtains in the room were visibly soiled with numerous stains in various areas.</p> <p>In an observation on 7/26/21 at 7:52 AM., observed a vitals machine near the nurse's station and room 622. The base of the machine was visibly soiled with dust and debris, and a paper wrapper. The finger probe was soiled with dirt and grime in the crevasses.</p> <p>In an observation/interview on 7/26/21 at 7:53 AM., observed Laundry Attendant (LA) "EE" wearing his mask down around chin. LA "EE" walked down the hall, into the soiled utility room, and then out of soiled utility room. LA "EE" reported he had it down because he forgot to put it back up after getting some fresh air. LA "EE's" mask was cloth, LA "EE" pulled a crinkled up surgical mask from his pocket but did not put the surgical mask on. LA "EE" reported he was not sure if he could wear the cloth mask, or needed to put on the surgical mask.</p> <p>In an observation on 7/26/21 at 8:03 AM.,</p>				

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	<p>observed room 618 floors to be heavily soiled with food crumbs, wrappers, dust, and debris. The room had a strong odor of urine during initial tour of the room and bathroom. The window privacy shade was pulled down and was visibly soiled in various area with dried spillage, stains, and overall soiled appearance.</p> <p>In an observation on 7/26/21 at 8:12 AM., observed room 614 a strong smell of urine was noted from outside the door on initial tour. The floor was heavily soiled with straws, straw wrappers, food crumbs, dust and debris. The floor was sticky when this surveyor toured the room.</p> <p>In an observation on 7/26/21 at 8:24 AM., observed room 612 floor to be heavily soiled with food crumbs, dust, debris, and overall sticky substances dried on, stuck on. The privacy curtains were visibly soiled, and not attached to the tracks.</p> <p>In an observation on 7/26/21 at 8:36 AM., observed room 609 floor to be heavily soiled with food crumbs, dust, debris, wrappers, and an overall stickiness while touring the room and bathroom. A strong smell of urine was also noted in the room. The privacy curtains were visibly soiled, and not attached to the tracks.</p> <p>In an observation on 7/26/21 at 8:39 AM., noted a vitals machine on the 600 hall near room 606 the base of the machine was soiled, the handle to the basket on the front of the machine had a smudge of a dark red/rust color smear on it. The finger probe was visibly soiled in the crevasses with grime, and there was a dried red substance on the outer area of the finger probe.</p> <p>In an observation on 7/26/21 at 8:41 AM., observed a hoier lift near room 205 the base was soiled with a dark brown dried substance.</p>				

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	<p>In an observation on 7/26/21 at 10:37 AM., observed a vitals machine parked next to the medication room near the west end nurse's station. The finger probe was heavily soiled with stuck on dried substance on the outer area, and in the crevasses of the probe. The base and handle were also noted to be visibly soiled.</p> <p>In an observation on 7/26/21 at 10:50 AM., observed a sit to stand lift parked next to room 604. The base of the lift was soiled with food crumbs, the knee area (where residents stabilize their legs) was noted to be soiled with dried stuck on substance.</p> <p>In an observation on 7/26/21 at 10:57 AM., observed a vitals machine next to room 602. The base of the machine was heavily soiled with dust and debris, the finger probe was heavily soiled on the inside, as well as in the crevasses with dried crusted substance.</p> <p>In an observation on 7/26/21 at 11:18 AM., observed a computer screen (CNA charting area) in the west dining room which was heavily soiled with grimy fingerprints.</p> <p>In an observation on 7/26/21 at 11:20 AM., observed a computer screen on the wall near room 616 which was heavily soiled with grimy fingerprints.</p> <p>In an observation on 7/26/21 at 11:22 AM., observed a sit to stand lift parked near room 622. The base of the lift was soiled with dust and debris, the knee area was noted to have a dried red substance on it.</p> <p>In an observation on 7/26/21 at 11:28 AM., observed a "treatment cart" parked outside room 622. The top of the cart was visibly soiled, with dust and debris. The drawers were noted to be</p>				

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	<p>soiled with grime in various areas of the front of the cart.</p> <p>In an observation on 7/26/21 at 11:31 AM., observed in the "lounge" near room 705 the public/resident phone was visibly soiled on the handle, the earpiece, and mouth area. The buttons to dial out and the base of the phone were noted to be visibly soiled with grime. The 2 computer keyboards were both noted to be visibly soiled, in between and on the keys.</p> <p>In an observation on 7/26/21 at 11:40 AM., observed a water fountain near room 710. The water fountain worked, and water came out from the mouth dispenser. The basin and drain, were noted to have a heavy accumulation of a dried white substance on them.</p> <p>In an observation on 7/26/21 at 11:45 AM., noted 2 soiled linen carts parked near room 311, and the soiled utility room. One of the carts was full of soiled linen, the frame, base and top of the cart were noted to be heavily soiled with dirt, dust, and debris. The based underneath the cart with the green mesh bag was heavily soiled with an accumulation of dried, spillage. The 2nd cart with a blue mesh was noted to be soiled on the frame, base and had coffee stains on the top of the cart.</p> <p>In an observation on 7/26/21 at 11:50 AM., noted the front desk (main station) puzzle table was visibly soiled with coffee spillage stains, dust and debris. Noted coloring markers were strewn about the table and didn't have a clean/dirty cup or any sanitizing wipes on or near the table for used markers to go in. There were pieces of coloring book pages laying on the table halfway colored, crossword puzzle pages with some completed. The table had an overall messy, unorganized, and unsanitary appearance.</p>				

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	<p>In an observation on 7/26/21 at 11:55 AM., noted a hooyer lift parked outside room 205. The handlebars were noted to have dried crusted substance in various areas of the handle. The base of the lift had a "glob" of a brown, dried, crusted splatter on it.</p> <p>In an observation on 7/26/2 at 12:00 PM., noted on the wall next to room 215 a computer screen which was heavily soiled with grimy fingerprints all over the screen.</p> <p>In an observation on 7/27/21 at 10:33 AM., noted a vitals machine parked outside room 713. The base was visibly soiled and had a dirty piece of paper on it. The finger probe was visibly soiled on the outside and inside with a crusted substance.</p> <p>In an observation on 7/27/21 at 10:40 AM., observed a computer screen on the wall outside of room 711, the screen was heavily soiled with fingerprints and a stuck-on substance in the upper left corner of the screen.</p> <p>During an interview on 7/27/21 at 10:45 AM., "Licensed Practical Nurse" (LPN) "K" reported resident shared equipment is supposed to be sanitized after each use, and the entire piece of equipment top to bottom gets sanitized at the end of the shift.</p> <p>In an observation on 7/27/21 at 10:50 AM., observed a vitals machine outside room 622. The base of the machine was soiled with dust and debris, a piece of paper (what appeared to be a ripped off top to a single dose medication wrapper) was noted.</p> <p>In an interview Housekeeper (Hsk) "LL" reported housekeeping is responsible for cleaning all the common areas, phones, computers, high touch</p>				

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	<p>surfaces, and all aspects of resident rooms. Hsk "LL" reported nursing staff (Certified Nurse Aides -"CNA's" and Nurses) are responsible for resident shared equipment such as lifts, vital machines, wheelchairs, and if the nursing staff notices something soiled, they are to report to housekeeping.</p> <p>In an observation on 7/28/21 at 10:14 AM., observed a vitals machine on the 500 unit next to room 514. The base of the machine was visibly soiled with dust and debris, the finger probe was visibly soiled with grime on the inside and crevasses.</p> <p>In an observation on 7/28/21 at 10:20 AM., observed a sit to stand lift next to room 404. The base of the lift was visibly soiled with food crumbs, dust and debris. The knee pad had a dried crusted substance on it. (which appeared to be dried blood).</p> <p>In an observation on 7/28/21 at 10:22 AM., observed a vitals machine next to room 408. The base of the machine was visibly soiled with dust and debris, the finger probe was heavily soiled with a dried white substance, inside, and in the crevasses.</p> <p>In an observation on 7/28/21 at 10:25 AM., observed a computer screen on the wall next to room 412, the screen was heavily soiled with grimy fingerprints, and stuck on substances in various areas of the screen.</p> <p>In an observation on 7/28/21 at 10:32 AM., noted a vitals machine next to room 709. The base of the machine was visibly soiled with dust, debris, and a piece of paper (small wrapper) The finger probe was noted to be soiled.</p> <p>In an observation on 7/26/21 at 10:33 AM.,</p>				

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	<p>observed the privacy curtains in room 601, both curtains were soiled, and missing clips to hang from the ceiling tracks.</p> <p>In an observation on 7/28/21 at 10:44 AM., noted in the "lounge" near room 705 the public/resident phone was visibly soiled on the handle, the earpiece, and mouth area. The buttons to dial out and the base of the phone were noted to be visibly soiled with grime. The 2 computer keyboards were both noted to be visibly soiled, in between and on the keys</p> <p>In an observation on 7/26/21 at 10:45 AM., observed the privacy curtains in room 606, bed 1's curtain was visibly soiled in numerous areas with dried stuck on substance. Noted numerous clips were missing which attach the curtain to the track on the ceiling.</p> <p>In an observation on 7/26/21 at 10:47 AM., observe the privacy curtains in room 603 were noted to be soiled with dried substances in various areas, as well as pen marks. The privacy curtain for bed 2 was missing clips that attach it to the tracks on the ceiling.</p> <p>In an observation on 7/26/21 at 10:55 AM., observed the privacy curtains in room 604 were noted to be heavily soiled in numerous areas. The curtains were missing clips that attach them to the tracks on the ceiling.</p> <p>In an observation on 7/27/21 at 12:01., noted the privacy curtain in room 113 bed 2 was visibly soiled in numerous areas with dark brown substances, pen marks and an overall soiled appearance.</p> <p>In an observation on 7/28/21 at 10:50 AM., noted a sit to stand lift nest to room 622. The base of the lift was soiled with dust and debris, the knee pad</p>				

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	<p>was soiled with a dried crusted substance on the right side, and the back of the knee pad was heavily soiled with dried stuck on substances in various areas of the pad.</p> <p>In an observation 7/28/21 at 10:55 AM., noted a vitals machine next to room 626. The base of the machine was visibly soiled and had a piece of a paper (wrapper) on it. The finger probe was noted to be visibly soiled with grime in the crevasses and on the inside of the probe.</p> <p>In an observation on 7/28/21 at 11:00 AM., noted a sit to stand lift next to room 617. The base of the lift was visibly soiled with dust and debris, as well as hair. The knee area of the lift had dried, crusted substance on it.</p> <p>In an observation on 7/28/21 at 11:03 AM., noted vitals a crossed from the front desk (main station) the base of the machine was soiled with dust and debris, a piece of paper (what appeared to be a ripped off top to a single dose medication wrapper) was noted.</p> <p>In an observation on 7/28/21 at 11:05 AM., noted the front desk (main station) puzzle table was visibly soiled with coffee spillage stains, dust and debris. Noted coloring markers were strewn about the table and didn't not have a clean/dirty cup or any sanitizing wipes on or near the table. There were pieces of coloring book pages laying on the table halfway colored, crossword puzzle pages with some completed. The table had an overall messy, unorganized, and unsanitary appearance.</p> <p>In an observation on 7/28/21 at 12:05 PM., observed a water fountain near room 710. The water fountain worked, and water came from the mouth dispenser. The basin and drain, were noted to have a heavy accumulation of a dried white substance on them.</p>				

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	<p>In an observation on 7/28/21 at 12:11., noted the privacy curtains in room 701 both were visibly soiled in numerous areas with dark brown substances, pen marks and an overall soiled appearance.</p> <p>In an observation on 7/29/21 at 12:23., noted 2 vitals machines on the 600 unit next to the nurse's station. Both of the vital machines finger probes and bases were visibly soiled, one of the machines had dried dark brown spillage and a piece of paper on the base of it.</p> <p>During an observation on 07/26/21 at 08:51 AM, Resident room 310 was noted with an oxygen humidifier machine on the nightstand. Observed on the front of the oxygen humidifier was a red sticky substance.</p> <p>During an interview on 07/26/21 at 08:51 AM, Activity Assistant (AA) "T" observed the soiled machine and stated, "it looks like a little something is on there".</p> <p>During an interview on 07/27/21 at 10:35 AM, Registered Nurse (RN) "W" observed the oxygen humidifier and stated, "to me looks like it was juice" and the oxygen humidifier "...needs to be" cleaned.</p> <p>Review of the Minimum Data Set (MDS) dated 5/28/21 revealed Resident #96 had a brief interview for mental status (BIMS) score of 13 out of 15 which indicated he was cognitively intact.</p> <p>During an observation on 07/26/21 at 11:07 AM, Resident #96's room was noted with a smell of urine in the room.</p> <p>During an interview on 07/26/21 at 11:07 AM, Resident # 96 stated, "I think they (staff) haven't</p>				

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	<p>changed my bedding in a few weeks" and "I think it (Resident #96's room) could be cleaned more often."</p> <p>During an observation on 07/26/21 at 08:13 AM, Floor Care (FC) "F" was noted in the 600 hallway with no mask on.</p> <p>During an interview on 07/26/21 at 8:13 AM, FC "F" stated, "I was supposed to" wear a mask on the unit.</p> <p>During an observation on 07/26/21 at 09:19 AM, FC "F" was noted in the 300 hallway with his mask pulled down on his chin and not covering his mouth or nose.</p> <p>During an observation on 07/26/21 11:09 AM, FC "G" was noted in the 100 hallway with his mask pulled down to chin.</p> <p>During an interview on 07/26/21 at 11:09 AM, FC "G" stated his face mask was supposed to cover his "face" and not on "my chin."</p> <p>At 1:00 PM on 7/26/21, a review of the 100 hall spa found an uncovered stack of towels and briefs stored inside the spa room on a cart next to the shower. When asked if this area was a usual spot to store clean towels and briefs, Maintenance Assistant (MA) "P" stated, No, I have been trying to work with staff to keep these items stored in the closets until they are needed in order to keep them sanitary and clean.</p> <p>At 1:16 PM on 7/26/21, a review of the 600 hall soiled utility room found a bagged Adult Manual Resuscitator on a shelf above the sink.</p> <p>At 1:20 PM on 7/26/21, a review of the 600 hall Spa found a cloth chair located in front of the sink and toilet area of the spa room. When asked</p>				

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	<p>why something that is not smooth and easily cleanable would be in the Spa room, MA "P" stated I am not sure, staff probably brought it in here. When asked if this was a chair that residents would use in the spa, MA "P" stated, "No". Further review of the spa found a large wire rack at the back of the spa room with packages of briefs stored on it. When asked if that was a regular location to store briefs MA "P" stated "No", I would like to remove the wire rack from the spa room.</p> <p>At 1:45 PM on 7/26/21, a review of the 600 hall spa (across from room 624) found a rack of towels on a cart 6ft from the shower head of the spa. MA "P" stated that he's been trying to get staff to go to the linen closets to get towels, but staff have been trying to keep stashes for themselves inside the Spa rooms. Upon moving a gray bin in the spa room it was observe that a golf ball size of dried brown substance was underneath the bin and was in line with a small brown smear on the wall. When asked what this might be, MA "P" stated, "it looks like stool".</p> <p>At 1:56 PM on 7/26/21, a review of the 300 hall central bath found a wheeled rack of linens, with the cover pulled back, in the same area as the commode, open and exposed to splash. When pointed out to MA "P", he quickly removed the cart from the area and stated that it shouldn't be here.</p> <p>At 2:00 PM on 7/26/21, a review of the 300 Soiled Utility room found no cover on the hopper and no gloves or gown available for use in the room when using the hopper. MA "P" helped looked through the room and could only find a face shield in the cabinets.</p> <p>At 2:07 PM on 7/26/21, a review of the 300 Spa found brief's unpackaged on an open wire rack, a</p>						

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	<p>used glove on the shower stretcher, and urine in the toilet.</p> <p>At 2:10 PM on 7/26/21, a review of the laundry area found areas of bubbling and chipping paint on the ceiling over the dryer doors.</p> <p>Resident #140</p> <p>Review of a "Face Sheet" revealed Resident #140 was a 59-year-old male, originally admitted to the facility on 7/16/21.</p> <p>Review of Resident #140's "Vaccine Status" revealed Resident #140 was not vaccinated for COVID-19.</p> <p>During an observation on 07/27/21 at 10:49 A.M., Resident #140 left the "Observation Unit" (where an N95, gown, and a face shield are required when caring for the residents) and walked around the 400 Unit without wearing a mask.</p> <p>During an observation on 07/27/21 at 11:09 A.M., Resident #140 left the "Observation Unit" and walked around the 400 Unit without wearing a mask.</p> <p>During an observation on 07/28/21 at 09:32 A.M., Resident #140 left the "Observation Unit" and walked around the 400 Unit without wearing a mask.</p>						
F0881 SS= D	<p>Antibiotic Stewardship Program §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: §483.80(a)(3) An antibiotic stewardship program that includes antibiotic</p>	F0881	<p>Antibiotic Stewardship programs for residents #13, and #35 were reviewed to ensure that antibiotics were prescribed appropriately Residents residing in facility that currently receive antibiotics have the potential to be affected. Like residents have been reviewed to ensure current antibiotics have been</p>			8/18/2021	

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	<p>use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that a resident who required an antibiotic was prescribed the appropriate antibiotic for 2 of 29 residents (Resident #13 and #35) reviewed for antibiotic use, resulting in inappropriate antibiotic utilization and the potential for antibiotic resistance.</p> <p>Findings include:</p> <p>Review of Fundamentals of Nursing (Potter and Perry) revealed, "collect body fluids and secretions suspected of containing infectious organisms for culture and sensitivity tests. After a specimen is sent to a laboratory, the laboratory technologist identifies the microorganisms growing in the culture. Additional test results indicate antibiotics to which the organisms are resistant or sensitive. Sensitivity reports determine which antibiotics used in treatment are effective and need to be ordered for treatment." Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations 30298-30301). Elsevier Health Sciences. Kindle Edition.</p> <p>Resident #13</p> <p>Review of a "Face Sheet" revealed Resident #13 was an 84-year-old female, originally admitted to the facility on 4/8/21, with pertinent diagnoses which included: dementia.</p> <p>Review of Resident #13's "Progress Note" dated 4/20/21 revealed, "4/20/2021 collect U/A (urinalysis) specimen, C&S (Culture and</p>		<p>prescribed appropriately. The Director of Nursing will educate the facilities new Medical Director on antibiotic stewardship program. The providers that prescribed the cited antibiotics are no longer practicing in facility. Staff who have not received the education by August 18, 2021, will be removed from the schedule until the education has been completed DON/Designee will audit 5 random residents weekly times 4 weeks and then monthly thereafter times 3 months to ensure compliance with antibiotics stewardship program. The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction by 08/18/2021 and for sustained compliance thereafter.</p>		

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	<p>Sensitivity) if indicated - may use straight cath to obtain urine. order in place and son aware."</p> <p>Review of Resident #13's "Physician Order" dated 4/22/21 revealed, "Keflex Capsule 500 MG (Cephalexin) Give 1 capsule by mouth two times a day for UTI (Urinary Tract Infection) +E.coli for 5 Days."</p> <p>Review of Resident #13's "April Medication Administration Record" revealed, "Keflex Capsule 500 MG (Cephalexin) Give 1 capsule by mouth two times a day." There were initials in the box for 4/22/21 evening dose indicating the first dose of keflex was administered.</p> <p>Review of Resident #13's "Lab Results Report" revealed, "...Received Date: 04/21/2021...Reported Date: 04/23/2021...Laboratory: 04/23/2021 08:21 ..URINALYSIS MICROSCOPIC REFLEX / URINALYSIS WITH MICROSCOPIC REFLEX CULTURE/CULTURE URINE WITH SUSCEPTIBILITY..." Indicating the antibiotic was started prior to the culture results.</p> <p>During an interview on 07/29/2021 at 11:00 A.M., Director of Nursing (DON) "B" reported that prior to the start of an antibiotic for a suspected UTI a culture and sensitivity is completed to ensure that the correct antibiotic is utilized. DON "B" reported that an antibiotic should not be started prior to the culture and sensitivity results.</p> <p>Resident #35:</p> <p>Review of the Face Sheet revealed Resident #35 was a female admitted to the facility in 2021 and diagnosed with sepsis of unspecified organism.</p> <p>Review of the MDS dated 7/14/21 revealed</p>				

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	<p>Resident #35 had a brief interview for mental status (BIMS) score of 15 out of 15 which indicated she was cognitively intact.</p> <p>Review of the Physician's Orders dated 7/7/21 revealed an order for Resident #35 to be given "Ceftriaxone (antibiotic medication)" for "UTI (urinary tract infection)."</p> <p>Review of the Medication Administration Record (MAR) dated 7/2021 revealed Resident #35 was given "Ceftriaxone" on 7/7/21.</p> <p>Review of the laboratory results dated 7/8/21 revealed Resident #35's urine culture was resulted after the antibiotics were started.</p> <p>During an interview on 07/29/21 at 08:44 AM, Director of Nursing (DON) "B" stated residents were to be tested and urine culture were to be completed before "we (facility) begin antibiotics."</p>						