

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>704050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>5/19/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELS OF HUDSONVILLE (THE)</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3650 VAN BUREN HUDSONVILLE, MI 49426</b>		
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F0000 SS=	INITIAL COMMENTS  The Laurels of Hudsonville was surveyed for an combined recertification and abbreviated survey from 5/17/22-5/19/22.  Intakes: M100125999, M100126104, M100126159, M100126328, M100126522, M100126722, M100126879, M100128338, M100128449  Census=82	F0000			
F0550 SS= E	Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self- determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a) (2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination,	F0550	F550  Resident #2 is receiving assistance with her meals and is using the divided plate and built up utensils. Guest was interviewed and identifies no further concerns. Resident #10 is receiving assistance and encouragement with meals while praising all efforts and Food acceptance is being recorded. Guest was interviewed and identified no further concerns. Resident #28 is receiving set up assistance with meals and is offered a substitute if she doesn't like what's for the meal and she is being monitored for Hypoglycemia. Guest was interviewed and identified no further concerns.  Resident #30 is being encouraged to consume 75% of meals, her family is encouraged to bring in food the guest likes, she is invited to the dining room and will attend when she desires. She is offered snacks and fluids between meals and offered assistance as needed. Her weight is being monitored. Guest was interviewed and identified no further concerns. Resident #34 is receiving set up and assistance with her meals, she is encouraged	6/21/2022	

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

TITLE

(X6) DATE

Electronically Signed

06/09/2022

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>or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the facility failed to provide a dignified dining experience for 8 of 8 residents (Residents #2, #10, #28, #30, #34, #42, #53, #56) reviewed for dignity, resulting in the potential of feelings of frustration and anxiety, impacting their quality of life and promoting a negative psychosocial outcome for the residents.</p> <p>Findings include:</p> <p>Resident #2:</p> <p>Review of an "Admission Record" revealed Resident #2 was a female with pertinent diagnoses which included cerebral palsy (group of disorders that affect movement, muscle tone, balance, and posture), dysphagia (difficulty in swallowing food), muscle weakness, lack of coordination, nausea, vitamin D deficiency, and legal blindness.</p> <p>Review of a current "Care Plan" for Resident #2 revealed the focus "... (Resident #2) requires assistance with ADLS rt (related to): Cerebral palsy, pain, legal blindness ..." with interventions which included " ...EAT: Set up assistance use divided plat and built up utensils with verbal cues ..."</p> <p>Resident #10:</p>		<p>to eat healthy meals, make healthy choices. She is offered alternatives substitutions for her meals as needed. Her diet preferences are being followed. Guest was interviewed and identified no further concerns.</p> <p>Resident #42 This Guest no longer resides in the facility.</p> <p>Resident #53 is receiving her meal service per the care plan. Guest was interviewed and identified no further concerns.</p> <p>Resident #56 is having her meals set up and she is using a two handled mug with white lid for all hot beverages, assistance to eat and is observed for s/sx of hypo and hyperglycemia. Guest was interviewed and identified no further concerns.</p> <p>All guests are now being served their meal at the same time as everyone else at their table in the Dining rooms.</p> <p>Residents who reside in the facility have the potential to be affected. Administrator and/or Designee queried facility residents and through observations during rounds in the dining rooms to determine if residents verbalized or observations indicated additional resident right concerns. Issue/Concern were addressed immediately utilizing Concern/Grievance forms.</p> <p>Staff to be re-educated on Residents Rights with specific attention paid to serving all guests at the table at the same time for meals, snacks etc. Administrator, upon invitation, will attend Resident Council meetings to identify additional concerns related to resident rights.</p> <p>Administrator/Designee to complete resident interviews and observation rounds in dining rooms weekly x 4, and monthly x 3 to identify and investigate resident right concerns. Concerns will be addressed immediately and</p>		

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	<p>Review of an "Admission Record" revealed Resident #10 was a female with pertinent diagnoses which included schizoaffective disorder bipolar type (mental health disorder with a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms such as depression or mania), type 2 diabetes, GERD, muscle weakness, edema, delusional disorder, Auditory and visual hallucinations, visual loss, and chronic pain syndrome.</p> <p>Review of a current "Care Plan" for Resident #10 revealed the focus "... (Resident #10) requires extensive assistance with ADLS r/t (related to): decreased mobility, impaired ROM (range of motion) in BUE (bilateral upper extremities) and BLE (bilateral lower extremities) and general weakness ..." with interventions which included " ...Meal set up and encourage to consume food and fluids ...Praise all effort and accomplishments ...Record food acceptance with each meal/snack ..."</p> <p>Resident #28:</p> <p>Review of an "Admission Record" revealed Resident #28 was a female with pertinent diagnoses which included Type 2 diabetes, anxiety, delusional disorders, lack of coordination, muscle weakness, heart failure, panic disorder, depression, and intellectual disabilities.</p> <p>Review of a current "Care Plan" for Resident #28 revealed the focus "... (Resident #28) has an ADL Self Care Performance Deficit and requires assistance with ADL's and mobility r/t (related to): debilitating disabilities from birth, delusional disorder ..." with the intervention " ...Resident requires set-up, assistance to eat ...Observed for s/sx (signs and/or symptoms) of hypoglycemia</p>		<p>the audit results will be reported to the QA for further review and recommendations. Administrator is responsible for overall sustained compliance.</p>		

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	<p>(low blood sugar) ...Offer substitutes for food not eaten ..."</p> <p>Resident #30:</p> <p>Review of an "Admission Record" revealed Resident #30 was a female with pertinent diagnoses which included moderate protein-calorie malnutrition, depression, anemia, anxiety, pain, and Wernicke's encephalopathy (neurological condition caused by thiamine deficiency affecting the peripheral and central nervous system).</p> <p>Review of a current "Care Plan" for Resident #30 revealed the focus "... (Resident #30) has a potential for alteration in nutrition and/or hydration status ..." with the interventions " ...Encourage &gt;75% meal intake at each meal, Encourage family members to bring favorite foods in from home ...Invite to dining room/dining program PRN (as needed) ...Monitor weights ...Offer snacks and fluids between meals ...Provide verbal encouragement and assist with meals as needed ..."</p> <p>Resident #34:</p> <p>Review of an "Admission Record" revealed Resident #34 was a female with pertinent diagnoses which included dementia, anxiety, lack of coordination, abnormal posture, abnormal weight loss, anxiety, repeated falls, pain, and scoliosis (sideways curvature of the spine).</p> <p>Review of a current "Care Plan" for Resident #34 revealed the focus "... (Resident #34) is a nutritional and/or dehydration risk R/T (related to): COPD with activity intolerance ...Expected weight fluctuations r/t diuretic use ..." with the interventions " ...Encourage healthy eating choices, ...provide diet preferences and offer</p>				

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	<p>substitutes ...document consumption ...Requires set- up, assistance to eat ..."</p> <p>Resident #42:</p> <p>Review of an "Admission Record" revealed Resident #42 was a female with pertinent diagnoses which included hemiplegia following a cerebral infarction (paralysis following a stroke), muscle weakness, depression, anxiety, abnormal posture, kidney disease, history of falling, and difficulty in walking.</p> <p>Review of a current "Care Plan" for Resident #42 revealed the focus "...Resident is a nutritional and/or dehydration risk R/T (related to): cardiac conditions, obesity, left hemiparesis/hemiplegia ..." with the interventions " ...Provide set up and assistance with eating or drinking ...observe and document food acceptance and offer substitutes as needed ..."</p> <p>Resident #53:</p> <p>Review of an "Admission Record" revealed Resident #53 was a female with pertinent diagnoses which included lack of coordination, muscle weakness, congenital heart disease, and down syndrome.</p> <p>Resident #56:</p> <p>Review of an "Admission Record" revealed Resident #56 was a female with pertinent diagnoses which included type 2 diabetes, bipolar disorder, ulcerative colitis, dysphagia (difficulty swallowing), and abnormalities of gait and mobility, and muscle weakness.</p> <p>Review of a current "Care Plan" for Resident #56 revealed the focus "... (Resident #56) has an ADL Self Care Performance Deficit and requires</p>						

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	<p>assistance with ADLs and mobility ...with the interventions " ...Eating pt.(patient) requires staff set up with 2 handled mug with white lid for all hot liquids ...Assistance to eat ...Observed for s/sx of hyperglycemia and hypoglycemia ..."</p> <p>During an observation on 5/27/22 at 11:44 AM, observed Resident #2 had her lunch tray and Resident #10 and Resident #34 were observed seated at the table with Resident #2 and they did not have their meals. Resident #28 had her lunch tray but Resident #42 and Resident #53 did not have their trays. Resident #42 received her tray at 12:10 PM but Resident #53 had not received her lunch tray. Resident #53 received her lunch tray at 12:16 PM. Resident #56 had received her lunch tray prior to me walking in to the room at 11:44 AM, the other resident at her table, Resident #30 did not receive her lunch tray until 12:07 PM.</p> <p>During an observation on 5/18/22 at 11:58 AM, Resident #42 was observed with her lunch tray and her table mate Resident #53 did not have her lunch tray at this time. Resident #30 was observed eating her lunch and Resident #56 had not received her lunch tray at this time. Resident #56 received her lunch tray at 12:00 PM. Resident #53 received her lunch tray at 12:09 PM.</p> <p>During an observation on 5/19/22 at 11:38 PM, Resident #2 had received her lunch tray and two other residents, Resident #34 and Resident #10 seated with her did not have their lunch trays.</p> <p>In an interview 5/17/22 at 11:50 AM, Activity Assistant "FF" reported the staff never know who was coming to the dining/day/fellowship room for lunch. Those residents who have mechanical diets and need assistance are the first to get their meals as the kitchen staff know they are coming to the dining for meals. The meals for the other</p>				

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F0658 SS= D	<p>residents had come out from the kitchen to the resident's hallway. Once the hallway was served their meals, then those who were in the dining/day/fellowship room would receive their meals.</p> <p>In an interview on 5/19/22 at 12:01 PM, Administrator "A" reported the expectation would be the residents who were sitting at the same table would be served their meals at the same time to create a homelike environment and preserve their dignity.</p> <p>Review of policy "Federal &amp; State - Guest/Resident Rights &amp; Facility Responsibilities" last revised on 4/2022, revealed, " ...A. Guest/Resident Rights ....1. Dignity, Respect &amp; Quality of Life. A facility must treat each guest/resident with respect and dignity and care for each guest/resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each guest's/resident's individuality. The facility must protect and promote the rights of the guest/resident ..."</p> <p>Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide services that meet professional standards of practice related to physician orders for medical treatments in 1 (Resident #281) of 23 sampled residents reviewed</p>	F0658	<p>F658 Professional Standards</p> <p>Resident #281 does have a current order for the CPAP with settings and cleaning instructions. No negative outcomes identified as a result of this deficient practice. The gallon of distilled water was removed from the room.</p> <p>Residents that have treatments have the potential of being affected. Review of Medication/Treatment policy and order entry procedure was deemed appropriate. Facility LPN/RN staff will be re-educated on policy</p>		6/21/2022

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	<p>for professional standards and quality of care, resulting in respiratory treatments being administered without a physician order.</p> <p>Findings include:</p> <p>According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations 20717-20719). Elsevier Health Sciences. Kindle Edition, "The health care provider (physician or advanced practice nurse) is responsible for directing medical treatment. Nurses follow health care providers' orders unless they believe that the orders are in error, violate agency policy, or are harmful to the patient."</p> <p>Resident #281</p> <p>Review of a "Face Sheet" revealed Resident #281 was a female, with pertinent diagnoses which included: heart failure, chronic obstructive pulmonary disease with acute exacerbation, and obstructive sleep apnea.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #281, with a reference date of 3/17/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #281 was cognitively intact.</p> <p>During an observation on 5/17/22 at 10:34 AM in Resident #281's room, a CPAP (continuous positive airway pressure) machine and mask was noted to be located on Resident #281's nightstand next to her bed. There was a gallon of distilled water approximately 2/3 full and dated 5/13/22 sitting directly on the floor next to Resident #281's bed. Resident #281 was not present, but her roommate granted surveyor entrance to observe the room.</p>		<p>pertaining to treatment orders and on order entry for admissions and readmissions through policy review and order audits. Facility reviewed all residents with treatments and found no further deficient practice as related to physician orders.</p> <p>The DON/Designee will review treatment orders from new and readmissions upon return/entrance to the facility weekly x 4 and monthly x 3. Findings will be reported to the QA Committee</p> <p>DON/designee will be responsible for overall compliance.</p>		



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	<p>During an observation/interview on 5/18/22 at 8:50 AM, Resident #281 reported she had used the CPAP machine every night because she stopped breathing in her sleep. Resident reported the water in the gallon jug on the floor next to her bed was the water staff used to fill up her CPAP machine.</p> <p>In an interview on 5/18/22 at 12:35 PM, "Licensed Practical Nurse" (LPN) "AA" reported Resident #281 had a CPAP machine that was used for her sleep apnea. LPN "AA" reported there should be a physician order entered in the computer for a resident to use a CPAP machine. LPN "AA" reported CPAP equipment should be cleaned regularly and there should be a physician order entered for when the equipment should be cleaned. LPN "AA" reviewed Resident #281's active physician orders and reported there were no active orders in place for Resident #281's CPAP machine.</p> <p>In an interview on 5/18/22 at 12:49 PM, "Unit Manager" (UM) "F" reported Resident #281 should have a physician order in place for her CPAP machine. UM "F" reported the purpose of the physician order was because a nurse couldn't administer a treatment to a resident without a physician's order. UM "F" reviewed Resident #281's active physician orders and reported there were no active orders in place for Resident #281's CPAP machine. UM "F" reported Resident #281 had been out at the hospital and returned on 5/13/22 and that the physician's orders for her CPAP machine hadn't gotten reentered when Resident #281 returned from the hospital.</p> <p>A review of Resident #281's current "Order Summary" on 5/18/22 at 11:29 AM revealed no physician order for Resident #281 to use a CPAP machine and no physician order for Resident #281's CPAP equipment cleaning.</p>						

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F0690 SS= D	<p>Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure appropriate indwelling catheter care for one (1) resident (R15) of three (3) residents reviewed for indwelling catheter care, resulting in the potential</p>	F0690	<p>F690 Bowel and Bladder Incontinence</p> <p>Resident #15 now has a privacy cover on his Foley bag and it is positioned below the bladder but not on the floor and anchored to prevent pulling. The Resident has returned from the hospital and is free from blood clots and infection.</p> <p>Residents who have a catheter have the potential to be affected. Residents who have catheter bags were reviewed to ensure they had a privacy bag an anchor of the catheter tubing and was positioned properly. Any concerns were addressed immediately.</p> <p>Alert and oriented residents will be educated on proper placement of catheter bags as well as privacy bags and anchoring. CNA competency checklist to be performed with facility CNA staff to ensure proper placement on guests who are unable to place items independently as well as privacy covers and anchoring Foley tubing. Foley catheter care policy was reviewed and deemed appropriate.</p> <p>DON/Designee to complete rounds weekly x 4 and monthly x 3 to ensure proper placement and privacy of catheter bags throughout the facility. Concerns will be addressed immediately and on spot education will be performed as needed. Audit results will be brought to QA for further review and recommendations.</p> <p>DON responsible for overall sustained compliance.</p>		6/21/2022

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	<p>of an urinary tract infection.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated 3/1/2022, R15 scored 6/15 (moderately cognitively impaired) on his BIMS (Brief Interview Mental Status), had an indwelling urinary catheter, with diagnoses that included anemia, renal insufficiency, neurogenic bladder, and obstructive uropathy.</p> <p>During an observation and interview on 5/17/22 at 12:44 PM, R15 was lying in his bed with his urinary catheter bag lying flat on the floor with no dignity bag. Urine in tubing and bag was dark yellow and cloudy. Resident was restless, skin pallor was pale and sweaty. R15 stated, "I don't feel good."</p> <p>During an interview on 5/19/22 at 2:29 PM Director of Nursing (DON) "B" and Assistant Director of Nursing (ADON) "C", the ADON stated, "A urinary catheter tube or the urine holding bag is not supposed to be on the floor. It should be hung on the bed frame."</p> <p>Review of R15's Progress Note 5/15/2022 00:00 (midnight) revealed, "Notified by nursing staff that resident is complaining of dysuria (painful urination), pelvic pain in hematuria (blood in urine). He is afebrile (without fever). Indwelling foley catheter is in place. He does meet McGreers criteria (antibiotic stewardship criteria) for obtaining a urinalysis with culture and sensitivity if indicated..."</p> <p>Review or R15's Progress Note 5/15/2022 15:05 (3:05 PM) revealed, "Nurses Notes Note Text: Res with frank blood (visible presence of blood) coming from foley cath(catheter) this morning. Res denied pulling at it. Irrigated cath with 120ml</p>				

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	<p>NS (normal saline) but it did not clear much. Res also c/o penile and pelvic pain. VSS (vital signs stable), afebrile. No behavioral changes. On call provider notified, ordered foley cath change and U/A (urine analysis), C&amp;S (culture and sensitivity). When old cath removed, a blood clot came out and then res urinated a large amt blood-tinged urine. He immediately felt relief. 16Fr 10ml (size of urine foley ballon and tubing to keep catheter tubing in bladder 16 French 10millimeter diameter) cath replaced (no 30ml cath available in stock). U/A sent. Urine remains blood-tinged. Will await lab results..."</p> <p>Review of R15's Progress Note 5/16/2022 00:00 (midnight) revealed, "...pt (patient/resident) w (with) gross (significant amount/color) hematuria (blood in urine), u/a (urine analysis) ordered by prior shift, this provider added cbc (laboratory blood work up) , on question- nurse reports pt did not pull catheter out to have trauma related bleeding..."</p> <p>Review of R15's Progress Note 5/16/2022 00:00 revealed, "...past medical history of Thrombocytopenia (low platelet count), Bacteriuria (bacteria in urine) due to Streptococcus group C, Sepsis, Bacteriuria, Altered mental status (to include confusion)... Context: Patient having hematuria, clots in urine. Patient has chronic foley with multiple previous infections. He has long standing, abnormal genitalia as well. He denies pain. Location: Bladder, urethra, foley bag. Modifying Factors: Replacing foley catheter is difficult due to abnormality. Associated Signs and Symptoms: Patient is afebrile, hematuria with clots and sediment..."</p> <p>Review of R15's Progress Note 5/16/2022 at 02:36 (AM) revealed, "Nurses Notes... Observed blood in foley bag and tubing CNA (Certified</p>						

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	<p>Nursing Assistant) reports that patient has blood as well. Nurse notified on call provider via tiger text (facility communication via text messaging)."</p> <p>Review of R15's Progress Note 5/17/2022 18:24 (6:24 PM) reported the resident had a temperature of 101 with dark red blood in urine and was being sent to the hospital emergency room.</p> <p>Review of R15's Progress Note 5/17/2022 22:30 (11:30 PM) reported the resident was admitted to the hospital for sepsis.</p> <p>Review of facility policy "Catheter Associated Urinary Tract Infection (CAUTI) Prevention" last revised 8/17/2021, revealed, "Policy: To ensure appropriate technique in the care and maintenance of indwelling catheters ...9. Keep the collection bag and tubing off the floor ..."</p> <p>According to CDC (Centers for Disease Control) at <a href="http://www.cdc.gov/HAI/ca_uti/uti.html">http://www.cdc.gov/HAI/ca_uti/uti.html</a>, "Catheter-Associated Urinary Tract Infections (CAUTI)...III. Proper Techniques for Urinary Catheter Maintenance...Recommendation... III.B.2. Do not rest the bag on the floor..."</p>				
F0692 SS= D	<p>Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)</p>	F0692	<p>F692 Nutrition/Hydration Status Maintenance</p> <p>Resident # 46 has had a nutritional assessment completed and a review of weight loss. The care plan was updated to reflect the residents current condition. Residents that reside in this facility have the potential to be affected. RD/MDS completed an audit to ensure all current guests have current nutritional assessments in place and completed missing assessments as identified. A review of weights was also completed to ensure they are completed and any reweighs were obtained and a list of those with weight</p>		6/21/2022

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	<p>(2) Is offered sufficient fluid intake to maintain proper hydration and health; \$483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure timely, consistent nutritional status monitoring and re-evaluation by a nutrition professional of residents at risk for altered nutrition status for 1 (Resident #46) of 3 residents reviewed for nutritional care and services, resulting in the potential for unidentified weight loss, nutritional status decline, and unmet nutritional needs.</p> <p>Findings include:</p> <p>Review of a "Face Sheet" revealed Resident #46 was a male, with pertinent diagnoses which included: spastic quadriplegic cerebral palsy (a condition that impairs movement by impairing the ability of the brain to send nerve signals to the muscles), dysphagia (swallowing difficulty), lack of coordination, unspecified protein-calorie malnutrition, constipation, chronic pain, and other symptoms and signs concerning food and fluid intake.</p> <p>Review of a current "Care Plan" for Resident #46 revealed a focus (also referred to as "Need") of "(Resident #46) is at risk for alternation (sic) in nutritional requirements and dehydration r/t (related to) GERD (gastro-esophageal reflux disease), CP (cerebral palsy), abnormal posture, cancer, and hemiplegia (sic) (paralysis affecting one side of the body) AEB (as evidenced by) need for feeding assistance, fluid intake and low</p>		<p>loss were added to the at risk meeting. RD/MDS will bring any further concerns to DON for review. RD/MDS to be re-educated on full assessment completions and review of policy on nutritional assessments and weight loss notification. DON will complete audits in PCC related to nutritional assessments, weights completed by the 10th of the month, weekly as ordered and any reweighs completed per the policy, weekly x 4 and monthly x 3 to ensure compliance. Any concerns will be addressed immediately and brought to QA for further review and recommendations. DON/Designee will be responsible for overall sustained compliance</p>		

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	<p>albumin and pre albumin levels ..."</p> <p>A review of Resident #46's "Medical Record" was conducted on 5/19/22 beginning at 9:29 AM and revealed that 4 MDS assessments had been completed since 7/16/21 and included: 7/16/21 - Annual Assessment, 10/14/21 - Quarterly Assessment, 1/12/22 - Quarterly Assessment, and 4/12/22 - Quarterly Assessment. Of those 4 MDS opportunities, there had been 1 corresponding "Nutritional Evaluation" which was completed on 7/16/21 to coincide with the Annual MDS Assessment of the same date. There was no evidence that a nutritional evaluation or quarterly nutrition reassessment had been completed after 7/16/21. A "Dietary Progress Note" dated 9/3/21 revealed "Note Text" RD (registered dietitian) review of annual review done by dietary manager. Agree with her assessment with no changes needed" which did not coincide with any MDS completed and no nutritional assessment was found for this time.</p> <p>A review of a "Weight Summary" report for Resident #46 was conducted on 5/19/22 at 9:29 AM for the period 7/9/21 through 4/4/22 (last weight entry on report) and revealed the following pertinent monthly weight entries:</p> <p>7/9/21 weight of 168.2 Lbs (pounds),</p> <p>11/7/21 weight of 166.8 Lbs,</p> <p>12/10/21 weight of 160.8 Lbs</p> <p>3/23/22 weight of 159.4 Lbs</p> <p>4/4/22 weight of 153.8 Lbs (indicating a total weight loss of 14.4 pounds over the reviewed period). There was no weight documented for May 2022 by the 10th of the month per Weight Management policy. There was no documentation</p>				

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	<p>that a reweight was obtained per Weight Management policy for &gt; five-pound variance between 11/7/21 and 12/10/21 weights or between 3/23/22 and 4/4/22 weights.</p> <p>In an interview on 5/19/22 at 9:02 AM, "Consultant Registered Dietitian" (CRD) "ZZ" reported had worked under contract for the facility for less than a year and provided dietitian coverage to the facility one day a week. CRD "ZZ" reported they were the nutrition professional responsible to complete the resident nutrition assessments and reassessment in conjunction with scheduled MDS assessment and was also responsible to monitor residents identified by the facility as having nutritional concerns, including weight changes. CRD "ZZ" reviewed Resident #46's medical record for consistent nutritional status monitoring and timely re-evaluation of nutritional status and reported there had not been a nutritional evaluation / reassessment completed since 7/9/21 and that there were no dietary progress notes after 7/9/21 except for a note on 9/3/21 reporting that an assessment had been reviewed. CRD "ZZ" stated, "I try to keep up on them but that can be busy. They probably got missed."</p> <p>In an interview on 5/19/22 at 9:48 AM, "MDS Corrdinator" (MDSC) "D" reported the dietitian was at the facility one day a week. MDSC "D" reported if the dietitian was available at the time that the MDS was due for a resident, they would complete their section of the MDS (Section K - Swallowing/Nutritional Status) but if the dietitian was not available, they (MDSC "D") would enter it themselves and have the dietitian look at it later. MDSC "D" reported did not need to look at the nutritional assessment when entering the MDS information for the dietitian because looked in the resident's medical record for the pertinent information to complete Section K.</p>				



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	<p>Review of a facility policy, "Dietary Documentation" last revised 10/20/21 revealed, "Purpose To provide guidance for completion of evaluation of guest's/resident's nutritional status Information Each guest/resident will receive a comprehensive nutritional evaluation upon admission, annually, and when a guest/resident is identified as having a significant change in status. Guests/Residents will also be re-assessed quarterly in conjunction with the quarterly MDS (Minimum Data Set) and as needed ..."</p> <p>Review of a facility policy, "Weight Management" last revised 7/14/21 revealed, "Guests/residents will be monitored for significant weight changes on a regular basis. Guests/residents are expected to maintain acceptable parameters of nutritional status, such as usual body weight and protein levels ...Since ideal body weight charts have not yet been validated for the institutionalized elderly, weight loss (or gain) is a guide for determining nutritional status. Therefore, the evaluation of significant weight gain or loss over a specific time period is an important part of the evaluation process ...Practice Guidelines ...3. Re-weights are initiated for a five-pound variance if the guest/resident is &gt; (greater than) 100 lbs (pounds) and for a three-pound variance if &lt; (less than) 100 lbs ...Re-weights will be done within 48-72 hours. 4. Monthly weights will be completed by the 10th day of each month and documented in the medical record ..."</p>						
F0770 SS= D	Laboratory Services §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories	F0770	<p>F770- Laboratory Services Residents #36 and #39 continue to reside in the facility. Labs have been completed and no signs of abnormalities have been noted on either guest. Residents receiving lab services are at risk.</p>			6/21/2022	

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	<p>specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure physician ordered laboratory services were completed per physician orders and in a timely manner in 2 of 23 residents (Resident #36 and Resident #39) reviewed for laboratory services, resulting in the potential for delayed treatment for a urinary tract infection and impaired coordination of care.</p> <p>Findings include:</p> <p>Resident #36</p> <p>Review of an "Admission Record" revealed Resident #36 admitted to the facility on 12/21/2021 with pertinent diagnoses which included cerebral infarction (stroke), and diabetes mellitus.</p> <p>Review of a "Minimum Data Set" (MDS) assessment for Resident #36, with a reference date of 3/30/2022 revealed a "Brief Interview for Mental Status" (BIMS) score of 13, which indicated that Resident #36 was cognitively intact.</p> <p>Review of a "Nurses Note" dated 4/6/2022 at 12:02 p.m. revealed " ...sediment continues to foley catheter tubing. (Resident) (complains of) general discomfort. Recent leaking from foley catheter. Urine dip + leukocytes, nitrates, (negative) blood. (Urinalysis with culture and sensitivity), sample collected and awaiting lab (pick up) ..."</p> <p>Review of a urinalysis/urine culture lab result dated 4/14/2022 at 12:40 p.m. for Resident #36</p>		<p>Residents receiving lab services were reviewed to ensure lab services for current needs were ordered and performed. Facility has completed an audit identifying no current outstanding lab results and no undocumented refusals. Any Issues or concerns were addressed at the time of review. A review of the lab contract was completed and the Lab Supervisor notified of the issues. Education to licensed nurses in regards to monitoring timeliness of lab results and proper documentation of refusals of lab services. Audits will be completed through the results in PCC to determine timeliness of lab completion and a review of documentation of refusals will be monitored weekly x 4 and monthly x 3. Results will be reported to the QA committee for further recommendations and follow up. DON/designee will be responsible for overall compliance.</p>		

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	<p>revealed a specimen collection date of 4/6/2022, received date of 4/7/2022, and reported date of 4/14/2022.</p> <p>In an interview on 5/19/2022 at 2:01 p.m., Assistant Director of Nursing (ADON) "C" reported that Resident #36's urine sample was received by the contracted laboratory on 4/7/2022 and results were not reported until 4/14/2022. ADON "C" stated that this delay in results is "horrible".</p> <p>In an interview on 5/19/2022 at 2:44 p.m., Assistant Director of Nursing (ADON) "C" reported that urinalysis and urine cultures should take 2 or 3 days to return. ADON "C" stated "7 days is way too long."</p> <p>Review of the facility laboratory agreement, dated September 15, 2017, revealed " ...Common tests will be reported the same afternoon and most other tests will be reported within a 24-hour period. For those test that cannot reasonably be reported in the time frames listed above, (contracted laboratory) will report results as soon as possible and in a time consistent with industry leading standards ..."</p> <p>Resident #39</p> <p>Review of an "Admission Record" revealed Resident #39 was a female with pertinent diagnoses which included congestive heart failure, severe sepsis with septic shock, heart attack, kidney failure, and atrial fibrillation (irregular heart rate that causes poor blood flow).</p> <p>Review of current "Care Plan" for Resident #39, revised on 10/6/2020, revealed the focus, "... (Resident #39) is at risk for cardia complications r/t (related to) multiple cardiovascular diseases; heart failure..." with the intervention "...Lab</p>				

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	<p>values as ordered and notify physician of abnormalities as needed..."</p> <p>Review of "Medication Regimen Review - Pharmacy" dated 4/16/2022, revealed, "...2. See report for any noted irregularities and/or recommendations...3. Additional Information: Dig(oxin) level..."</p> <p>Review of "Order Summary" start date of 5/5/22, revealed, " ...Order Summary: Digox Tablet 125 MCG (Digoxin)...Give 0.5 tablet by mouth one time a day every other day for a fib ..."</p> <p>Review of "Progress Notes" dated 5/4/22, revealed, " ...Resident arrived at 250 PM ..."</p> <p>Review of "Progress Notes" dated 5/6/22 at 00:00 AM, revealed, "...Seen today 5/6/2022 for readmission...Hospital records and testing reviewed ...Medical diagnosis list reviewed and is current...Medication list reviewed and is current ...Digox tablet 125 MCG: Give 0.5 tablet by mouth one time a day every other day for fib/25 MCG/May 5, 2022...Laboratory: All lab results reviewed..." Note: No results for digoxin levels noted in the record.</p> <p>Review of "Progress Notes" dated 5/9/22, revealed, "...Patient is a 95 year old female with past medical history significant for chronic A. fib, symbolic dysfunction ...COVID-19 heart failure ...All active medications reviewed...i50.9 - Heart Failure, unspecified" Continue isordil and Digoxin..."</p> <p>Review of medical record from 4/27/22-5/18/22 revealed Resident #39's heart rate remained between 60-100 beats per minuted (BPM).</p> <p>In an interview on 5/19/22 at 9:26 AM, Unit Manager (UM) "JJ" reported Resident #39 was to</p>						

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	<p>have a blood draw every 6 months to check the digoxin levels in her blood. UM "JJ" stated, "...She must have been at the hospital when they came in to draw her blood or she refused...If the resident refuses, I try to reschedule it three or four times to get the lab done..." UM "JJ" reported she would inform the family or representative to let them know of the resident's refusal. UM "JJ" stated, "...She last had it done June 2021...There were no documentations of refusals in the record..."</p> <p>In an interview on 5/19/22 at 11:16 AM, Assistant Director of Nursing (ADON) "C" reported when a resident was out of the building, like with a hospitalization, the order was cancelled and would reorder for the next lab draw day. ADON "C" reported the lab requisition slips were printed out on the night shift for the next day. The lab slips were placed in the lab book and the slips were either crossed out or highlighted and the facility would not reorder the lab if a resident was not present, and we were not sure when the resident would return to the facility. The lab slips were placed in a basket for the unit manager to collect and monitor for completion, cancellation, or reorder of the lab.</p> <p>In an interview on 5/19/22 at 12:49 PM, Licensed Practical Nurse (LPN) "X" reported the lab to test the level of digoxin in a resident's blood was important as it was important to see how the heart was pumping, whether it was too high or too low (levels of digoxin) and if the level was not correct, the resident could become "unresponsive and the heart pressure can drop." LPN "X" reported the resident would have symptoms of lethargy, blood pressure changes, confusion..." it can be a very bad thing..." LPN "X" reported the lab slips were on the clipboard for labs to be drawn for that specific day. LPN "X" stated " ...There is a report sheet the lab signs which has all those getting labs done that day, and they</p>				

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	<p>would indicate if they were drawn or not...the physician determines when they want the labs drawn to monitor the digoxin levels...it was not done when she was at the hospital per the admission paperwork in her chart ...she returned back from the hospital on 5/4/22 and she was seen on 5/6/22 by provider and there was no order in there for the lab to be drawn...It is the end of May and looking at her order list...I don't see it on there..."</p> <p>In an interview on 5/19/22 at 1:01 PM, Unit Manager "JJ" stated, "...If the digoxin given was too much or too little...The heart could go out of rhythm ...the digoxin is controlling her rhythm ...She could go into cardiac arrest ...Her level on 9/20/20 was 0.7 which is abnormal...Last June 6/3/21, it was 1.22 within range..."</p> <p>In an interview on 5/18/22 at 4:35 PM, Director of Nursing (DON) "B" reported the pharmacy recommendations were emailed to the provider and the provider reviews and entered any medication changes or orders. DON "B" reported the recommendations then get scanned into the medical record. The unit manager would review to determine if there were any changes in medications, labs ordered, etc. and puts into place the changes.</p> <p>In an email reply on 5/19/22 at 12:59 PM, Director of Nursing (DON) "B" reported "...There was no lab policy in place. The process was directed by the contract with the laboratory. The physician will decide how often he /she /they want the level checked and the pharmacist may make a suggestion as well..."</p> <p>Review of the "Nursing Facility Laboratory Agreement" signed 9/15/2017, revealed, "...1. Responsibilities of (Name of Laboratory). a. (Name of Laboratory) will provide diagnostic</p>						

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F0812 SS= F	laboratory testing services to Facility in accordance with the Facility's policies, accepted professional standards, and all applicable federal, state and local laws and regulations (Laboratory Services). All testing will be provided based only on the written order of a patient's attending physician or other authorized professional. g. (Name of Laboratory) staff will follow all reasonable policies and procedures set by the facility upon receipt of the same. h. (Name of Laboratory) will provide draw times before 6:00 a.m. and routine lab service on Monday through Friday. (Name of Laboratory) will provide culture and urinalysis containers to maintain specimens. i. (Name of Laboratory) will provide final reports through a mutually agreed upon method. Critical and STAT results will be phoned to the facility when they are available. 2. Responsibilities of Facility. b. Facility will work with (Name of Laboratory) in educating its staff and physicians on proper ordering of laboratory testing. c. Facility agrees to provide completed requisitions that reflect a physician or other practitioner's order for the services..."  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	F0812	F812-Food procurement, Store/prepare/serve sanitary  Items that were outdated in the cooler, ice pantry and walk-in cooler were discarded as needed upon findings and items cleaned based on identification of unsanitary areas and dish machine is in proper working order. The Mixer was removed, cleaned and repaired. The scoops were cleaned at the time of the survey as well as the ice pantry unit. The expediting rack in the two door cooler was cleaned at the time of the survey. The dish machine was repaired at the time of the survey to allow for proper rinse and sanitizing cycles. The area under the ice	6/21/2022			

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	<p>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. Properly date and discard food product; 2. Thoroughly clean food contact surfaces; 3. Ensure proper working order of the dish machine; and 4. Maintain general cleanliness of the kitchen. These conditions resulted in an increased risk of contaminated foods and an increased risk of food borne illness that affected 82 residents who consume food from the kitchen.</p> <p>Findings Include:</p> <p>1. During the initial tour of the kitchen, starting at 9:36 AM on 5/17/22, an observation of the two door True cooler found an open container of Tomato juice dated 4/22 - 4/28, an open container of Prune juice dated 4/8 - 4/15, an open container of Almond milk dated 5/4 to 5/10.</p> <p>During an initial tour of the facilities Ice Pantry, at 10:56 AM on 5/17/22, it was observed that two open Butter Pecan Med Pass 2.0 supplements were found not dated with a date of discard. Further review of the product found that it should be consumed within 4 days of opening. At this time, it was observed that a takeout container of BBQ was found with a resident name and a date of 4/25/22. A sign on the front of the pantry fridge stated that resident food would only be held for three days.</p> <p>During a follow up tour of the walk-in cooler, at 8:46 AM on 5/18/22, it was observed that a container of potato salad, dated 5/7 to 5/14, was found on the bottom storage rack.</p>		<p>machine and steam table was cleaned of all debris at the time of the survey. The floor of the walk in cooler was cleaned as well as the condenser fan at the time of the survey.</p> <p>Residents in the facility have the potential of being affected. A review of residents was completed and there was no evidence of food borne illness.</p> <p>The policy on Food storage, storage labeling, utensil storage, dish machine function and PPE was reviewed by the QA committee and deemed appropriate. Dietary staff will be re-educated on sanitation policy, dish machine functionality and use of PPE to ensure a sanitary environment. New dietary staff will be educated upon hire and competency checked on all items.</p> <p>The RD/Designee will audit food storage, food labeling, utensil storage through a dietary audit (food safety audit) checklist which will be completed weekly x 4 and monthly x 3. Any concerns with this audit will be corrected immediately and brought to QA for review. PPE audit will also be completed by RD/Designee to ensure safety of all and around food items. PPE audit will be completed weekly x 4 and monthly x 3. Any concerns will be addressed timely and brought to QA with concerns.</p> <p>Administrator is responsible for substantial compliance.</p>				



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	<p>During a follow up tour of the Ice Pantry, at 9:07 AM on 5/18/22, found three bottles of protein shake with a resident's name (and old room number), with a manufacture best by date of "09 July 2021".</p> <p>According to the 2013 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. "(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1 ..."</p> <p>According to the 2013 FDA Food Code section 3-501.18 Ready-to-Eat, Time/Temperature Control 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>2. During an initial tour of the kitchen, at 9:51 AM on 5/17/22 it was observed that a large mixer was next to the cook line on a cart. Observation of the mixer found accumulation of food and crumb debris on the inside of the mixer bowl, as well as splatter marks on under arm the unit. When asked if the mixer was used today Dietary</p>				

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	<p>Manager (DM) "I" stated that the mixer has not worked since he has been here (3 months) and he was trying to figure out what to do with the mixer.</p> <p>During an initial tour of the kitchen, at 9:56 AM on 5/17/22, observation of the mechanical scoop drawer on the cook line found three mechanical scoops with dried on food debris. An interview with DM "I" found that this was a clean utensil drawer.</p> <p>During a tour of the facilities Ice Pantry, starting at 10:56 AM on 5/17/22, it was observed that the inside of the pantry refrigeration unit was found with an accumulation of debris on the floor of the unit and red staining on the bottom shelf. Observation of the freezer found spots and smears of ice cream that had melted and accumulated. An interview with DM "I" found that housekeeping cleans the refrigeration unit Refrigerator.</p> <p>During a revisit to the kitchen, at 8:50 AM on 5/18/22, it was observed that the expediting rack, used for drinks in the two door True cooler, was found with an accumulation of spotted debris on the surface of the rack. When asked about the accumulation, the DM "I" stated that it gets hard to clean as some of the accumulation is hard to get off.</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,</p>				

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	<p>and other debris."</p> <p>3. During an initial tour of the kitchen, at 10:07 AM on 5/17/22, it was observed that the dish machine was only receiving 10 pressure per square inch (psi) during the rinse cycle. A review of the dish machine data plate found that it requires a flow pressure of "20+/- 5 psi" for the rinse cycle. When the psi gauge was pointed out to DM "I", he stated it was a little low.</p> <p>According to the 2013 FDA Food Code section 4-501.113 Mechanical Warewashing Equipment, Sanitization Pressure. "The flow pressure of the fresh hot water SANITIZING rinse in a WAREWASHING machine, as measured in the water line immediately downstream or upstream from the fresh hot water SANITIZING rinse control valve, shall be within the range specified on the machine manufacturer's data plate ..."</p> <p>4. During the initial tour of the Ice Pantry, starting at 10:56 AM on 5/17/22, it was observed that an accumulation of dirt and debris was evident, along with cups and paper trash, underneath the ice machine.</p> <p>During a follow up tour of the kitchen, at 3:22 PM on 5/17/22, it was observed that the floor of the walk in cooler was found with an accumulation of dirt and debris around the perimeter of the unit. It was also observed that onions, butter packets, and paper trash was found under racks on the walk-in cooler floor. Further review of the unit found an accumulation of dust on the grates of the condenser fan.</p> <p>During a follow up tour of the kitchen, at 9:15 AM on 5/18/22, observation underneath the steam table and preparation table found an accumulation of dirt with paper trash, cups, and lids.</p>				

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F0880 SS= E	<p>According to the 2013 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions. "(A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean."</p> <p>Infection Prevention &amp; 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 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</p>	F0880	<p>F880 The facility has established and maintained an infection prevention and control program that is designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infection.</p> <p>In order to assist with identifying appropriate corrective actions and implement systematic changes the facility Infection Control Prevention Coordinator along with the QAPI team will complete a Root Cause Analysis to provide oversight for infection prevention and control within the facility.</p> <p>1. Resident #281 continues to reside in the facility. Resident has been evaluated by the physician and no ill effects noted. The used distilled water in the room was thrown out and replaced. Facility is storing distilled water gallons in the medication room and CPAP is being cleaned and stored properly with all barriers in place daily. Resident #76 continues to reside in the facility. Resident oxygen has a labeled and appropriate oxygen tube in place to meet needs. Contaminated O2 tubing was changed immediately, no ill effects to the resident were noted. O2 tubing is changed out weekly and labeled timely.</p> <p>2. Each resident who requires the use of oxygen and CPAP have the potential to be affected. Residents who use these items were immediately audited and revised as needed. Oxygen tubing changed if needed and CPAP</p>		6/21/2022

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	<p>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. §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>Based on observation, interview, and record review, the facility failed to properly maintain infection control practices: 1.) related to storage of respiratory equipment for 2 residents (Resident #281 &amp; 76), 2.) during performance of perineal care for 1 resident (Resident #76), and 3.) for appropriate use of PPE (personal protective equipment), resulting in the potential for cross-contamination and the development and spread of infection and disease in a vulnerable population.</p> <p>Findings include:</p> <p>Resident #281</p> <p>Review of a "Face Sheet" revealed Resident #281 was a female, with pertinent diagnoses which included: heart failure, chronic obstructive pulmonary disease with acute exacerbation, and obstructive sleep apnea.</p>		<p>stored properly.</p> <p>Staff/residents have the potential to be affected by the deficient use of mask adherence. Re-education of staff initiated to ensure compliance.</p> <p>3. On site management of the Infection Control Prevention team held up by the Infection control Preventionist completed rounds to ensure compliance. Facility staff members will be given re-education by the DON/ICP or designee on the Infection Control practices and procedures, with emphasis on wearing masks, appropriate PPE usage, clean hands and sparkling surfaces. According to the DPOC directive. This education will include but not be limited to source control of wearing masks, appropriate PPE usage, clean hands, and sparkling surfaces.</p> <p>Staff members who were identified deficient in proper PPE practice were immediately educated on use of PPE in the facility and brought to compliance. Those staff members have received education individually and all staff will be reeducated on proper PPE wearing policy. The facility Infection control policies were reviewed by the QAA committee on 6/7/2022 and approved and deemed appropriate.</p> <p>4. The DON/designee will conduct random audits weekly x4 and then monthly x 3 including observation and interview to ensure 1) Proper PPE is being worn by staff. 2) CPAP machines and masks are being cleaned and stored in the proper area 3) Distilled water gallons will be kept in the resident closet. 4) Oxygen tubing is properly labeled and stored to prevent contamination.</p>				

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	<p>Review of a "Minimum Data Set" (MDS) assessment for Resident #281, with a reference date of 3/17/22 revealed a "Brief Interview for Mental Status" (BIMS) score of 13, out of a total possible score of 15, which indicated Resident #281 was cognitively intact.</p> <p>During an observation on 5/17/22 at 10:34 AM in Resident #281's room, noted a mask from a CPAP (continuous positive airway pressure) machine was lying directly on top of books and the top edge of the CPAP machine on Resident #281's nightstand with no barrier. The mask was not covered or contained in any way. Also observed was a gallon of distilled water approximately 2/3 full and dated 5/13/22 sitting directly on the floor next to Resident #281's bed. Resident #281 was not present, but her roommate granted surveyor entrance into the room.</p> <p>During an observation/interview on 5/18/22 at 8:50 AM, Resident #281 reported she used the CPAP machine at night because she stopped breathing in her sleep. Noted the CPAP mask was in a bag in the second draw of Resident #281's nightstand at this time. Resident #281 reported staff usually just left the mask laying out on top of her nightstand and stated, "They just put it in there now because you guys are here." Resident reported the water in the gallon jug on the floor was what staff used to filled her machine. During the interview, Resident #281's roommate came over to Resident #281's side of the room, pointed to the gallon jug and stated, "I filled your water jug for you." Noted the gallon jug of water dated 5/13/22 to be filled within 1 inch from the top of the jug at this time.</p> <p>In an interview on 5/18/22 at 12:35 PM, "Licensed Practical Nurse" (LPN) "AA" reported Resident #281 had a CPAP machine that was used for her sleep apnea. LPN "AA" reported the</p>		<p>Audit results will be taken to the QAPI Committee for review and recommendation and for determination of continued monitoring. Any concerns will be addressed immediately at the time of observation.</p> <p>The Administrator will be responsible for monitoring sustained compliance.</p> <p>The facility's Quality Assessment and Assurance (QAA) Committee must conduct a Root Cause Analysis (RCA) to identify the problem(s) that resulted in this deficiency and develop an intervention or corrective action plan to prevent recurrence, as a part of the Quality Assurance and Performance Improvement (QAPI) program. Information about how to perform RCA can be found at: <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf</a></p> <p>"The QAA Committee must report the results of RCA and the plans for corrective action to the Governing Body.</p> <p>"The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies may be helpful in completing the RCA and can be found at <a href="https://qioprogram.org/covid-19">https://qioprogram.org/covid-19</a>.</p> <p>The facility must take immediate action to implement an infection prevention plan consistent with the requirements at 42 CFR § 483.80 that includes corrective action for the affected residents identified in the CMS-2567, identification of other residents that may have been impacted by the noncompliant practices,</p>				

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	<p>distilled water in Resident #281's room was for the CPAP machine. LPN "AA" reported the distilled water had to be used to maintain the functionality and cleanliness of the machine. LPN "AA" reported the CPAP mask should be stored in a bag to keep it clean between use.</p> <p>In an interview on 5/18/22 at 12:49 PM, "Unit Manager" (UM) "F" reported the CPAP Mask should be stored in a bag when not in use to prevent it from getting dirty and contaminated. UM "F" reported the distilled water was used to keep the machine functional.</p> <p>During an observation on 5/19/22 at 1:16 PM, noted Resident #281 was in her room lying on her bed watching television. Resident #281's CPAP mask was noted to be lying on top of Resident #281's books and the assistive reaching device on her nightstand.</p> <p>In an observation/interview on 5/19/22 at 1:18 PM, "Licensed Practical Nurse" (LPN) "AA" accompanied surveyor to Resident #281's room. LPN "AA" looked at the CPAP mask and stated, "it is not supposed to be stored that way. I washed it with soap and water, and I had it on a towel and I don't know what happened."</p> <p>At 5/19/22 at 1:22 PM, LPN "AA" approached surveyor and reported the CNA (Certified Nursing Assistant) that had taken care of Resident #281 had moved the mask and the towel and didn't know it needed to be stored in a bag.</p> <p>Resident #76 (R76)</p> <p>According to the Minimum Data Set (MDS) dated 5/9/2022, R76 scored 9/15 (moderately cognitively impaired) on her BIMS (Brief Interview Mental Status) received oxygen therapy, required extensive assistance from two-</p>		<p>and implementation of systemic changes.</p> <p>As a part of the corrective action plan, the facility must provide training to all staff providing direct care to residents and all staff entering residents' rooms, whether for residents' dietary needs or cleaning and maintenance services. The training must cover the following topics, in addition to training needs identified by facility:</p> <p>completed the RCA:</p> <ul style="list-style-type: none"> <li>" Sparkling Surfaces - <a href="https://youtu.be/t7OH8ORr5lg">https://youtu.be/t7OH8ORr5lg</a></li> <li>" Standard Infection Control Practices</li> <li>" Disinfecting Shared and Resident Medical Equipment</li> <li>" Appropriate use of PPE</li> </ul> <p>Upon completion of the training, the facility must validate staff competency using a post-training test.</p>		

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	<p>persons for toileting, and had diagnoses that included huntington's disease (progressive neurological disease) and COPD (chronic obstructive pulmonary disease).</p> <p>During an observation and interview on 5/17/22 at 12:56 PM, R76 was supine in her bed, wearing oxygen connected to concentrator. Oxygen was set to deliver at 2.5 lpm (liters per minute) and the tubing was not dated. Resident presented with noticeable tremors and head tilt to left side. R76 stated, "I don't feel good."</p> <p>During an observation and interview on 5/18/2022 at 2:30 PM R76 was in her bed and had initiated her call light for a brief change. Resident was wearing oxygen connected to a concentrator via tubing that was not dated/labeled. Unit Manager (UM) "JJ" and Certified Nursing Assistant (CNA) "U" entered resident's room in to assist with incontinence care. Both UM "JJ" and CNA "U" performed hand hygiene and donned gloves. UM "JJ" used a washcloth to clean R76's perineal area in a back-and-forth motion and did not clean labia or urethral meatus. With soiled wash cloth still in hand, UM "JJ" then moved oxygen tubing from resident's side with soiled washcloth. R76 was rolled to her right side to continue brief change and discovered she had had a bowel movement as well. UM "JJ" placed oxygen nasal cannula on R76's face while holding onto soiled washcloth in same hand. Surveyor observed with UM "JJ", R76's oxygen tubing. UM "JJ" stated, "I don't see the tubing being dated. (name of oxygen company) comes in every week to change out tubing. Nurses should change out tubing if it has been contaminated or not dated for infection control. I did not realize I touched the oxygen tubing with the dirty washcloth. I try to keep everything clean."</p>				



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	<p>During an interview on 5/19/22 at 2:29 PM Director of Nursing (DON) "B" and Assistant Director of Nursing (ADON) "C" stated, "Oxygen tubing should be dated. The tubing should get changed weekly by facility or the oxygen company. The oxygen company comes in once a week to change out tubing and check the machines. The facility should change out tubing if not dated and change out the tubing as needed. ADON "C" stated, "A wash cloth should not be used to clean the perineal area in a back-and-forth motion. It should be a one wipe then fold over motion. It could cause bacteria cross-contamination. The washcloth should not touch oxygen tubing because it could cause bacteria cross-contamination as well."</p> <p>Review of facility policy "Perineal Care of the Female Patient (resident)" review date 1/3/2022, revealed, " ...Perineal care, which includes care of the external genitalia and the anal area ...if patient is incontinent of urine or stool ...standard precautions should be followed during perineal care ...Using a Washcloth ...separate the patient's labia ...to clean the urethral meatus with the washcloth ...Using gentle downward strokes, clean the perineal area from the front to the back of the perineum to prevent intestinal organisms from contaminating the urethra or vagina. Avoid the area around the anus, and use a clean section of the washcloth for each stroke by folding each used section inward to prevent contamination with secretions or discharge ...wet a clean washcloth and rinse thoroughly from front to back because soap residue can cause skin irritation ..."</p> <p>During an observation on 5/18/22 at 10:38 AM, Activity Assistant "FF" was observed seated at the desk in the activity/dining/fellowship room without out his face mask on and without a face shield on. There were residents present in the room.</p>						

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F0921 SS= E	<p>During an observation on 5/18/22 at 10:38 AM, Dietary Aide "BB" was observed seated at a table in the activity/dining/fellowship room with two residents seated next to her, one on each side, without her face mask on or a face shield.</p> <p>In an interview on 5/19/22 at 1:09 pm, Activity Assistant "FF" reported he was to wear a face mask when residents were present and a face shield if he was within 6 feet of a resident.</p> <p>In an interview on 5/19/22 at 1:13 PM, Dietary Manager, RD (DM) "I" reported the dietary staff were to wear a face mask and face shield while in the presence of residents to protect the residents.</p> <p>In an interview on 5/19/22 at 1:15 PM, Dietary Aide "BB" reported she had been experiencing vertigo and that was why she removed her mask and face shield. Dietary Aide "BB" reported the staff wear masks and face shields to protect the residents so "they won't get sick and be safe from COVID."</p> <p>Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the facility failed to thoroughly clean and maintain 11 of 28 resident fans, including the fan of Resident #44, assessed for cleanliness. This resulted in an increase of particulate matter and a possible decrease in satisfaction of living conditions.</p>	F0921	<p>F921- Safe/functional/sanitary/comfortable environment Resident #44 continues to reside in the facility and the fan is clean from debris/dirt. Residents residing in the facility that have personal fans have the potential to be affected. An audit of personal fans was conducted to ensure they were clean and free from debris/dirt. No further concerns were identified. The QAPI Committee reviewed the General Cleaning Policy and found it to be appropriate. Housekeeping personnel were re-educated to policy. Director of Housekeeping Services and/or</p>	6/21/2022	

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	<p>Findings include:</p> <p>Resident #44</p> <p>Review of a "Face Sheet" revealed Resident #44 was a male, with pertinent diagnoses which included: major depressive disorder and obstructive sleep apnea.</p> <p>In an observation/interview on 5/17/22 at 10:40 AM, Resident #44 was lying in his bed in his room watching television. There was a portable fan on the floor blowing directly toward Resident #44's face and body. Observed a large accumulation of dust and debris on the front grates of the fan, the back of the fan at the motor, and on the fan blades. Multiple dust balls (the size of a pencil eraser) remained attached to the fan grates but were flapping off the grates toward Resident #44. Resident was tearful during the interview and told me he was at the facility waiting to die so that he could be with his wife who had died a few years prior. Resident #44 reported the fan was his and he did not know when it was last cleaned.</p> <p>In an observation on 5/18/22 at 8:48 AM, Resident #44 was lying in his bed in his room and appeared to be asleep. The portable fan was on the floor blowing directly toward Resident #44's face and body. Observed a large accumulation of dust and debris on the front grates of the fan, the back of the fan at the motor, and on the fan blades. Multiple dust balls (the size of a pencil eraser) remained attached to the fan grates but were flapping off the grates toward Resident #44.</p> <p>In an observation/interview on 5/18/22 at 12:24 PM, "Housekeeping / Laundry Supervisor" (HLS) "J" reported resident personal fans were supposed to be checked every day by the housekeepers and</p>		<p>designee will conduct weekly audits x4 and monthly x3 to ensure that personal fans are clean and maintained in a sanitary condition. Concerns will be addressed immediately and results of the audits will be presented to the QAPI Committee for further review and/or recommendations.</p> <p>Administrator is responsible for overall sustained compliance.</p>		

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	<p>should be dusted if they were dirty. HLS "J" reported resident personal fans were also on the cleaning checklist to be deep cleaned once a month. HLS "J" reported cleaning fans was important to prevent cross contamination. HLS "J" inspected Resident #44's fan and reported that it had not been cleaned "in a while."</p> <p>In an interview on 5/18/22 at 2:42 PM, HLS "J" reported had done an audit of the facility and determined that there were 28 resident personal fans in the building and that 11 of them needed to be cleaned. HLS "H" reported housekeeping staff would get to work cleaning them right away.</p>						