

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  025019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2024
NAME OF PROVIDER OR SUPPLIER  Petersburg Medical Center Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE  103 Fram Street Petersburg, AK 99833	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40259</p> <p>Based on record review and interview, the facility failed to attempt gradual dose reductions (GDRs) on psychotropic medications for 3 residents (#'s 5, 7, and 10), out of 8 selected residents. This failed practice had the potential to place the residents at risk for unnecessary medications. Findings:</p> <p><b>Resident #5</b></p> <p>Record review on 3/4-8/24 and 3/11/24 revealed Resident #5 was admitted to the facility on [DATE] with an identified problem of depression.</p> <p>Further review revealed Resident #5 was taking Citalopram (Celexa - an antidepressant medication) 20mg (milligrams) PO (by mouth) daily. This medication was started on 5/3/22.</p> <p>Review of Resident #5's medical record revealed a psychotropic medication consent form for Celexa was signed on 5/2/22. Further review of the medical record revealed no documentation that a GDR was attempted for this medication. No contraindication for a GDR for Celexa was documented in the medical record.</p> <p>Review of Resident #5's care plan revealed an identified problem of LTC [Long Term Care] Mood State, dated 6/5/22. One outcome listed for this problem was shows interest and interacts with others. One intervention listed for this problem was Citalopram 20mg daily, dated 5/30/22.</p> <p>Review of Resident #5's physician notes, dated 12/27/23 and 2/20/24, revealed no documentation of the identified problem of depression or the use of Celexa.</p> <p><b>Resident #7</b></p> <p>Record review on 3/4-8/24 and 3/11/24 revealed Resident #7 was admitted to the facility on [DATE] with a diagnosis of aggression in dementia and an identified problem of dementia in Alzheimer's disease with depression.</p> <p>Further review revealed Resident #7 was taking the following psychotropic medications:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Divalproex (Depakote - a medication used to treat seizures and bipolar disorder, can be used to treat mood) 250 mg PO BID (twice a day). This medication was started in 2022.</p> <p>2. Clonazepam (Klonopin - A sedative used to treat seizures, panic disorder, and anxiety) 0.5mg PO TID (three times a day). This medication was started in 2022.</p> <p>3. Citalopram (Celexa) 20mg PO daily. This medication was started in 2022.</p> <p>Review of Resident #7's medical record revealed a psychotropic medication consent form for Depakote, Klonopin, and Celexa was signed on 1/10/23. Further review revealed a GDR was attempted for Celexa on 11/2/22, however this attempt failed and was returned to the current 20mg dose daily on 1/12/23. A GDR was attempted for Klonopin in 10/2023, however this attempt failed and was returned to the current 0.5mg TID daily on 10/10/23.</p> <p>Further review revealed no documentation that a GDR was attempted for Depakote. No contraindication for a GDR was documented for Depakote in the medical record.</p> <p>Review of Resident #7's care plan revealed an identified problem of LTC Psychosocial Well-Being, dated 1/6/23. The outcome listed for this problem was appropriate social interactions with others. Interventions listed for this problem were Citalopram daily - see EMAR [electronic medication administration record] .; Depakote - See EMAR. Combative unsafe behaviors; and Clonazepam - See EMAR. Combative unsafe behaviors, all dated 1/6/23.</p> <p>Resident #10</p> <p>Record review on 3/4-8/24 and 3/11/24 revealed Resident #10 was admitted to the facility on [DATE] with a diagnosis of dementia with aggressive behavior.</p> <p>Further review revealed Resident #10 was taking the following psychotropic medications:</p> <p>1. Divalproex (Depakote) Delayed Release 125 mg PO BID. This medication started on 5/25/23.</p> <p>2. Olanzapine (Zyprexa - an antipsychotic medication) 5mg PO every night at bedtime. This medication started on 5/25/23.</p> <p>3. Escitalopram (Lexapro - an antidepressant medication) 10mg PO daily. This medication started on 5/25/23.</p> <p>Review of Resident #10's medical record revealed a psychotropic medication consent form for Depakote, Zyprexa, and Lexapro was signed on 5/25/23. Further review of the medical record revealed no documentation that GDRs were attempted for any of these medications. No contraindications for GDRs were documented in the medical record.</p> <p>Review of Resident #10's care plan revealed an identified problem of LTC Psychosocial Well-Being, dated 6/26/23. The outcome listed for this problem was appropriate social interactions with others. Interventions listed for this problem were Lexapro - See EMAR; Depakote sprinkles - See EMAR; and Olanzapine d/t [due to] [extreme] aggression and combative behaviors, all dated 6/26/23.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/8/24 at 8:20 AM, Physician #8 stated he/she had not attempted GDRs of these medications. Physician #8 further stated he/she was not aware of any documentation in Resident #10's medical record to indicate a GDR would have been contraindicated for these medications.</p> <p>Review of the facility's policy Unnecessary Drugs, LTC, dated 7/2023, revealed: . Tapering of a Medication Dose/Gradual Dose Reduction (GDR) . Medications will be reviewed for potential tapering or GDR monthly during the pharmacist's medication regimen review, quarterly at care planning assessments, and as needed for changes in resident condition or behavior . Antipsychotic Medications. Within the first year for resident admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility will attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first years, GDR must be attempted annually, unless clinically contraindicated . Tapering considerations specific to sedative/hypnotics. For as long as a resident remains on a sedative/hypnotic that is used routinely and beyond the manufacturer's recommendations for duration of use, the facility should attempt to taper the medication quarterly unless clinically contraindicated . Psychopharmacological Medication considerations (other than antipsychotics and sedatives/hypnotics). Within the first year for residents admitted on a psycho-pharmacological medication or after the facility has initiated an antipsychotic medication, the facility will attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first years, GDR must be attempted annually, unless clinically contraindicated .</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>50078</p> <p>Based on record review, observation, and interview, the facility failed to ensure: 1) a Minced and Moist (MM5) diet was provided as ordered for 1 resident (#12), out of 8 residents reviewed; and 2) an alternative, of MM5 texture, was offered when needed to the same resident. This failed practice created a potential to receive food in a form that did not meet the resident's needs and poses a risk of compromised preferences and satisfaction with meals. Findings:</p> <p>Resident #12</p> <p>Record review on 3/4-8/24 and 3/11/24 revealed Resident #12 was admitted to the facility with diagnoses that included malnourished (characterized by inadequate intake of protein and energy, resulting in a state of deficiency), weakness (characterized by a reduced strength or energy in the body), dysphagia (refers to difficulty or discomfort in swallowing food, liquids or saliva), cerebral palsy (group of neurological disorders that affect movement and posture), and poor dentition (condition of teeth and overall oral health).</p> <p>Review of the physician orders for Resident #12 revealed a diet order, dated 8/24/23, for Minced &amp; Moist/IDDSI [International Dysphagia Diet Standardization Initiative] 5, Thin/IDDSI0, NAS [no added salt], food in bowls, built-up utensils, mug with lid &amp; straw.</p> <p>MM5 Diet</p> <p>An observation on 3/5/24 at 12:45 PM and during lunch, revealed Resident #12 seated in the dining room eating what appeared to be dessert. Further observation revealed the remainder of the food on the lunch tray was untouched. The meal of spiral pasta with red sauce, cauliflower, and garlic toast looked soft and had a smooth, paste-like texture. Review of the diet card on the tray revealed Minced &amp; Moist diet texture.</p> <p>A review of the recorded menus for the week revealed the menu for lunch included: banana, rotini pasta w/ meat sauce, cauliflower, and garlic bread.</p> <p>An observation on 3/6/24 at 5:05 PM during dinner, revealed Resident #12 seated in the dining room. After the dinner tray was placed in front of Resident #12, he/she became tearful and appeared upset. Resident #12 verbalized he/she did not want his/her food smashed. Certified Nursing Assistant (CNA) #7 appeared to console the resident, rubbing his/her back and told him/her it will be ok. Further observation of the meal tray revealed all food items looked soft and had a smooth past-like texture.</p> <p>A review of the recorded menus for the week revealed the menu for dinner included: apple ginger pork roast, baked beans, butternut squash, and old-fashioned fruit pie.</p> <p>An observation on 3/7/24 at 8:45 AM and during breakfast, revealed Resident #12 did not eat the presented meal.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the recorded menus for the week revealed the menu for breakfast included: applesauce, oatmeal, cheese quiche, and fruit yogurt.</p> <p>During an interview on 3/7/24 at 8:14 AM, when asked about Resident #12's meal tray and the texture of the meal, CNA #20 stated, I think it's supposed to be minced and moist . that would be something more like finely chopped and this breakfast is looking like pureed; it doesn't really have form or crumble to it.</p> <p>During an interview on 3/7/24 at 9:20 AM, regarding therapeutic diets and the difference between regular, minced &amp; moist (MM5), and pureed, the Dietary Manager (DM) stated the IDDSI level parameters were used as a reference for their approach at the facility. When asked to describe the textures of these diets, the DM stated, Pureed is a completely smooth, spoon texture, no lumps, no texture and sometimes needs to be thickened for a spoon test where as soon as you drop it, it should fall like pudding would, we call it a plop test. Then referring to the MM5 diet: the DM stated, .needs to be of a specific size, these need to be able to be smashed through the gaps of a fork, we call it the fork test, when you lift the fork, the food needs to be able to stay on the fork and not fall, also food can't crumble -if some foods cannot be minced then we have to pureed it (like bread, corn, peas), although that does not happen often here; . other foods like cottage cheese are a natural MM5 diets . [and] to explain how we obtain that MM5 texture I would say, first we chop, then we use the Vitamix Blender and dial the speed on a lower speed (5 or 6) to mince it.</p> <p>During an interview on 3/6/24 at 5:00 PM, Cook #3 stated that the process used to obtain a MM5 diet included, using the Vitamix blender pulsing at a dial speed of 6, 7, or 8 whereas a speed of 9 or 10 would be used to puree the meals.</p> <p>During an interview on 3/7/24 at 9:20 AM, and when provided a sample of quiche from Resident #12 uneaten breakfast of that morning, the DM stated that it looked pureed and stated it was pureed because breads cannot be minced &amp; moist.</p> <p>Review of the facility's policy Diet formulary, revised on 10/2023, revealed: . all departments will use the standardized diet formulary provided by the facility registered dietitian . when ordering an altered texture diet, both liquid and solid consistency must be indicated in the order. Names of altered textures follow the International Dysphagia Diet Standardization Initiative (IDDSI) .</p> <p>Alternative Choice</p> <p>Review of the facility's policy Dietary Services, LTC [Long Term Care], dated 7/2023, revealed:</p> <p>.PMC [Petersburg Medical Center] prepares food by methods that conserve nutritive value, flavor, and appearance for each resident. PMC serves food that is palatable, attractive, and is the proper temperature . Food is prepared and served in a form that is designed to best meet the needs of each individual resident, i. e. pureed, ground, etc. Food substitutes that are of similar nutritive value will be offered to residents who refuse the food that is served . Therapeutic diets will be prescribed by the resident's attending physician and are assessed by the interdisciplinary team to support the treatment needs of the resident and plan of care.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy Menu Substitutions, dated 6/2019, revealed: . All efforts will be made to serve the menu as posted or a substitute of similar nutritive value will be served to patients/residents who refuse the food served in accordance with CMS Rev. 167, 2/10/2017 . 483.60(d)(5) . If a substitution must be made, then a food item of similar nutritional value will be used.</p> <p>During an interview on 3/7/24 at 9:20 AM, when asked about the alternatives available to the therapeutic diets like the MM5 diet, the DM stated, we don't do alternatives for foods that can't be minced, they [referring to the kitchen staff] just pureed it.</p> <p>Regarding Resident #12's emotional reactions when he/she gets food that was pureed instead of MM5 as per diet order, the DM stated: I am aware [he/she] has been crying, just not sure it is about the food, I have asked the SLP [Speech Language Pathologist] therapist to review Resident #12 multiple times and I am just following the SLP notes . I know Resident #12 doesn't care for [his/her] diet, but [he/she] chocked before, so I think the reactions are a mix of things.</p> <p>Review of Resident #12's SLP Progress Summary note, dated 2/14/24, revealed: . resident is also very emotional and upset about current diet level (MM5, thin liquids). Pt [patient] observed to self-administer &gt; [more than] 20 PO [by mouth] trials comprised of soup, MM5 foods, and thin liquid. [He/she] did not demonstrate any s/s [signs or symptoms] of aspiration. Recommending Pt remain on MM5/thin liquid diet.</p> <p>Random observations on 3/4-8/24 revealed Resident #12 seemed overall joyful and happy except when it was time to eat. He/she was observed twice, getting tearful after seeing his/her food pureed and stated to the surveyors that he/she did not care for eating the provided food when the texture appeared pureed, which Resident #12 referred to as smashed.</p> <p>Record review of Resident's Council meeting minutes on 1/31/24 revealed Resident #12 does not like their food smashed up.</p> <p>Record review of Resident's Council meeting minutes on 2/28/24 revealed that Resident #12 spoke up about how [he/she] does not like the food smashed. According to these notes, Resident #12 was very emotional talking about food.</p> <p>Review of a Phone Message - Final Report, dietary note, dated 3/7/24 by the DM to Resident #12's physician, revealed: Over the past quarter Resident #12 has been expressing that [he/she] no longer likes the Minced and Moist diet and becomes easily tearful when talking about it. I have reported it to the SLP a couple of times, who has assessed Resident #12 to be safe from choking on the MM5 diet, does not recommend a diet upgrade . with resident's recent weight gain and now dental care, hopefully [he/she] will be able to get stronger muscle control and hopefully diet upgrades will be safe in the future. Do you have any new orders or direction regarding this diet?</p> <p>Review of the facility's IDDSI book, dated 2021 and adopted at the facility, revealed the following IDDSI food and texture descriptions:</p> <p>Pureed diet:</p> <p>- Usually eaten with a spoon;</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Does not require chewing;</li> <li>- Shows some very slow movement under gravity but cannot be poured;</li> <li>- Falls off spoon in a single spoonful when tilted and continues to hold shape on a plate;</li> <li>- No lumps; and</li> <li>- Not sticky.</li> </ul> <p>Minced &amp; Moist:</p> <ul style="list-style-type: none"> <li>- Can be eaten with a fork or a spoon;</li> <li>- Could be eaten with chopsticks if the individual has good hand control;</li> <li>- Can be scooped and shaped (e.g.,[exempli gratia - for example] into a small ball shape) on a plate;</li> <li>- For an adult, equal to or less than 4mm [millimeters] width and no longer than 15mm in length; and</li> <li>- Lumps are easy to squash with tongue.</li> </ul> <p>Also, per IDDSI Level 5: Minced and Moist:</p> <p>. This diet may be appropriate for individuals with swallowing or dental problems and requires no chewing or biting. Foods are chopped, minced, ground, shredded, cooked, or altered to make them easier to chew and swallow . to achieve optimal intakes, diets should be planned with the individual's preferences and cultural norms in mind. This form also details those certain foods like vegetables may need pureed; Grains at least half of grains should be whole, at proper consistency: breads are gelled or pureed following a recipe. And Protein Foods, should be chopped or ground, moisten with sauce/gravy .</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>40259</p> <p>Based on record review and interview, the facility failed to ensure the mandatory submission of staffing information based on payroll-based journal (PBJ) data was submitted for the Fiscal Year (FY) Quarter 4 2023 (July 1 - September 30, 2023). This failed practice potentially denied residents and/or representatives (based on a census of 12), and the public, accurate staffing data when accessing the Nursing Home Compare website. Findings:</p> <p>Review on 3/4-8/24 and 3/11/24 of the facility's PBJ Staffing Data Reported, FY Quarter 4 2023 (July 1 - September 30), revealed the facility failed to submit data for the Quarter and had a one-star staffing rating due to the failure to submit the data.</p> <p>During an interview on 3/7/24 at 3:12 PM, the Interim Administrator stated the FY Quarter 4 2023 PBJ data submission was missed.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50078</p> <p>Based on record review, observation, and interview, the facility failed to ensure proper hand hygiene was performed during wound care treatment for 1 resident (#11), out of 8 residents reviewed. This failed practice created a potential risk for infection, wound healing, and quality of care. Findings:</p> <p>Record review on 3/4-8/24 and 3/11/24 revealed Resident #11 was diagnosed with erythema to lateral edge and ingrown toenail to right great toe on 2/13/24.</p> <p>Review of Resident #11's physician orders revealed an active order for: Bacitracin [an antibiotic ointment commonly used to prevent infection in skin injuries such as cuts, scrapes, and burns] topical, 0.9 g [gram] 1 app [application], Topical, ointment, BID [two times a day], First Dose: 02/22/24 .</p> <p>Review of Resident #11's EMAR (electronic medication administration record) revealed an active order for Bacitracin topical ointment two times a day BID. Review of the comment section of the order revealed: apply pea size amount to erythematous area of right great toe and right third toe and cover with adhesive bandage.</p> <p>An observation on 3/7/24 at 8:30 AM, of Resident #11's Bacitracin application, revealed Licensed Nurse (LN) #6 removed the adhesive bandage from Resident #11's right toe while wearing gloves. LN #6 was observed to palpate the toe and exposed wound. Without changing gloves, and without cleaning the site, LN #6 applied fresh Bacitracin ointment by placing the Bacitracin directly on the contaminated glove he/she wore and applied it directly to the wound. After this, LN #6 removed the gloves and executed hand hygiene.</p> <p>Review of Resident #11's wound care notes, dated 3/3/24 and 2/13/24, revealed: .open wound noted to treated areas; addressed with wound cleanser and gauze initially and finished with chlorhexidine to clean wound and surrounding skin. Bacitracin applied to bilateral lateral nails folds and covered with adhesive bandage . Resident to be seen again to assess and clean wounds and change dressings if needed.</p> <p>An interview on 3/7/24 at 2:30PM regarding the above findings, the Infection Preventionist stated the practice that the facility would promote in this type of scenario would include, I would change gloves and have performed hand hygiene before applying the Bacitracin on the glove and then back to the patient to make sure there wasn't any contamination.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's resource instructions provided on 3/8/24 at 9:13 AM titled Lippincott procedures - Topical skin drug application - implementation, revised 5/22/23, revealed the following pertaining the topical skin drug application: put on gloves and as needed, other personal protective equipment to comply with standard precautions and prevent medication absorption through the skin . Expose the area to be treated. Make sure that the skin or mucous membrane is intact . if necessary, clean the skin of debris, including crusts and epidermal scales, with mild soap and water and a washcloth .Remove medication from skin, if it remains from a previous dose, to prevent skin irritation from medication accumulation . Change your gloves if they become soiled. Perform hand hygiene before putting on a new pair of gloves . Apply the medication to the affected area with long, smooth strokes that follow the direction of hair growth .</p> <p>Review of the facility's policy Hand hygiene, LTC [Long Term Care], last revised on 10/2018, revealed: . Hospital personnel shall practice hand hygiene to prevent the spread of infections . Before applying and after removing gloves . Before and after touching a patient/resident and/or their surroundings and when changing tasks (from dirty to clean) .</p>		