

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Providence Seward Mountain Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 2203 Oak Street Seward, AK 99664	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42377</p> <p>Based on observation, interview and record review, the facility failed to ensure respect and dignity were provided to 1 resident (#11) out of 12 sampled residents. Specifically, the Licensed Nurse (LN) #1 failed to provide privacy during administration of topical medications to the resident. This failed practice denied the resident of his/her right for respect and dignity.</p> <p>Findings:</p> <p>Record review from 9/9-12/24, revealed Resident #11 had diagnoses that included aphasia (a language disorder), unspecified signs and symptoms involving cognitive functions following cerebral infarction (stroke), and chronic pain (persistent discomfort).</p> <p>Review of the Quarterly Assessment Minimum Data Set (MDS - a federally required nursing assessment), dated 8/1/24, revealed in Section C - Cognitive Patterns, the response for brief interview for mental status was No (resident is rarely/never understood).</p> <p>Review of the Care Plan, dated 8/6/24, revealed Resident #11's needs and preferences . I have [a] problem communicating, being able to express myself.because I have expressive aphasia, I can say yeah but may not be reliable with my answers.</p> <p>An observation on 9/10/24 at 8:38 AM, revealed Resident #11 with 2 other residents (#16 and #39) were eating breakfast in the dining area. LN #1 approached Resident #11 and applied eye drops to each of the Resident's eyes. LN #1 then gave oral medications. After giving the oral medication, LN #1 applied topical medication to Resident's right hand. Then, LN #1 removed Resident's right shoe, pulled the sock halfway down and applied topical medication to resident's right ankle.</p> <p>Further observation revealed 3 other unidentified staff were in the area. The cottage was an open living lay-out where the dining area was visible to the kitchen and living room. The dining area was also visible from the patio through a glass wall. People could come and go in the lodge passing through the dining area.</p> <p>During an interview on 9/10/24 at 8:48 AM, when asked of the medication administered to Resident #11, LN #1 stated: Refresh Plus 1 drop per eye for dry eyes and Diclofenac Sodium 1% 4 grams applied to right hand and right ankle for pain.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 025024	Facility ID: 025024 If continuation sheet Page 1 of 12

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The LN further stated he/she was supposed to apply Diclofenac Sodium gel to Resident #11's right shoulder but the Resident was not cooperative. LN stated he/she planned to apply the medication after breakfast. At 8:49 AM, Resident #11 remained in the dining area after breakfast. LN #1 pulled Resident #11's shirt off to expose the shoulder and applied Diclofenac Sodium gel to Resident #11's shoulder.</p> <p>During an interview on 9/12/24 at 4:30 PM, when asked what the expectation for the nurse was in applying eye drops and topical medication to residents, the Director of Nursing (DON) stated It [eye drops and cream] should be administered inside the resident's room to provide privacy unless the resident chose to be given where they are at.</p> <p>Review of facility's policy PSMH (Providence [NAME] Mountain Haven) Medication administration, dated 1/2024, revealed: .Oral medications may be administered to residents at dining room table, if the resident [was] agreeable, however, medications by any other route must not be given at [the] dining room table to provide privacy and dignity.</p> <p>Review of the Providence [NAME] Mountain Haven Resident Handbook 2022/2023, revealed: Resident Rights. You have the right to be treated with dignity and respect .</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50078</p> <p>Based on observation, interview and record review, the facility failed to ensure 1) accurate information regarding the grievance officer was available to the residents and 2) residents could file a grievance anonymously. This failed practice denied all residents and their representatives (for a census of 39) the right to file a grievance while maintaining confidentiality and having the grievance resolved.</p> <p>Findings:</p> <p>Grievance Official Information:</p> <p>Review of the Providence [NAME] Mountain Haven [PSMH] - Resident Handbook 2022/2023, with the Admission Coordinator (AC), revealed on page 27 the</p> <p>PSMH Grievance Official (GO) listed was GO #1. The current GO was GO #2, who was the Quality Improvement Coordinator (QIC).</p> <p>During an interview on 9/12/24 at 10:00 AM, the QIC stated he/she was in charge of all the grievances. He/she provided the surveyors with documentation regarding Resident Rights. The QIC stated resident rights were given to residents on admission in a packet and stated he/she did not realize that some of the paperwork did not have the correct grievance officer's name. When describing the process of filing a grievance, he/she stated that the caregiver would offer to give help to the residents fill out the complaint form if the resident was not able to fill out the form on their own. The QIC stated the binder was accessible to all residents in the dining area. The QIC also stated once the grievance was received, he/she would follow up on it in person with an interview, then he/she would write a letter to the resident and/or their guardian with the resolution of the grievance. He/she added that's dependent on the level of the complaint or if there was abuse.</p> <p>During an interview on 9/11/24 at 3:00 PM, when asked Social Services (SS) #2 about the grievance officer listed in the resident handbook, he/she stated: oh yeah, I didn't realize that GO#1 left us. SS #2 further stated I couldn't tell you when he/she left, maybe less than a year. SS #2 confirmed the Providence [NAME] Mountain Haven- Resident Handbook 2022/2023, was currently being used with new admissions.</p> <p>During an interview on 9/12/24 at 9:00 AM at the Fireweed lodge with LN#72, regarding the question: Who is the grievance officer?</p> <p>He/she stated: I don't really know, I would have to get back to you on that, but in the past if I have a grievance, I would call the social worker to get in here and handle it.</p> <p>The same nurse was unaware of the grievance box being used for that purpose and stated, that box in the corner is for suggestions only.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 9/12/24 at 11:11 AM with LN #69, at the Raven lodge regarding the question: Who is the grievance officer? He/she stated: If I am in Alabama, I know their names but now I don't know their names. Oh my God I don't know. During a same day interview at 11:40 AM, CNA #9 at the Eagle Lodge stated: First you tell the nurse and then .[name of unknown staff #1].</p> <p>During a simultaneous interview on 9/12/24 at 12:25 PM at the Lupine Lodge, regarding the question: Who is the grievance officer? CNA #8 stated the grievance officer was the social worker. LN #3 stated he/she checked the board, and the grievance officer was [name of unknown staff #2].</p> <p>Review of the policy and procedure titled, Resident Complaints/Concerns and grievances, last revised on 4/2024 revealed: . C. The facility must make information on how to file a grievance or complaint available to the resident. The facility must also make available the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number .</p> <p>Filing of Grievance anonymously:</p> <p>During a meeting with the Resident Council on 9/11/24 at 1:30 PM, when residents were asked the question: do you know how to file a complaint or grievance?, 10 residents (#s7, 10, 16, 26, 27, 28, 29, 31, 32, 37) out of 11 residents who attended the meeting stated they did not know how to file a grievance. Resident #19 was aware of the process to file a grievance.</p> <p>During an interview on 9/11/24 at 2:30 PM, the QIC was unaware that residents did not know how to file a grievance.</p> <p>During an interview on 9/11/24 at 3:00 PM, with SS #2 who also served as the AC, he/she stated that residents typically get informed on grievances when they receive their Resident Handbook which happens after they arrive to the facility and/or is sent to their representatives/families after admission.</p> <p>Review of the document titled: Feedback/Communication, no date, filed in the binder titled Resident Concerns/Complaints/Feedback - Providence Mountain Haven, that was kept on the counter of each dining area of each lodge, revealed: residents have the right to submit concerns anonymously.</p> <p>During random observations from 9/9-13/24 in all lodges, revealed square wooden boxes titled, Suggestion box, were on the counters in the dining areas. These boxes were unlocked.</p> <p>Review of the policy and procedure titled, Resident Complaints/Concerns and grievances, last revised 4/2024 revealed: .6) Anyone [staff member, resident, visitor, family member, or resident representative, etc.] may request and complete a Feedback/Communication form for any reason. The forms are in the binder, location has been determined by residents in the lodge for their access. Concerns and grievances may be submitted anonymously by submitting it into a box in hearth area of each lodge .</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>50031</p> <p>Based on record review and interview, the facility failed to provide written notice of bed-hold policy upon an emergent transfer to the hospital of 1 resident (#38), out of 12 sampled residents. This failed practice denied the resident of the facility's bed-hold policy, placing the resident at risk for losing his/her bed at the facility due to an extended stay at the hospital.</p> <p>Findings:</p> <p>Record review from 9/9-13/24, revealed Resident #38 was admitted at the facility with a diagnosis of panlobular emphysema (respiratory disorder characterized by problems with fully exhaling air).</p> <p>Review of Nursing notes, on 9/9/24 at 9:28 PM, a nurse received an order to send Resident #38 to the emergency room (ER) for evaluation. On the same date, Resident #38's Durable Power of Attorney (DPOA) was informed of the resident being sent to ER .</p> <p>Review of facility's LTC Bed Hold Policy, last revised date 5/2022, revealed: . 4. Notice of Bed-Hold Guidelines for Transfers: a. Before a non-emergency transfer to a hospital or therapeutic leave, the facility will inform the resident and a family member or legal representative of the . [facility] guidelines on bed holds. This is accomplished using the Bed Hold Guidelines and Notice form . b. As soon as practical after an emergency hospital transfer the facility will inform the resident and resident representative of the facility's guidelines on bed holds. This is accomplished using the Bed Hold Guidelines and Notice form .</p> <p>Review of facility's Bed Hold Guidelines and Notice form, last revised date 10/2020, revealed: . It is a Federal Requirement (483.12(b) (1)) that we notify you in writing of our Bed Hold Policy upon admission and when you leave the facility for hospitalization or a therapeutic leave. This letter serves as that notification . Signature of Resident . Signature of Representative .</p> <p>During an interview on 9/12/24 at 4:10 PM, LN #3 stated he/she was not aware of a bed hold policy when a resident was transferred out of the facility.</p> <p>During an interview on 9/12/24 at 4:15 PM, LN#11 stated the bed hold form should have been printed off and placed in the packet with all the records being sent to the hospital with the resident. Then, the nurses should have documented in the electronic health record (EHR) that the bed hold policy was provided to the resident.</p> <p>During an interview on 9/12/24 at 4:30 PM, Social Services (SS #2) stated he/she should have called a resident's representative/guardian to discuss bed holds. However, SS #2 denied calling Resident #38's guardian to provide the bed hold policy.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43792</p> <p>50031</p> <p>Based on observation, interview, and record review, the facility failed to ensure drugs and medical supplies were labeled and stored in accordance with acceptable professional principles for 19 residents (#s 1, 3, 4, 5, 10, 13, 14, 18, 22, 23, 24, 25, 29, 31, 32, 33, 36, 37, and 38) out of 19 residents who resided in Eagle and Lupine lodges. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1) discard expired medical supplies in 1 medication room (Lupine Lodge) out of 4 medication rooms inspected in the facility. 2) discard expired medical supplies in 1 medical supply storage room (Lupine Lodge) out of 4 medical supply storage rooms inspected in the facility, and 3) store insulin pens with prescription labels and protected barriers in 2 medication carts (Eagle and Lupine lodges) out of 4 medication carts inspected in the facility. <p>This failed practice had the potential to place all residents in Eagle and Lupine lodges at risk of receiving expired supplies and adverse effects due to medication errors.</p> <p>Findings:</p> <p>Medical supplies:</p> <p>An observation, during the Lupine Lodge tour, on [DATE] at 7:55 AM, revealed expired medical supplies in the medical supply storage room:</p> <ul style="list-style-type: none"> 1- 24 g. tube of toothpaste, Sparkle Fresh; manufacturer's expiration date was [DATE]. 1- Care Fusion, 001206, adult aerosol mask, manufacturer's expiration date was [DATE]. 1- Care Fusion, 001206, adult aerosol mask, manufacturer's expiration date was [DATE]. <p>An observation, during the Lupine Lodge tour, on [DATE] at 8:20 AM, revealed expired medical supplies in the medication room:</p> <ul style="list-style-type: none"> 15- ConvaTec, Aquacel Ag Advantage Enhanced Hydrofiber Dressing with Silver, 10cm x 12cm/4-inch X 5-inch, manufacturer's expiration date was [DATE]. <p>Labeling and storage of insulin pens:</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on [DATE] at 9:10 AM, of Lupine Lodge's medication cart, revealed a Lantus insulin pen in the right second drawer of the medication cart, stored with other resident's medication and medical supplies. The insulin pen was rolling around in the drawer, not in the original dispensing box or in a zipped bag. The only identification on the insulin pen was written in black marker on a 1.5- inch piece of clear tape, which included Resident #25's first name, open date of [DATE], and expiration date of [DATE]. Licensed nurse (LN)#3 stated the Lantus pen belonged to Resident #25 and was to be administered at bedtime. LN #3 stated this was how the medication had been stored but he/she further stated that it should be in a box and have a pharmacy label on it.</p> <p>During an interview on [DATE] at 3:30 PM, LN #11 stated that it was the facility's process to store together the medications which were administered with the same routes. Extra boxes of the medications were stored in the refrigerator. The instructions were kept as reference in the Medication administration record.</p> <p>During an interview on [DATE] at 4:00 PM, the Director of Nursing (DON) explained the process for storing the insulin pens and insulin boxes. She stated the insulin pens were kept in their original containers, and this was acceptable.</p> <p>An observation on [DATE] at 11:47 AM, of Eagle Lodge's medication cart, revealed two insulin pens were stored in the small compartment in the upper sliding drawer. In this drawer were stored 1 Basaglar Kwik Pen with the Resident #3's name and an open date of [DATE] handwritten in black marker. Also in this compartment was another insulin pen, Resident #23's Lantus Solostar injection with an opened date of [DATE] and expiration date of [DATE] handwritten in black marker. These insulin pens were not labeled with a prescription label and stored without the original dispensing boxes or zipped bag. These pens were not secured and could roll around easily.</p> <p>A second observation on [DATE] at 9:01 AM, revealed LN#3 opened the Lupine Lodge's medication cart's right second drawer. Lantus insulin pen was rolling around, not in the original dispensing box or secured in a zipped bag. The only identification on the insulin pen was written in black marker on a 1.5- inch piece of clear tape, which included Resident #25's first name, open date of [DATE], and expiration date of [DATE].</p> <p>During an interview on [DATE] at 10:42 AM, the Pharmacist stated multidose medications were dispensed to the facility in the package supplied by the manufacturer. Insulin was supplied in the manufacturer's box with a pharmacy prescription label. The Pharmacist further stated if the prescription order was less than 3 pens, then the insulin pen(s) would be dispensed in a zipped baggie with a pharmacy prescription label. The Pharmacist stated medications were expected to have a prescription label attached which included the resident's name, physician, route, dosing, time, and name of medication. He/she further stated administering medications without a prescription label was not the best practice. The Pharmacist stated medications stored without a prescription label could cause a near miss medication error. He/she further stated insulin pens rolling around in the drawer was not a sanitary practice. The Pharmacist stated he/she had seen this practice in the past but further stated he/she will make changes.</p> <p>Review of the facility's policy PSMH Storage of Medication, last revised ,d+[DATE], revealed: B. Each resident's medications and topicals are stored separately from other resident's medications . 5. Improperly labeled, deteriorated, and expired items are not stored in medication areas . 12. Medications are stored in the packaging received from the pharmacy .</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Lippincott procedure, last revised [DATE], accessed at https://procedures.lww.com/lnp/view.do?pld=5968053&disciplineId=12427, on [DATE], revealed: Compare the medication label to the order in the patient's medical record .</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42377</p> <p>Based on observation, interview and record review, the facility failed to ensure food safety for 18 residents (#s 2, 10, 11, 16, 17, 18, 19, 20, 21, 24, 25, 27, 29, 31, 32, 37, 39, and 40) who received food from the Lupine and Raven lodges' kitchen out of 20 residents that resided in the lodges. This failed practice had the potential to place the residents at risk of receiving contaminated food and food borne illness.</p> <p>Findings:</p> <p>Improper food labeling:</p> <p>During initial tour at the Raven Lodge kitchen on [DATE] at 2:00 PM, revealed the following opened food items in the refrigerator:</p> <p>1-quart half and half, with no opened date and no use by date.</p> <p>1- gallon 2% milk, with no opened date and no use by date.</p> <p>Further observation in the kitchen, revealed opened Simply thick it (a thickener added to residents' fluid or beverages) was on the counter. The [NAME] #1 stated he/she also used a powder thickener by showing Ready care instant thickener. These thickeners had no open date and no use by date label.</p> <p>During the initial tour on [DATE] at 2:00 PM, in the food storage room, a frozen mushroom soup was labeled , d+[DATE], with no use by date.</p> <p>During an interview on [DATE] at 2:05 PM, [NAME] #1 stated the half and half and milk were opened today ([DATE]). He/she explained both food items go fast so they don't label an open date. The [NAME] also stated he/she would find out the expiration guideline for the mushroom soup.</p> <p>During initial tour at Lupine Lodge kitchen on [DATE] at 3:30 PM, revealed:</p> <p>1- 16-ounce Custom Culinary, Beef Base, with no opened date or no expiration date.</p> <p>1- 12- ounce Monarch, Honey, no opened date or no expiration date.</p> <p>1- clear bag with brown bread slices, no opened date or no expiration date.</p> <p>1- clear bag marked English Muffin containing 4 muffins, opened date [DATE] and no expiration date.</p> <p>During an interview on [DATE] at 4:09 PM with the Dietary Manager, when asked about the frozen mushroom soup expiration date, she stated she would find out. When asked about the thickener liquid and powder, she stated those items should have been labeled with opened date and expiration date. When asked about the half and half and milk, she stated she was not told to put opened date for half-half because they go through half and half in one day and rotates so fast.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Expired food items:</p> <p>During initial tour at Lupine Lodge kitchen on [DATE] at 3:30 PM, revealed:</p> <p>1) Dry Pantry:</p> <p>1- 1.3-ounce, Nutri Grain raspberry bar, manufacturer's expiration date was, [DATE].</p> <p>1- 16-ounce, Custom Culinary, Low-Sodium Vegetable Base, manufacturer's expiration date was [DATE].</p> <p>1- 16-ounce, Glenview Farms, Sweet Cream Butter, Unsalted, packaging torn, no opened date, no used by date and no manufacturer's expiration date.</p> <p>2) Lodge Kitchen:</p> <p>3- ,d+[DATE] Sandwich made of brown bread, Item PB&J, Prepared Date, ,d+[DATE], Use By, ,d+[DATE],</p> <p>1- 16-ounce Custom Culinary, Low-Sodium Chicken Base, covered with Saran wrap, opened date [DATE] and expiration date was [DATE].</p> <p>Review of the facility's Food Storage Guidelines, undated, no reference, revealed: Refrigerated items. milk after opening, the expiration date was the date on the package. The guidelines further revealed the expiration date of half and half was the date in the package.</p> <p>There was no guideline for frozen mushroom soup.</p> <p>Review of facility's policy PSMCC [Providence [NAME] Medical Center] Food Receiving & Storage, Effective date ,d+[DATE], revealed: . Label & date foods that have been .opened with 'opened on' and 'use by' date.</p> <p>Review of United States Department of Agriculture (USDA), How long can you keep dairy products like yogurt, milk, and cheese in the refrigerator?, Dated [DATE], accessed at this link: https://ask.usda.gov/s/article/How-long-can-you-keep-dairy-products-like-yogurt-milk-and-cheese-in-the-refrigerator, revealed: Milk can be refrigerated seven days.</p> <p>Review of Food and Drug Administration (FDA), Food Code, dated ,d+[DATE]/ 23, accessed at this link: https://www.fda.gov/food/retail-food-protection/fda-food-code, revealed: . Limitation of Growth of Organisms of Public Health Concern . Commercially prepared food . (B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the</p> <p>PREMISES. (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by</p> <p>date based on FOOD safety.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Providence Seward Mountain Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 2203 Oak Street Seward, AK 99664	

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 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>42377</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control and prevention practices were observed during resident care for 1 unsampled resident (#20) out of a census of 39 residents. Specifically, 1) the Certified Nurse Assistants (CNAs) failed to change soiled gloves before moving from dirty areas to clean areas and 2) CNAs failed to perform hand hygiene between glove changes. This failed practice placed the resident at an increased risk for transmission of disease and infection.</p> <p>Findings:</p> <p>During an observation on 9/11/24 at 9:17 AM, CNAs #1 and #2 performed Resident care to Resident #20. The CNAs were wearing gloves. CNA #1 wiped Resident's face with a wet washcloth followed by a dry washcloth. CNA #2 wiped the Resident's left arm and armpit with a wet washcloth followed by a dry washcloth. Then, CNA #2 while still wearing the same gloves, applied lotion to the Resident's left arm and sprayed deodorant onto the resident's armpit. On the other side of the bed, CNA #1 did the same to resident's right arm.</p> <p>During the same observation, CNA #2 cleaned Resident #20's perineal area (private parts) with a wet washcloth followed by a dry washcloth. Then, he/she rolled up the soiled brief. While wearing the same soiled gloves, CNA #2 held the Resident's right leg and arm and turned towards CNA #2. CNA #2 removed the soiled gloves and without performing hand hygiene, he/she put on new gloves.</p> <p>The same observation, revealed CNA #1 removed Resident #20's foam dressing in the buttocks, checked the Resident's skin, cleaned the Resident's buttocks and anal area with a wet washcloth, and then handed the soiled wet washcloth to CNA #2. CNA #2 put away the soiled washcloth in the laundry bag while continuing to hold the Resident's leg. CNA #1 stated We will rinse you . [Resident's name]. CNA #1 wiped the Resident's buttocks and anal area with a saturated wet washcloth and then handed the soiled washcloth to CNA #2. CNA #2 put away the soiled washcloth into the laundry bag and after this, while wearing the soiled gloves, he/she continued to hold the Resident's leg and arm.</p> <p>During the same observation, CNA #1 rolled up the soiled brief and wiped the Resident's buttocks with a dry washcloth. While wearing the same soiled gloves, CNA #1 put a new brief on the Resident. Then both CNAs dressed the Resident in his/her pants and shirt. After this, the CNAs placed the Hoyer lift (a mechanical lift device) sling under the Resident. While wearing the same soiled gloves, CNA #2 placed the wheelchair next to the bed and placed a pillow and a pad onto the wheelchair and then transferred the Resident with the Hoyer Lift into the wheelchair. CNA #1 removed all the soiled linens and pillowcases. CNA #1 removed the soiled gloves and without performing hand hygiene, CNA #1 put on new gloves.</p> <p>During an interview on 9/12/24 at 2:02 PM, the Infection Preventionist stated the CNAs were trained on hand hygiene during caregiver orientation, during skills fair, and annually.</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 Hand Hygiene Policy, dated 9/2019, revealed: .Gloves.hand hygiene should be practiced immediately after removal of gloves.Indications for Hand Hygiene, hand hygiene will be performed before and after the following activities.after taking off gloves. if moving between contaminated body sites to another body site during care of the same patient.</p> <p>Review of Centers for Disease Control and Prevention (CDC), Clinical Safety: Hand Hygiene for Healthcare Workers, dated 2/27/24, accessed at this link: https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html, revealed: . Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene before donning gloves and touching the patient or the patient's surroundings. Always clean your hands after removing gloves.</p>