STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	025030	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Kodiak Island Med Ltc	1915 E Rezanof Drive Kodiak, AK 99615

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 42377 50031 Based on record review, observation and interview, the facility failed to ensure residents' right to dignity and respect was honored for three residents (#'s4, 13, and 15), out of 21 residents (total census). Specifically, Certified Nurse Assistants (CNAs) used a cloth protector to wipe the residents' nose and mouth after dining. Additionally, a CNA transferred a resident in an ARJO lift (transfer lift device) from the resident's room to a chair in the living room. These failed practices placed the residents not being valued as a person with dignity and respect. Findings: Dining Experience: Resident #4 Record review on 11/18-22/24, revealed Resident #4 was admitted to the facility with diagnoses that included Parkinson's disease (a disorder of the central nervous system that affects movement) and dementia (a condition that affects memory and thinking). Review of Resident #4's Care Plan, dated 9/27/24, revealed: .assist me with food/fluid intake to promote adequate nutrition/hydration. During a dining observation on 11/18/24 at 4:57 PM at Salmonberry Unit, Resident #s 2, 4, 7, & 15 were at the long table having dinner. CNA #1 was feeding Resident #4. During an observation on 11/18/24 at 5:53 PM, CNA #1 was sitting next to Resident #4 and was observed to wipe Resident #4's nose with a cloth protector after dining. Then, the CNA wiped Resident's nose again with a paper napkin. After which, the CNA walked away carrying used plate and utensils and returned with a washcloth and wiped Resident's face and hands. Resident #15 Record review on 11/18-22/24, revealed Resident #15 was admitted to the facility with diagnoses that included palliative care and dementia. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #15's Care Plan, dated 11/12/24, revealed: .I NEED: help with all my ADLs [Activities of Daily Living] .I EAT: with 1 helper providing more than half the effort.MY GOAL IS: participate in my ADLs as much as possible .maintain my dignity. During an observation on 11/21/24 at 8:47 AM at Salmonberry Unit, Resident #s 2, 4, 7, & 15 were at the long table and Resident #s 10, 18, and 72 were sitting at separate tables respectively. Further observation revealed, CNA #5 was observed to wipe Resident #15's mouth with a cloth protector after dining, then CNA #5 wheeled resident to the living room. During an interview on 11/21/24 at 10:00 AM, CNA #2 explained how the CNAs should prepare and help residents during dining. He/she stated the CNAs should bring the residents in the dining area, provide the residents with hand hygiene, place a cloth protector, and serve drinks and meals. When asked how they should wipe the residents' mouth if there were food crumbs around residents' mouth and after residents eat, CNA stated they should have used a washcloth to wipe residents' mouth or face after dining. Review of the facility's Standard of Care, dated 7/2024, revealed: . After Meal Care: Respectfully offer warm washcloth to clean hands and face. Assist as needed, Remove clothing protector. Transfer of a Resident: Record review on 11/18-22/24, revealed Resident #13 was admitted to the facility with diagnosis of a stroke. During an observation on 11/20/24 at 8:47 AM, Resident #13 was in an ARJO sling (resident elevated in the air) while CNA #2 was transferring resident from his/her room to the living room recliner. Only one CNA was operating the lift. No observation of another CNA was assisting with the transfer. During an interview on 11/19/24 at 2:10 PM, CNA #2 stated Resident #13 requires two-person assistance for care and one person assist for feeding at times. During an interview on 11/21/24 at 10:05 AM, CNA #4 stated Resident #13 requires assistance of a lift device for transfers from bed to chair or chair to bed. CNA #4 stated Resident #13 had been transferred in the ARJO lift from the resident's bed then to the living room chair in the community space because it provides less transferring of the resident. During an interview on 11/21/24 at 1:00 PM, Administrator was asked for the facilities policy for the ARJO transfer device and the manual for the equipment. ARJO, Maxi Move, Maintenance and Repair Manual, dated 7/2008 copy was provided. No policy for transfer devices or transferring of a resident was provided prior to the exit of survey. Review of ARJO Maxi Move Maintenance and Repair Manual, dated 9/2008, revealed: . The Maxi Move is a mobile patient lifter and is used for transferring patients from bed or chair to the toilet or bath . Review of the facility's My Rights and Responsibilities, undated, revealed: . I have the right. to be treated with respect and dignity by all my caregivers.

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50031 Based on observation, interview, and record review, the facility failed to ensure: 1) Informed consent was obtained prior to the use of bed rails for 16 residents (#'s 1, 2, 4, 5, 6, 10, 11, 12, 13, 15, 16, 18, 19, 72, 122, and 172), out of 21 residents reviewed; and 2) Assessments for the risk and benefits of the use of bedrails, prior to the use of bedrails, for 5 residents (#'s 4, 13, 16, 18 and 19), out of 21 residents reviewed. This failed practice had the potential to place residents at risk of falls, entrapment, and other preventable accidents. Findings: Random observations on 11/18-22/24 revealed Resident #'s 1, 2, 4, 5, 6, 10, 11, 12, 13, 15, 16, 18, 19, 72, 122, and 172 all had raised upper side rails on his/her beds. During an interview on 11/21/24 at 12:15 PM, Licensed Nurse (LN) #4 stated nurses completed a weekly nursing summary about bedrails. When asked if any consents or assessments were required with the use of bedrails, LN #4 stated he/she was not aware. LN #4 further stated that LN #7 took care of bedrail assessments. During an interview on 11/21/24 at 12:16 PM, LN #7 stated he/she had noticed some beds had the siderails up and was not aware siderails were up. LN #7 further stated the residents must have a siderail assessment completed in the electronic health record (EHR), but no resident or resident representative consent was needed, and no physician order was necessary. Resident #1 Record review on 11/18-22/24 revealed Resident #1 was admitted to the facility with diagnoses that included dementia (a condition that affects memory and thinking) and COPD (Chronic Obstructive Pulmonary Disease) (lung disease that blocks air flow and make it difficult to breathe). Review of Resident #1's medical record revealed the resident had side rail assessments completed on 10/30/23, 1/25/24, 7/16/24, and 10/14/24. Further review of Resident #1's medical record revealed no informed consent regarding the use of bed rails was found. Resident #2 Record review on 11/18-22/24 revealed Resident #2 was admitted to the facility with diagnoses that included dementia, stroke, and hemiplegia (partial or complete paralysis on one side of the body). Review of Resident #2's medical record revealed the resident had side rail assessments completed on 1/18/24, 4/15/24, 7/10/24, and 10/7/24. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of Resident #2's medical record revealed no informed consent regarding the use of bed rails was found. Resident #4 Record review on 11/18-22/24 revealed Resident #4 was admitted to the facility with diagnoses that included dementia and Parkinson's Disease (disorder that affects movement, often including tremors). Review of Resident #4's medical record revealed no side rail assessments or informed consent regarding the use of bed rails was found. Prior exiting from the facility, requested side rail assessments were not provided for Resident #4. Resident #5 Record review on 11/18-22/24 revealed Resident #5 was admitted to the facility with diagnoses that included Schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly), hemiplegia, and seizure. Review of Resident #5's medical record revealed the resident had side rail assessments completed on 1/29/24, 4/23/24, 7/20/24, and 10/16/24. Further review of Resident #5's medical record revealed no informed consent regarding the use of bed rails was found. Resident #6 Record review on 11/18-22/24 revealed Resident #6 was admitted to the facility with diagnoses that included COPD and vision loss both eyes. Review of Resident #6's medical record revealed the resident had side rail assessments completed on 2/8/24, 8/5/24, and 10/30/24. Further review of Resident #6's medical record revealed no informed consent regarding the use of bed rails was found. Resident #10 Record review on 11/18-22/24 revealed Resident #10 was admitted to the facility with diagnoses that included heart failure, seizure disorder, diabetes mellitus, and generalized weakness. Review of the Resident #10's medical record revealed the resident had side rail assessments completed on 1/12/24, 4/8/24, 7/2/24, and 9/30/24. Further review of Resident #10's medical record revealed no informed consent regarding the use of bed rails was found. Resident #11 (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review on 11/18-22/24 revealed Resident #11 was admitted to the facility with diagnosis that included dementia. Review of the Resident #11's medical record revealed the resident had side rail assessments completed on 11/21/23, 2/15/24, 8/12/24, and 11/6/24. Further review of Resident #11's medical record revealed no informed consent regarding the use of bed rails was found. Resident #12 Record review on 11/18-22/24 revealed Resident #12 was admitted to the facility with diagnosis that included dementia. Review of Resident #12's medical record revealed the resident had side rail assessments completed on 1/9/24, 4/4/24, 7/1/24, and 9/26/24. Further review of Resident #12's medical record revealed no informed consent regarding the use of bed rails was found. Resident #13 Record review on 11/18-22/24 revealed Resident #13 was admitted to the facility with diagnoses that included dementia and depression. Review of Resident #13's medical record revealed no side rail assessments or informed consent regarding the use of bed rails was found. Prior exiting from the facility, requested side rail assessments were not provided for Resident #13. Resident #15 Record review on 11/18-22/24 revealed Resident #15 was admitted to the facility with diagnosis that included dementia. Review of Resident #15's medical record revealed the resident had side rail assessments completed on 2/12/24, 5/9/24, 8/6/24, and 11/4/24. Review of Resident #15's medical record revealed no side rail assessments or informed consent regarding the use of bed rails was found. Resident #16 Record review on 11/18-22/24 revealed Resident #16 was admitted to the facility with diagnoses that included seizure disorder, unspecified ataxia (medical problem that causes problems with movement) and reduced mobility. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #16's medical record revealed no side rail assessments or informed consent regarding the use of bed rails was found. Prior exiting from the facility, requested side rail assessments were not provided for Resident #16. Resident #18 Record review on 11/18-22/24 revealed Resident #18 was admitted to the facility with diagnosis that included Schizophrenia. Review of Resident #18's medical record revealed no side rail assessments or informed consent regarding the use of bed rails was found. Prior exiting from the facility, requested side rail assessments were not provided for Resident #18. Resident #19 Record review on 11/18-22/24 revealed Resident #19 was admitted to the facility with diagnoses that included renal disease and depression. Review of Resident #19's medical record revealed no side rail assessments or informed consent regarding the use of bed rails was found. Prior exiting from the facility, requested side rail assessments were not provided for Resident #19. Resident #72 Record review on 11/18-22/24 revealed Resident #72 was admitted to the facility with diagnosis of dementia. Review of Resident #72's medical record revealed the resident had side rail assessment completed on 10/31/24. Further review of Resident #72's medical record revealed no informed consent regarding the use of bed rails was found. Resident #122 Record review on 11/18-22/24 revealed Resident #122 was admitted to the facility on [DATE] with diagnoses that included unspecified dementia, gout, and COPD. Review of Resident #122's medical record revealed the resident had side rail assessment completed on 11/7/24. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of Resident #122's medical record revealed no informed consent regarding the use of bed rails was found. Resident #172 Record review on 11/18-22/24 revealed Resident #172 was admitted to the facility on [DATE] with diagnoses that included CVA (cerebrovascular accident), hemiplegia, and unspecified dementia. Review of Resident #172's medical record revealed the resident had side rail assessment completed on 11/21/24. Further review of Resident #172's medical record revealed no informed consent regarding the use of bed rails was found. Surveyors requested the facility's Bedrail Policy on 11/22/24 from Administration. Bedrail policy not provided prior to the exit from the facility.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 42377 Based on interview and record review the facility failed to designate a registered nurse to serve as the Director of Nursing (DON) on a full-time basis. Specifically, from 11/13-22/24 there was no full-time DON. This failed practice, of not having a full-time DON to provide oversight of nursing staff, daily management, direction and support, had the potential to place all residents (based on census of 21) at substantial risk for subquality of care. Findings: During an entrance conference on 11/18/24 at 4:20 PM, the Providence Kodiak Island Medical Center (PKIMC) Chief Executive Officer (CEO) stated Licensed Nurse (LN) #2, who was a nursing supervisor, was designated as DON since the DON was on leave. Review of the email from DON, dated 11/13/24, revealed the DON would be out and return on 12/2/24. Further review of the email revealed the points of contact for assistance were: . -First point of contact . [name of Support Manager (SM)] -Second point of contact . [name of LN #2] - If you need additional support or escalation, please contact . [name of PKIMC Executive Director of Nursing (EDON)] or . [name of CEO]. Additionally . [name of Long-Term Care (LTC) Administrator] will be in the office next week if you need in-person support. Review of the facility's staff 2024 Schedule, dated 11/2024, revealed the DON was on Personal Time Off (PTO) from 11/13-22/24. LN #2: During an interview on 11/19/24 at 8:15 AM, LN #2 stated he/she was only available until 10:00 AM, then after 2:00 PM due to responsibilities of another position outside the facility. LN #2 stated had been in his/her position since 8/21/24. LN #2 stated, I am not much of a resource to staff since he/she was still new to the position and still learning the role as the nursing supervisor. During the same interview, LN #2 stated he/she was covering for the DON. However, he/she explained he/she was covering for some DON tasks because he/she did not know all the DON tasks. Further review of the facility's staff 2024 Schedule, dated 11/2024, revealed LN #2 was not on schedule on 11/14-15/24 and 11/18/24. On 11/22/24, he/she was scheduled only for 3 hours. Review of LN #2's Current Pay Period, dated 11/2024, revealed the following hours in the Daily column: (continued on next page)

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F 0727

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

On 11/14/24 3.28 hours

On 11/15/24 1 hour

On 11/18/24 it was blank, no hours recorded

and on 11/22/24 it was blank, no hours recorded

EDON:

Review of the Executive Director of Nursing Kodiak Providence work schedule, undated, revealed: .Nursing Leader On-Call while LTC DON is on [leave] November 13-27/24.

Review of the EDON's Previous Pay Period, dated 11/2024, revealed the EDON had regular 8 hours/day on 11/14-15/24 and 11/18-22/24.

During an interview on 11/22/24 at 9:14 AM, the EDON confirmed her work hours was from 8:00-4:30 PM Monday to Friday at PKIMC as oversight of all clinical areas in the hospital.

When asked what her role as EDON in the LTC, she stated she served as a resource for the LTC DON for anything about leadership.

During an interview on 11/22/24 at 9:15 AM, EDON stated the LTC DON was out on leave and currently LN #2 had stepped in to handle the day-to-day needs. LN #2 would only consult with EDON if needed. EDON stated she had not come to the LTC facility over the last 2 weeks.

LTC Administrator:

During an interview on 11/21/24 at 4:47 PM, when asked if LN #2 covered for the DON, the LTC Administrator stated LN #2 was a LTC Manager. The LTC Administrator stated LN #2 would call the EDON or the CEO if something came up.

During the same interview, the LTC Administrator [who was based out of town] stated she would report to the facility on e week a month and when she was not in the facility, she was on-call and could fly to Kodiak if needed. The LTC Administrator clarified that the EDON and the LTC Administrator covered for the DON while the DON was out.

Nursing Staff:

During an interview on 11/19/24 at 9:38 AM, LN #3 stated [LN #2] goes back and forth but if I need [ed] to reach [him/her], I have [him/her] on my phone. [He/she]'s new in this higher position.

During an interview on 11/21/24 at 2:47 PM, when asked if LN #2 covered for DON while the DON was out, LN #1, stated LN #2 was a nursing supervisor. LN #1 stated: [I] don't know what [LN #2] does, [LN #2] might support. LN #1 stated the EDON covered for the DON.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility's Director Long Term Care RN [Registered Nurse] Job Description, dated 6/1/08, revealed: .GENERAL SUMMARY The Director LTC RN provides clinical leadership, day to day clinical management and direction at the Chiniak Bay Elder House [Providence Kodiak Island Medical LTC].

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50031 Based on observation, interview, and record review, the facility failed to ensure foods were prepared, stored and labeled in accordance with professional standards for food safety for all residents (based on a census of 21). Specifically, the facility failed to ensure: 1) foods were labeled and dated; 2) expired foods were discarded; 3) proper sanitization of food surfaces; and 4) proper sanitizing of dishes and cookware. These failed practices had the potential of causing or spreading foodborne illness to all residents, who received food from the affected kitchens. Findings: Main Kitchen 1) Dry Storage: An observation, during the initial main kitchen tour on [DATE] at 4:30 PM, revealed: -Two- 20-ounce packages of [NAME] Family Size 5 Cheese Tortellini with a use or freeze by dated [DATE]; -One- 1 gallon container of Four [NAME] Wine Vinegar with a best if used by dated [DATE]; -Six- 13-ounce packages of Monarch Classic [NAME] Gravy Mix, dated 101824; -Three- 1-gallon containers of [NAME] Mayo Light Mayonnaise, no expiration date; -Four- 13-ounce packages of Pioneer Low Sodium Roast Beef Flavored Gravy Mix, no expiration date; -Three- 12-ounce packages of Custom Culinary Pan Roast Gravy Low Sodium [NAME] Gravy Mix, no expiration date; -One clear tub containing 3 separate clear bags, with a taped piece of paper on the side of the clear tub, Thick & Easy Texture Modified Bread & Dessert Mix 9LB 9 LB [Alternate ID: 48862] with a weight of 19.70,no expiration date. 2) Kitchen Shelves: An observation, during a subsequent main kitchen tour on [DATE] at 12:13 PM, revealed: -One- 1 fluid ounce container of Spice Islands Pure Lemon Extract best by dated [DATE]; -One- 1 fluid ounce container of [NAME] Pure Orange Extract best by dated Jun 23 19; -One- 8 fluid ounce containers of Baker's Imitation Vanilla Flavor with a written opened dated (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	[DATE]; -One- 1 fluid ounce container of [NAME] Coconut Flavor best by dated [DATE]; -One- 1 fluid ounce container of [NAME] Food Color best by dated [DATE]; -One- 16-ounce package of Great Value Baking Soda opened dated [DATE]. 3) Salmonberry Kitchenette: An observation, during the initial Salmonberry kitchenette tour on [DATE] at 6:02 PM, revealed: a) Refrigerator: - Two- 18 fluid ounce containers of Boost Balanced Nutritional Drink dated 22OCT2024; - 13- 8.45 fluid ounce containers of Katefarms Vanilla Glucose Support dated [DATE]. b) Cupboard: - Three- 18 fluid ounce containers of Boost Balanced Nutritional Drink dated 22OCT2024. During an interview on [DATE] at 2:04 PM, Kitchen Manager (KM) #1 stated all containers should have been labeled with an expiration date. KM #1 also stated the staff should have labeled all containers with a used by date, if no manufacture date was on the label. KM #1 stated further, staff were to be using the Food Labeling Guidelines. Sanitizing Buckets: Upon observation, during the initial Fireweed kitchenette tour on [DATE] at 5:45 PM, CNA #6 tested the red sanitizing bucket with a QAR QC Test Strips (chemical test strips). CNA #6 stated the results was 50 PPM (parts per million). CNA #6 was not aware of what the recommended PPM level should be. CNA #6 stated the kitchen staff tested the buckets. During a simultaneous interview and observation on [DATE] at 5:58 PM, CNA #7 stated the Salmonberry kitchenette's red bucket was the rinse bucket and the green bucket was for washing. CNA # 7 tested the red bucket with a QAR QC Test Strips and stated the results was yellow. CNA #7 was not aware of what the recommended PPM level should be. QAR QC Test Strips dated [DATE]. During an interview on [DATE] at 11:10 AM, Food Service Staff (FSS) #1 stated FSS took the red and green buckets to the units four times per day and changed the kitchen bucket every 4 hours. The PPM results should have been between ,d+[DATE] PPM to be acceptable sanitation levels. When asked what the process was if the results were 50 PPM, FSS #1 stated that indicated the solution needed to be changed. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Providence Kodiak Island Med Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE: 1915 E Rezanof Drive Kodiak, AK 99615	

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on [DATE] at 2:04 PM, KM #1 stated that the sanitizing buckets were prepared by the kitchen staff and provided to the Fireweed and Salmonberry kitchenettes three times daily. When asked what the sanitizing PPM levels should have been, KM #1 stated it should have been ,d+[DATE] PPM. KM #1 further stated if the sanitizing results were less than 200 PPM, the buckets should have been changed with new sanitizing solution and retested prior use. Dishwasher: During an interview on [DATE] at 2:05 PM, KM #1 stated the Ecolab reader mounted on the wall next to the dishwasher read the temperatures incorrectly. KM #1 stated the Ecolab technician evaluated the reader last week and determined it was malfunctioning. KM #1 stated the Ecolab Technician verified the dishwasher gauge located on the lower portion of the dishwasher was reading accurately. KM #1 stated on the Communication Board located out in the kitchen area stated what gauge the dishwashing staff were to have been using. When asked what dishwashing temperature was sanitizing, KM #1 stated 180 degrees. When asked regarding the Dish Machine Sanitizing Log Month/Year: [DATE], rinse temperature results on , d+[DATE]-,d+[DATE] and ,d+[DATE]-,d+[DATE] of below 180 degrees, KM #1 stated, I think the staff are confused what temperature from what gauge to write down. KM #1 further stated, staff needs education. Record review of facility's Dish Machine Sanitizing Log Month/Year: [DATE], - [DATE] at 8:00, Rinse Temp. 100, - [DATE] at 2:00, Rinse Temp. 102, - [DATE] at 10:00, Rinse Temp. 100, - [DATE] at 1:50, Rinse Temp. 98, - [DATE] at 11:00, Rinse Temp. 104, - [DATE] at 1:10, Rinse Temp. 103, - [DATE] at 10:30, Rinse Temp. 100, - [DATE] at 2:00, Rinse Temp. 101, - [DATE] at 9:40, Rinse Temp. 102, - [DATE] at 2:30, Rinse Temp. [no recorded number], - [DATE] at 11:30, Rinse Temp. 102, - [DATE] at 2:00, Rinse Temp. 102, - [DATE] at 7:30, Rinse Temp. 102, - [DATE] at 2:30, Rinse Temp. 102, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- [DATE] at 8:00, Rinse Temp. 103, - [DATE] at 2:00, Rinse Temp. 102, - [DATE] at 10:50, Rinse Temp. 110, - [DATE] at 1:35, Rinse Temp. 102, - [DATE] at 7:50, Rinse Temp. 102, - [DATE] at 2:30, Rinse Temp. 104, - [DATE] at 10:10, Rinse Temp. 100, - [DATE] at 3:00, Rinse Temp. 102, - [DATE] at 11:10, Rinse Temp. 110, - [DATE] at 1:20, Rinse Temp. 101, - [DATE] at 9:55, Rinse Temp. 101, - [DATE] at 1:00, Rinse Temp. 100, - [DATE] at 2:00, Rinse Temp. 102, - [DATE] at 11:05, Rinse Temp. 103, - [DATE] at 2:00, Rinse Temp. 100. Record review on [DATE] at 6:00 PM, SALMONBERRY Dish Machine Sanitizer Log located in the Salmonberry Kitchenette revealed: Wash Temperature must reach ,d+[DATE] degrees, and rinse must reach 180 degrees. Record review on [DATE] at 6:00 PM, SALMONBERRY Dish Machine Sanitizer Log located in the Salmonberry Kitchenette revealed missing and incomplete entries dated: [DATE], and [DATE]. Record Review on [DATE] at 6:00 PM, revealed that SALMONBERRY Dish Machine Sanitizer Log located in the Salmonberry Kitchenette contained Wash Temp log entries that were below 160 F (Fahrenheit) dated: - [DATE] at 5:30 PM: 156 F, - [DATE] at 7:00 AM: 156 F and 12:00 PM: 156 F, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- [DATE] at 8:00 AM: 156 F and 1:00 PM: 156 F, - [DATE] at 8:30 AM: 155 F, 12:15 PM: 156 F, and 6:00 PM: 156 F, - [DATE] at 8:30 AM: 154 F, 1:00 PM: 156 F, and 6:30 PM: 157 F, - [DATE] at 8:30 AM: 157 F, 12:30 PM: 156 F, and 6:30 PM: 156 F, - [DATE] at 8:30 AM: 157 F, 12:30 PM: 156 F, and 6:00 PM: 156 F, - [DATE] at 6:00 PM: 156 F, - [DATE] at 8:30 AM: 156 F, 12:30 PM: 150 F, and 6:30 PM: 155 F, - [DATE] at 8:30 AM: 155 F, and 6:30 PM: 157 F, - [DATE] at 7:00 AM: 156 F, 12:00 PM: 156 F, and 5:30 PM: 157 F, - [DATE] at 5:30 PM: 157 F, - [DATE] at 8:00 AM: 154 F, - [DATE] at 7:00 AM: 154 F, 12:00 PM: 157 F, and 6:00 PM: 157 F, - [DATE] at 8:30 AM: 157 F, and 12:30 PM: 149 F, - [DATE] at 8:30 AM: 143 F, and 12:38 PM: 142 F, - [DATE] at 6:30 PM: 157 F, - [DATE] at 6:50 PM: 157 F, - [DATE] at 8:30 AM: 157 F, 1:30 PM: 150 F, and 6:30 PM: 157 F, - [DATE] at 6:30 PM: 151 F, - [DATE] at 7:05 PM: 156 F, - [DATE] at 6:00 PM: 157 F, - [DATE] at 6:45 PM: 156 F, - [DATE] at 8:00 AM: 152 F, and 12:30 PM: 157 F, - [DATE] at 7:00 AM: 157 F, 12:00 PM: 157 F, and 6:00 PM: 156 F, - [DATE] at 5:00 PM: 157 F, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- [DATE] at 5:15 PM: 156 F, - [DATE] at 8:30 AM: 148 F, - [DATE] at 8:41 AM: 156 F, - [DATE] at 8:30 AM: 156 F, 12:30 PM: 157 F, and 5:30 PM: 152 F, - [DATE] at 5:00 PM: 151 F, - [DATE] at 6:00 PM: 156 F, - [DATE] at 6:00 PM: 157 F, - [DATE] at 8:00 AM: 157 F, 12:15 PM: 157 F, and 6:35 PM: 157 F, - [DATE] at 6:15 PM: 156 F, - [DATE] at 12:00 PM: 154 F, and 6:30 PM: 157 F. Record Review on [DATE] at 6:00 PM, revealed that SALMONBERRY Dish Machine Sanitizer Log located in the Salmonberry Kitchenette contained Rinse Temp log entries dated [DATE] was 172 F . Review of the facility's policy Dish Machine Operation, last revised on ,d+[DATE], revealed: .Wash cycle temperature will be 160F, rinse temperature at least 180F or higher, and surface temperature at least 160F ., and .Temperature Recording: The FNS [Food Nutrition Staff] staff loading the dish machine will be responsible for checking and logging temperatures on the dish washing temperature log sheet throughout the use of the machine, at least 3 times a day .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50031 Based on observation, interview and record review the facility failed to ensure infection control procedures were properly implemented. Specifically, the facility failed to ensure staff contained linen during transportation. This failed practice had the potential to affect all residents (based on census of 21) for risk of the spread of infectious disease. Findings: During an observation on 11/19/24 at 9:50 AM, Certified Nursing Assistant (CNA) #2 with gloves on was transporting unbagged linen from Resident #172's room passing through the community area to the dirty linen cart. During an interview on 11/21/24 at 10:05 AM, CNA #4 stated all linens brought from a resident's room should be placed into a plastic bag before leaving the room and taken to the dirty linen cart in the hall of the community area. During an interview on 11/21/24 at 2:50 PM, Infection Control Preventionist (ICP) stated all linens should be bagged inside the resident's room before transporting. ICP stated no PPE (personal protective equipment) was required when placing bags into the dirty linen cart. Record review of the facility's 2023-2024 Chiniak Bay Elder House, Infection Prevention Program revealed: . Protecting caregivers, visitors and the healthcare environment. Limiting unprotected exposure to pathogens by using . barrier precautions including personal protective equipment .

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42377 Based on record review and interview, the facility failed to ensure emergency care equipment was maintained. Specifically, the facility failed to complete the Automated External Defibrillator (AED) regular maintenance per manufacturer's recommendation. This failed practice had the potential to place all residents (based on a census of 21) at risk of not receiving emergency care. Findings: Record review of the facility's 2024 [NAME] AED Plus Monthly Inspection Log, dated from 1/2024 to 12/2024, revealed five steps to inspect the AED as: Step 1 press and hold the On/Off button; Step 2 AED Status Indicator Test Red X or [NAME] as check mark; Step 3 Defibrillator unit is clean, no spills, clear of objects on top, & casing intact with response choices of Yes or No; Step 4 Cables and Connectors are secured, and not damaged (cracks, broken wires, etc.) with response choices of Yes or No; and Step 5 AED unit supplies have two pads. One for Adult and Pediatric. Further review of the inspection log revealed: Step 2 was not marked either X or check marked from 1/2024 to 11/2024, with a total of 11 months. Step 3 was not marked yes or no from 6/2024 to 9/2024 and 11/2024, with a total of 5 months. Step 4 was not marked yes or no from 2/2024 to 11/2024, with a total of 10 months. During an interview on 11/22/24 at 11:35 AM, the Administrator stated that the incomplete responses in the inspection log would mean that the staff forgot to encircle the responses. When asked for clarification, the Administrator clarified that it meant that the staff would encircle the responses if the staff had checked the AED if it was clean and the cables were secured and not damaged. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the [NAME]'s Ensure AED Readiness with Regular Maintenance, dated 2024, accessed at this link: https://www.[NAME].com/en-GB/Other%20Resources%20and%20Links/how-to-maintain-aed, on 11/22/24, revealed: .AEDs are sophisticated medical device that are designed for years of service, but they require regular inspections and basic care to remain in proper working condition. This includes visually inspecting the AED regularly to confirm its readiness status, storing it in an temperature controlled area, and replacing consumables such as batteries and electrode pads to comply with expiration dates . Routine Inspection and Maintenance Checklist. Follow our simple maintenance checklist to ensure that your AED will be ready when you need it: The unit is clean, undamaged, and free of excessive wear. The green status indicator shows that the AED has passed its most recent self-test. The housing has no cracks or loose parts. The electrodes are present, sealed in their package, and within their expiration date. All cables are free of cracks, cuts, and exposed or broken wires. The battery is within its expiration date.