

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025031	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/23/2024
NAME OF PROVIDER OR SUPPLIER South Peninsula Hospital Ltc		STREET ADDRESS, CITY, STATE, ZIP CODE 4300 Bartlett Street Homer, AK 99603	

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 0568</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>42377</p> <p>Based on interview and record review, the facility failed to ensure full and complete accounting of personal funds were reported quarterly to all 25 residents (#s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10,11,12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26) out of 25 residents residing at the facility, or their representatives with personal funds being managed by the facility. This failed practice denied the residents and/or representatives the right to be informed of a detailed accounting of their personal funds.</p> <p>Findings:</p> <p>During a joint interview on 8/21/24 at 4:09 PM with Account Specialist (AS) #1, Business Office Supervisor (BOS), Activities Coordinator (AC), Director of Nursing (DON), and Social Worker (SW), AS #1 stated the facility managed the residents' personal funds. The BOS stated each resident had an individual personal fund account recorded in Point Click Care (PCC). She stated all residents' personal funds were deposited in one trust account at the bank. The trust account was an interest-bearing account. The interest would be divided based on the individual accounts of the residents. The monthly statements were sent to the resident or representatives.</p> <p>When asked if the residents could withdraw money from their personal fund accounts, AS #1 stated yes, the resident could request for withdrawal through a petty cash account at any time. The resident would submit a receipt of their expenditures to AS #1, and then the AS #1 would record the expenses in the resident's individual trust account.</p> <p>During an interview on 8/22/24 at 1:46 PM, when asked to explain the account statements, AS #1 stated the facility would send monthly statements to the residents and/or representatives. AS #1 confirmed the trust balance was listed, but the following withdrawal transactions: for example: massages, outings, haircuts and shopping money, were not included. He/She stated residents could get the details of the withdrawal transactions/expenditures if they requested it. When asked if the interest was included in the statement, AS #1 stated no, only the trust balance was in the statement.</p> <p>During an interview on 8/23/24 at 10:10 AM, when asked to define the difference between trust accounts and personal fund accounts, the BOS stated trust accounts meant personal funds. The BOS also confirmed that the trust balance listed in the monthly statements of account would mean personal funds account.</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 0568</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>In the same interview, the BOS confirmed that personal funds were deposited into one bank account. The bank account had an interest-accruing component, and the interest was distributed to each resident's trust account and recorded in Point Click Care.</p> <p>When asked what accounting principles the business office used, the BOS stated accounting principles meant complete itemized statements. When asked to specify what complete itemized meant, she stated credits (an entry recording a sum received), debits (an entry recording an amount owed), expenditures, current balance and interest would be included in the statements of account.</p> <p>Review of the monthly statements of resident accounts, from May to August 2024, for Resident #s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10,11,12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, revealed the statements only reflected the payments and balances due for costs of care.</p> <p>Further review revealed, the trust balance was listed on the statements, but the full and complete accounting of the trust funds (personal funds), including credits, debits, and interest accrued, were not listed.</p> <p>During an interview on 8/23/24 on 10:56 AM with AS #1 through phone interview in the presence of BOS in the room, when asked if he/she sent quarterly statements to the resident or its representatives, AS #1 stated he/she provided monthly statements with complete accounting of the personal funds to one resident representative, because Resident #6's Power of Attorney (POA) wanted to know of every penny spent. AS #1 stated, nobody else requested it; therefore, he/she just sent all other residents and/or representatives a monthly statement that showed the trust account balance.</p> <p>Further review of the statements of account revealed only Resident #6 had expenses listed.</p> <p>Review of the facility's policy Management of Resident Personal Funds by LTC [Long Term Care] and PFS [Patient Financial Services] Department, dated 5/16/24, revealed: .POLICY: A. In accordance with .483.10 (f)(10)(iii) Accounting and Records (F568): 1.PFS on behalf of the facility and its Residents will: a) Establish and maintain a system that assures a full and complete accounting , according to generally acceptable accounting principles. c) The individual financial record will be available to the resident through quarterly statements and upon request. PROCEDURE: A. Residents Accounts . 3. The PFS staff will set up an individual interest-bearing account for funds in excess of \$50.00 (fifty). All interest earned must be credited to that account. 6. PFS will assure that the Resident and/or her/his financial POA will receive minimally, a quarterly accounting of the money held in trust in the Resident's personal account.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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** 43792</p> <p>Based on observations, interview, and record review the facility failed to ensure storage and preparation of food in accordance with professional standards for food service safety for 24 residents (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #23, #24, #25) out of 25 residents who received meals from the kitchen. This failed practice placed all residents at risk to receive contaminated food and placed these 24 residents at risk of foodborne illnesses.</p> <p>Findings:</p> <p>Food Storage:</p> <p>During an initial tour of the kitchen, on [DATE] at 11:03 AM, revealed in the stand-alone refrigerator near the preparation station in the main kitchen, unlabeled food items were stored such as:</p> <p>one unlabeled bag of frozen breaded items resembling chicken,</p> <p>one unlabeled bag of frozen breaded items resembling Chicken Cordon Blue,</p> <p>one unlabeled brown bag resembling frozen potato fries,</p> <p>one unlabeled rectangular container of what appeared to be pre-made chicken salad wrapped in saran wrap.</p> <p>During an interview on [DATE] at 11:10 AM, [NAME] #1 stated he/she thought the salad is a mystery salad referring to the chicken salad and that the other items were unlabeled prior to his/her arrival: I just started my shift, it's my Monday . have no idea of what's going on in these fridges.</p> <p>An observation on [DATE] at 11:15 AM, revealed in the walk-in refrigerator #1, expired and dented food items were stored such as:</p> <p>one package of Almond Original Milk Barista had an open date [DATE], which should have been discarded one month after this date, and</p> <p>one dented package (roughly 1 inch wide of the lower portion of this package) of 100% Prune Juice.</p> <p>An observation on [DATE] at 11:19 AM, revealed in the walk-in refrigerator #2 unlabeled, moldy, and uncovered vegetables were stored such as:</p> <p>one unlabeled bag of multicolor shredded carrots,</p> <p>one package of several strawberries with mold (roughly 0.5 inches of mold spread through each strawberry in the package),</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 - Many</p>	<p>two yellow bell peppers with mold (roughly 0.5 inches of mold at the bottom of both peppers),</p> <p>eight green cabbage heads with mold (roughly 1.5 inches of mold unevenly spread),</p> <p>one tray containing seven uncovered peeled [NAME].</p> <p>An observation on [DATE] at 11:25 AM, revealed in the dry storage, one package of Pretzel salt with a compromised, cracked lid and punctured package's seal, and</p> <p>seven containers of Grey Poupon Dijon Mustard each with an expiration date of [DATE].</p> <p>An observation on [DATE] at 11:30 AM, in the walk-in freezer #1, revealed boxes of food were stacked up to the ceiling such as:</p> <p>seven boxes of Jumbo Beef Ravioli,</p> <p>five boxes of Tricolor Cheese Tortellini,</p> <p>three boxes of Ground [NAME],</p> <p>two boxes of Beyond Burger, and</p> <p>seventeen card boxes of different frozen foods.</p> <p>The boxes were stacked about in some cases 0.5 to 6 inches from the ceiling and in other cases touching the ceiling with the top lid being open that could compromise air circulation inside the refrigerator.</p> <p>During an interview on [DATE] at 2:05 PM, the Kitchen Manager acknowledged the surveyors' concerns regarding all the above-mentioned items, agreeing to remove all perished and expired items as well as addressing these findings with the lack of labeling in the upcoming Thursday huddle meeting, to which surveyors were provided a copy of the minutes after it happened.</p> <p>At the same interview, on [DATE] at 2:05 PM, the KM acknowledged that frozen food items were stack up to the ceiling and stated [he/she] was aware of the policy, but they just have to organize it better. Under no circumstance should there be stacking, and we will fix it immediately.</p> <p>During an interview on [DATE] at 9:30 AM, the Dietary Manager (DM) stated, the hospital has an 18 inches clearance policy for items to be off the ceiling; it's standard practice that if there is a sprinkler in the room, everything in the room has to be 18 inches cleared off the ceiling; the walk-ins are considered individual small rooms. She/he also added that magnetic blue tape has been purchased for it to stick to the freezer walls and then it's visible it marks the limits.</p> <p>Review of the checklist titled Environmental Safety Rounds, dated [DATE], revealed: Items are stored at least 18 inches clearance around sprinkler heads.</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 - Many</p>	<p>Review of the policy and procedure titled: Job Safety Observations and Environmental Safety Rounds, last revised on [DATE], revealed, . Job safety observations will be conducted by department staff, with peer-to-peer observation and documentation of correct or incorrect performance of the targeted procedure.</p> <p>Review of the document Huddle Notes, dated [DATE], revealed: Fire code states there must be a clearance of 18 inches from finished ceiling height in a space to the top of shelving/products. This is including coolers and freezers; Hairnets or a clean hat, and beard nets, are required when in the kitchen. If there are any stray hair/ponytails it must be restrained; Watch out for, and dispose of, moldy or rancid produce/leftovers, and out of date food items.</p> <p>Use of Hairnet:</p> <p>During an observation on [DATE] at 11:00 AM, [NAME] #1 was observed to be in the kitchen preparing food at a prep table. [NAME] #1 was observed to have a cap on that covered the top half of his/her head. [NAME] #1's hair was observed to be tied back into a short ponytail about 1 ,d+[DATE] inches long and 1 inch wide. The bottom section of the hair, both on the sides of the head and rear of the head, were not covered with a hairnet.</p> <p>During an interview on [DATE] at 2:00 PM, the KM stated that hair should be completely covered with a hair net or a cap.</p> <p>During an interview on [DATE] at 9:45 AM, the DM stated that hair not completely covered with a hair net, or a cap was a concern and would be addressed. This was verified on the following days surveyors were on site. The DM stated, We follow the Serv-Safe course for food handlers and these hair nets are a part of the attire, we go through it in every orientation checklist to the kitchen with every employee.</p> <p>Review of the document Nutrition Services Department Orientation Check Off sheet, dated [DATE] and [DATE] , for both cooks (#1 and #2) revealed signed documents acknowledging New hire will dress in appropriate department uniform when ordered and has arrived for use, respectively signed by the employees on [DATE] for [NAME] #1 and [DATE] for [NAME] #2.</p> <p>Review of the document provided by the DM titled The Safe Food Handler - table 3.2: Work Attire Guidelines, undated, regarding Hair Restraints: wear a clean hat or other restraint when in a food-prep area. This can keep hair from falling into food and onto food-contact surfaces; Do NOT wear hair accessories that could become physical contaminants. Hair accessories should be limited to items that keep hands out of hair and hair out of food.</p> <p>50078</p>		