STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045250	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Mountain Home	300 Good Samaritan Drive Mountain Home, AR 72653

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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 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 49866 Based on interviews, record review, and facility policy review, the facility failed to revise a care plan for Resident #25 to include Ankle-foot orthosis (AFO)s to both lower legs to ensure the consistent use of braces to prevent decline in Range of Motion. A review of a facility policy titled, Care Plan- R/S, LTC, Therapy & Rehab dated 11-1-23, showed, Each resident will have an individualized, person-centered, comprehensive plan of care that will include measurable goals and timetables directed toward achieving and maintaining the resident's optimal medical, nursing, physical. functional, spiritual, emotional, psychosocial, and educational needs. Any problems, needs and concerns identified will be addressed through use of departmental assessments. the Resident Assessment Instrument (RAI) and review of the physician's orders . A review of Resident #25 Order Summary for the month of May 2024 documented a medical diagnosis of scoliosis. 05/07/24 08:18 AM surveyor observed Resident #25 with braces on both lower legs. On 05/07/24 08:28 AM interviewed Certified Nursing Assistant (CNA) #4, and asked does resident #25 have braces on their lower extremities? CNA #4 said yes. The surveyor asked who puts the braces on and off the resident's legs? CNA said the CNAs do. The surveyor asked how do you know how often to put the braces on and take them off? CNA #4 said it's part of his care plan. The surveyor asked who checks his skin underneath to make sure there are no breakdowns or skin irritation? CNA #4 said the CNAs check for any redness, and we report it to the nurse, and she'll go in and check it. On 05/07/24 at 08:30 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #1 and asked if resident #25 have braces on the lower extremities? LPN #1 said yes. The surveyor asked who puts the braces on and takes them off the resident's legs? LPN #1 said the aides put them on in morning and the aides take them off in the evening and if the resident lays down the aides take them off. The surveyor asked, how do you know how often to put on and take off? LPN #1 said it's part of his care plan. The surveyor asked who checks the resident's skin underneath the braces to make sure there are no breakdowns or skin irritation? LPN #1 said the aides do and especially during shower days, if there are any problems the nurses check on it. (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

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F 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	On 05/07/24 at 09:30 AM the surveyor interviewed Director of Nursing (DON) and asked if resident #25 have braces to their lower extremities? The DON said yes. The surveyor asked who puts the braces on and takes off the braces off the resident's legs? The DON said I would assume nursing I've never been here when it happens. The surveyor asked how do you know how often to put the braces on and take them off? The DON said it should be tasked. The surveyor asked who checks the resident's skin underneath to make sure there are no breakdowns or skin irritation? The DON said, the nurses, if CNAs are showering, they are supposed to let nurses know if there are problems. The surveyor asked, who updates the care plans? The DON said the oncoming DON for the most part, the nurse may if they are doing paperwork for computer task. The surveyor asked what is updated on the care plan? It should be tasks, intervention, or any goals. 05/07/24 08:39 AM the surveyor interviewed Social Services and asked who does the care plans? Social Services worker said we all do them, me, oncoming DON, and LPN #3. Because we have a remote MDS coordinator. The surveyor asked how do you know to update the care plan? The Social Services said when there is a change in the resident, or if there is a new order, or when there is a review set.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 46723 Based on observation, interview and record review, the facility failed to ensure nurse coverage on 11-26-2023 on the 6:00 PM to 11:59 PM shift as evidenced by the shift report. The lack of coverage had the potential to affect all residents during the shift, that are dependent on the nurse for their care. The findings are: 1. 05/06/24 at 2:28 PM, staffing days in question 11/25 Saturday (SA); 11/26 Sunday (SU); 12/09 (SA); 12/10 (SU); 12/17 (SU); and 12/23 (SA) 2. On 05/06/24 at 1:26 PM, the Administrator provided 24-hour shifts reports. The date of 11/26/2024 showed no nurse coverage. 3. On 05/08/2024 at 10:20 AM, the Surveyor asked Certified Nursing Assistance (CAN) #6 if she thought there were enough staff to cover the care for the residents, to which she replied yes, and they're still hiring. 4. On 05/08/2024 at 10:28 AM, the Surveyor asked the Director of Nursing (DON) if she thought there was enough coverage to care for all the residents. She assured me they had enough coverage to care for all the residents. 5. On 05/06/2024 at 2:28 PM, the Administrator said, Shifts Report showed a deficiency on 11/26/23 for 1800-2359 [6:00 PM to 11:59 PM], no way to prove someone worked that shift. The one that had been covering is an employee that is salary. All other dates were good. 6. On 05/06/2024 at 12:48 PM, the Social Service provided Facility Assessment-Rehabilitation/Skilled, Long Term Care Purpose-To evaluate the resident population and identify resources needed to provide the necessary care and services Policy-The Location conducts and documents a facility-wide assessment to determine what resources are needed to care for residents competently during both day-to-day operations and emergencies. The location reviews and updates the assessment whenever there is, or the location plans for, any change that would require a substantial modification to any part of the assessment . The assessment includes: The location's resident population, including, but not limited to: Both the number of the residents and the resident capacity; The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, over all acuity and other pertinent facts that are present; Employee competencies that are necessary to provide the level and types of care needed .

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42016 49866 Surveyor: [NAME], [NAME] Based on observations, interviews, record review, facility document review, and facility policy review the facility failed to ensure a resident received all doses of a physician ordered antibiotic for 1 (Resident #9) of 9 residents reviewed for medication administration. Findings include: A review of a facility policy titled, Medication: Administration Including Scheduling and Medication Aides-R/S, LTC, with a reviewed/revised date of 03/29/2024, indicated, Purpose . To administer medications correctly and in a timely manner page 2 of 8 Medication Errors An incident will be completed for all medication errors. Page 6 of 8 8. Administer medications within at least 60 minutes on each side of ordered time, . 10. Document that the medication was given as soon as possible after administration. A review of the Medication Administration Competency Checklist Clinical Skill Checklist, indicated the facility performed a competency check on Licensed Practical Nurse (LPN) # 1 on 03/01/2024. The document provides a Rating Code and outlines ratings and meanings, 4=skilled and able to work independently and further outlined, Must receive a score of four for each procedure step to prove competency. The facility documented a rating of 4 on all procedures, indicating LPN #1 was able to work independently. Page 2 of the competency checklist was signed by LPN #1 as Signature verifying completion, and by LPN #3 as Completion of all related training verified by, both signatures were dated 03/01/2024. At 05/08/2024 at 07:50 AM, after observation of medication administration, LPN #1 was asked if there were any other medications to be given at this time for any of the residents observed and responded, No I have given all that I need to. A review of Medication Record, revealed Resident #9 had a urinary tract infection and Doxycycline Monohydrate Oral Tablet (an antibiotic) 100 mg Give 1 capsule by mouth two times a day for Urinary Tract Infection (UTI) for 7 days, for a total of 14 doses, with a start date of 05/01/2024 at 08:00 PM (2000). Resident #9 received the first dose of medication at bedtime medication pass on 05/01/2024, and twice daily on 05/02/2024 through 05/07/2024, for a total of 13 doses. The antibiotic administration for Resident #9 was not observed during the medication pass observation. In an interview with LPN #1 on 05/08/24 at 12:04 AM, LPN stated the Doxycycline was not given during the morning medication pass, due to the start date of the medication, and the resident had already received all doses. LPN stated the documentation indicating the Doxycycline was given during the morning medication pass was entered in error and would be corrected to show it was not given. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Additional record review of the Medication Record on 05/08/2024 at 01:38 PM revealed LPN #1 changed the documented entry for the Doxycycline, under the 05/08/2024 date of administration, to a 5 indicating Hold/See Nurse Notes. A review of the Progress Notes dated 05/08/2024 at 12:04 PM, revealed an entry, Doxycycline Monohydrate Oral Tablet 100 mg Give 1 capsule by mouth two times a day for UTI for 7 days . All doses were administered. NO remaining doses to be given Transcriber: LPN #1 - LPN. Review of the Medication Record on 05/08/2024 at 01:57 PM, revealed the entry was changed to indicate the medication was given on 05/08/2024, and on a second line, documentation remained indicating a 5 indicating Hold/See Nurse Notes. During an interview on 05/08/2024 at 03:17, , the Medical Director, stated medications were to be given as ordered unless there was a medical reason to stop. There was not a call about missed or a delay in medication administration and did not recall receiving a fax regarding medication. During an interview n 05/08/24 at 01:36 PM LPN #1 said no he did not give the antibiotic because there was no other doses to be given. On 05/08/24 at 01:41 PM during an interview with the Director of Nurses (DON) said medication should be given as ordered unless it is contraindicated. The DON said if the ordered medication is not available the nurse should check their overstock, med room, and look to see when it last ordered and received. The DON said if a medication or antibiotic is ordered for 7 days it should it be given until completedunless they have a reaction or if the physician order changed.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 39316 42016 Based on observation, interview and record review, the facility failed to ensure expired medications and supplies were disposed of; and the facility failed to ensure medications and wound treatment supplies were stored and contained safely to prevent the accidental ingestion and or injury. The findings are: A review of a facility policy titled, Medications: Acquisition Receiving Dispensing and Storage, dated 3/29/2024, revealed, Purpose: to ensure that medications are stored according to manufacturers' recommendations. Medications will be stored in a locked medication cart, drawer or cupboard. Only the person passing medications and the director of nursing services and/or designee will be permitted to have access to the keys to the medication storage areas. The location will routinely check for expired medications and necessary disposal will be done in accordance with state/pharmacy regulations. All medications will be stored in accordance with manufacturers' recommendations. On 05/05/2024 at 2:49 PM, surveyor observed the following sitting on the top of a dresser in Resident #16's room. a. A 2.5-ounce tube of hydrophilic wound dressing. b. 4 - 1.5-ounce bottles of antiseptic cleansing and moisturizing c. Oral rinse d. An opened 1/4 full bottle of normal saline During an interview, Resident #16 stated, I had a roommate, but she passed, it was her stuff. On 05/05/2024 at 2:56 PM, Licensed Practical Nurse (LPN) #5 was asked if Resident #16 had any wounds. LPN #5 stated, no. LPN #5 was asked if Resident #16 had a roommate and what happened. LPN #5 stated, She was on hospice and had wounds, she did pass. LPN #5 was asked where the normal saline, tube of wound dressing, and antiseptic oral rinse are stored when not in use. LPN #5 stated, Not in the room, in the nursing inventory or wound care inventory. Once they take it to the room, they can't take it out. Hospice was supposed to come and clean it out. LPN #5 was asked why normal saline, tube of wound dressing, and antiseptic cleansing oral rinse should should not be left out. LPN #5 stated, Any resident could go in and get it. On 05/08/2024 at 10:26 AM, the Director of Nursing (DON) was asked why should wound supplies and medications be securely locked / stored and out of reach of the residents. The DON stated, For their safety. The DON was asked who was responsible for ensuring wound supplies and medications are not left out in resident's rooms. The DON stated, The nurses. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During observation and interview on 05/07/2024 at 07:25 PM, the medication room storage contained 6 test tubes, 1.5 milliliter (ml) sterile isotonic saline with an expiration date of 01/2024. Located in a drawer to the left side of the sink the following was observed; 10 swab sampling nasopharyngeal 15 centimeter (cm) with an expiration date of 09/25/2022. Located in a drawer to the left side of the sink; anti-embolism stockings 1 pair, expired 02/04/2022; 1 pair expired, 02/21/2022; 4 pair, and expired 07/30/2023. Located on a countertop in a plastic drawer bin across from the sink; 1 box potential hydrogen indicator strips, expired 10/2020 located in a cabinet above the sink. The Director of Nursing (DON) stated she was not aware of expiration dates on some of the supplies and they should be disposed of. The DON removed the supplies from the storage area. During observation and interview on 05/07/2024 at 03:40 PM, Licensed Practical Nurse (LPN) # 2 was to give Melatonin 3 mg to a resident during medication pass. LPN went to obtain the medication from the 100 hall medication cart. The cart contained one bottle of Melatonin 3 mg with an expiration date of 04/2024. The LPN stated this should not be in here, I cannot give this. LPN #1 removed the bottle of Melatonin from the cart and stated it would be disposed of and was not aware it was expired.

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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** 39316 42016 46723 Based on observation, interview, and record review the facility failed to ensure the kitchen and kitchen equipment were maintained in clean condition; and failed to ensure food items were sealed, labeled, and dated; The failed to ensure expired food and supplements were removed to prevent the potential for food borne illness; and the facility failed to ensure staff performed hand hygiene during meal service for 5 (Resident #3, 20, 24, 25 and 29) of 5 residents observed during the 11:30 AM meal service for infection prevention and control. This failed practice had the potential to affect all 32 residents that receive their meals from the facilities kitchen. The findings are: On [DATE] 09:14 AM, the Nurse's Kitchen near the common day area was assessed with Licensed Practical Nurse (LPN) #5. There were ,d+[DATE]-ounce containers of Vanilla Med Plus (no sugar added) with a best if used by date of [DATE], in the side door. There was ,d+[DATE]-ounce Butter Pecan Nutritional Drink with a best if used by date of [DATE], in the side door. On [DATE] at 09:16 AM, Licensed Practical Nurse (LPN) #5 was asked who is responsible for ensuring expired items are removed from the nutritional room refrigerators. LPN #5 stated, It's everybody's responsibility, it's common sense to check date before giving it. On [DATE] at 1:35 PM, the Director of Nursing (DON) was asked who the nutritional supplements were used for in the refrigerator of the Nurse's Kitchen. The DON stated, For the residents who have supplements ordered. The DON was asked what does the best if used by date mean on the cartons of the nutritional supplements. The DON stated, That is the expiration date. The DON was asked why should cartons of nutritional supplements that are past the best if used by date be removed from the refrigerator of the Nurse's Kitchen? The DON stated, Due to degradation of the product, it's not as beneficial, it could be bad and allow for bacterial growth. A review of a facility policy titled, Hand hygiene - Enterprise with a review/revised date of [DATE] described a Patient Zone as a concept related to the 'geographical' visualization of key moments for hand hygiene. It contains the patient and their immediate surroundings. and the Health-care Zone as a concept related to 'geographical' visualization of key moments for hand hygiene. It contains all surfaces in the healthcare setting outside of the patient zone of patient. The policy revealed All employees are responsible for maintaining adequate had hygiene by adhering to specific infection control practices. During an observation on [DATE] at 11:46 AM, Certified Nursing Assistant (CNA) #2, served a plate to Resident #29, with fingers of both hands touching inside rim of plate. No hand hygiene performed after placing in front of resident. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	CNA #2 returned to the serving window, placed an oven mitt on hand picked up a plate from the serving window and served Resident #25. CNA #2 returned to the serving window, removed oven mitt, tapped it against the palm of the opposite hand, and placed it on top of an uncovered, gray cutlery tray. No hand hygiene was performed. CNA #2 picked up a plate for Resident #3, used a fork and butter knife to cut pulled pork sandwich, placed the fork and knife on the table next to Resident #3's plate and returned to the serving window with hands clasped. No hand hygiene performed. During an observation on [DATE] at 11:52 AM, CNA #2 leaned over and across the stainless-steel service counter, under the service window, with arms crossed so hands were holding opposite elbows. CNA #2 then stood up and pulled back of scrub top down, picked up the oven mitt, from on top of the gray cutlery tray, and put on oven mitt. CNA #2 then picked up and served a plate to Resident #20. No hand hygiene was performed. During an observation on [DATE] at 11:54 AM, CNA #2 was clasping a plate, one hand on each side with both thumbs extending over the rim of the plate. CNA #2 placed the plate in front of Resident # 24. No hand hygiene was performed. During an observation on [DATE] at 11:55 AM, CNA #2 placed a plate, containing custard pie, in front of Resident # 25. No hand hygiene was performed. Observation of the gray cutlery tray on [DATE] at 12:23 PM revealed it contained condiments. The first section contained ketchup packets and mustard packets, the second section held individual service packs of sugar free syrup, the third section contained tartar sauce packets, and the fourth section was partially covered by a white paper with Sunday Special and contained individually wrapped straws. During an interview on [DATE] at 12:27 PM, CNA #2 stated hand hygiene should be done to prevent the spread of infection, before serving resident trays, after touching your face, or shirt, and re-sanitize if you do that after you have washed. CNA #2 said the oven mitt is laundered daily and should not be placed on the condiment tray. On [DATE] at 12:29 PM, CNA #2 acknowledged laying across the surface of the serving counter should not have been done because the counter is cleaned and sanitized to prevent the spread of infection and so no cross contamination occurs. During an interview on [DATE] at 02:52 PM, Licensed Practical Nurse (LPN) #3 stated it was not necessary to perform hand hygiene If they are just taking the tray to the table. If they are moving things off the tray they do not have to. LPN #2 acknowledged hand hygiene should be performed if you have touched your face or clothing prior to serving a resident and it is not acceptable to lean on the serving counter due to contamination. During an interview on [DATE] at 04:25 PM, the DON stated, staff should perform hand hygiene before serving a meal to a resident. Hand hygiene should be performed if they touch their face, clothing, or the serving counter and should not lean on the counter. The oven mitt should not be used to serve a meal, removed, and tapped on a staff's palm and then put on the condiment tray. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the facility policy titled, Food-Supply Storage-Food and Nutrition Services, revealed, Food from approved food sources is stored in sanitary conditions and is not exposed to prolonged periods of excessive heat. Procedure. 3. Use the principle of First-In, First Out (FIFO) in all areas of food and drink storage for rotation of food items. 5. Use of containers or cardboard boxes in food storage areas: a. Stock may be placed on shelves in original containers or cardboard boxes that contain valuable manufacturer and date compliance information (i.e., manufacture dates delivery dates, best-by dates, etc.) b. Plastic bins may be used if preferred but must be in good repair and washed routinely. c. Stock items are individually dated with delivery date if removed from the original container. d. Cardboard containers are not re-used. They are discarded when empty or in disrepair. 7. Foods that have been opened or prepared are placed in an enclosed container, dated, labeled, and stored properly. 9. Use by and freeze by (expiration) dates are checked on a regular basis; foods/fluids that have expired or are otherwise unsafe for use are discarded. A review of the kitchen cleaning schedule dated [DATE], [DATE], [DATE] and [DATE] documented the kitchen equipment had been cleaned during the a.m. and p.m. shifts. On [DATE] at 10:16 AM, the Surveyor observed the facility failed to label food with an open date, food stored properly to protect from freezer burn, ensure expired foods were removed from the freezer and dry storage room, to keep expired foods from being used and served to the residents. Failed to clean stove, ovens, toaster, blender, plate warmer, metal tables lower shelves storing dishes, the freezer shelves, over one freezer shelf is a motor that is leaking fluid, draining into a box of sealed cheese. On [DATE] at 10:30 AM, a rolling storage shelf had two stock pots full of old oil and food particles. On [DATE] at 10:32 AM, a double door handled oven covered in old grease and sticky. The floor between it and the stove has a layer of dark substance. On [DATE] at 10:33 AM, the stove has a pot of food cooking, and the spoon used for stirring had been setting on the stove top. The stove is greasy covered in food crumbs. On [DATE] at 10:34 AM, a cabinet on the left side of the wall when entering which stores the facilities seasonings had glass doors with fingerprints and dried food particles on them. The glass is sticky and dirty. Inside is one 26 oz container ,d+[DATE] full of granulated garlic, with no date. On [DATE] at 10:40 AM, three metal tables are lined up together in the middle of the kitchen. The bottom shelves stores metal dishes that have grease and dust on them. There is nothing to cover the dishes when they're stored. On [DATE] at 10:44 AM, a rolling warming plate container has food crumbs and dried substances on it, the plates have dried substances on them. Three shelf black rolling tray with clean container and Styrofoam plates had food particles and are dusty with dirt. The following was observed: On [DATE] at 10: 46 AM, a steam table with food crumbs on top and underneath. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 10:47 AM, a large zip lock bag with 6 biscuits with no date on them. On [DATE] at 10:48 AM., an opened package of wavy potato chips and a package of corn chips with no open date on either of them. On [DATE] at 10:50 AM, a small container of yellow looking potato salad with no date and no label. On [DATE] at 10:54 AM, a small container with cut slices of tomatoes with no label and no date. On [DATE] at 10:55 AM, a plastic container of pickles with no label and no date. On [DATE] at 10:57, a 5 lb. bag of grated Monterey and cheddar cheese in an open zip lock bag. On [DATE] at 11:00 AM, a package of tater tots that is half full, stored in a zip lock bag with no date or label on them. On [DATE] at 11:02 AM, a zip lock bag of diced potatoes with an open date of ,d+[DATE] On [DATE] at 11:03 AM, a 2 lb. bag of diced potatoes that is torn with no date or label, not sealed. On [DATE] at 11:17 AM, seven 32 oz. Butter Pecan Nutritional Drink. Best use by date of [DATE]. On [DATE] at 11:19 AM, a 2 lb. bag of cream cheese icing mix date delivered ,d+[DATE], open ,d+[DATE], best used by date of [DATE]. On [DATE] at 11:24 AM, three 8 lb. spicy brown mustard with a delivery date of [DATE] and a use by date of [DATE]. On [DATE] at 11:31 AM, the walk-in freezer had a temperature of 43.6 degrees. The fans rubber pipe is leaking water in a box with two packages of cheese. On [DATE] at 11:35 AM, orange juice and cranberry juice refills for machine sitting on a plastic tray filled with water. On [DATE] at 11:37 AM, a single package of string cheese was stuck between the shelves that was squished. On [DATE] at 11:40 AM, the top of the dishwasher has dried food particles and crumbs. On [DATE] at 11:02 AM, an unsealed zip lock bag with a date of ,d+[DATE] on diced potatoes. On [DATE] at 11:03 AM, a 2 lb. bag of diced potatoes torn with no date or label. On [DATE] at 11:05 AM, a clear plastic container with meat pastrami with a date of [DATE] and freezer burned. (continued on next page)

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	045250	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Mountain Home	300 Good Samaritan Drive Mountain Home, AR 72653

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 10:27 AM, the Surveyor observed 3 metal tables in the middle of the kitchen, yellow sticky, food crumbs, particles, and dust where the clean dishes are stored. On [DATE] at 10: 30 AM, containers of lasagna were placed on a dirty steam table with crumbs and dust. On [DATE] at 10:34 AM, a plate warmer has crumbs, a sicky substance on top, and was dirty. The Surveyor asked the Certified Dietary Manager (CDM) if the plate warmer is used, to which she replied, yes. On [DATE] at 10:35 AM, three 4oz. beef patties were placed in a blender with 3 scoops of 3 oz. of beef stock. The blender is dirty with old, dried food running down the side, with dust, and food crumbs on the outside of it. The blended meat was scraped out into a metal container and covered with plastic wrap. On [DATE] at 10:43 AM, the CDM strained ,d+[DATE] oz. of baby carrots in a metal strainer with left thumb touching the inside of the strainer. The strainer used had a hole on the right side with loose disconnected pieces of wire. The carrots were dumped into the robo coupe until soft and blended, not pureed, but mixed and moist. Once blended put into a container and covered with plastic wrap. On [DATE] at 10:46, the CDM washed her hands. Then placed 4 breadsticks with ,d+[DATE] and ,d+[DATE], did not measure the liquid into the blender. The CDM blended the food until finished, which looked smooth, with pudding consistency, after placing in a container covered with plastic wrap and the product was placed in the microwave. On [DATE] at 10:15 AM, the Surveyor asked Food Service Assistant #3 should all equipment used in preparing the food be in good working condition, she replied, yes. If the equipment is in poor working condition, what are you to do? She said, I would make a work order and put in a not working order. The Surveyor asked why kitchen equipment should be cleaned before using and serving the residents. She replied because of cross contamination and allergies. The Surveyor asked how often is equipment checked for anything broken or holes. She said daily, as it is used. The Surveyor asked why is it important to remove food expired from dry storage and freezer. So, we don't accidentally use it and make a resident sick. The Surveyor asked the Food Service Assistant #3, when preparing food what is the protocol for hand hygiene. The Food Service Assistant #3 said, Wash your hands and with clean utensils and if equipment is clean, apply one glove on one hand and the other hand to use on the utensils. On [DATE] at 10:15 AM, the Surveyor asked the Certified CDM, how often is equipment checked for anything broken or with holes in it, she replied, every day. The surveyor asked is it a good idea to use a metal strainer that has a hole with loose wires poking out? The CDM stated, no. The Surveyor asked why, which CDM replied, Because of possibility of metal getting in the food and a resident could choke or the wire could get stuck in the residents throat. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The Surveyor asked why kitchen equipment should be cleaned before use. The CDM replied, Bacteria can grow, causing cross contamination and the resident could become sick. The Surveyor asked if the equipment is in poor working condition, what are you to do. The equipment is taken out of the work area, with a lock out tag and disconnect from energy source. What is hand hygiene for preparing food. The CDM replied You wash your hands, prepare the food to use, wash hands again, put on gloves and prepare the food.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42016 49866 Based on observations, interviews, and facility policy review, it was determined the facility failed to ensure staff performed hand hygiene during meal service for 5 (Resident #3, 20, 24, 25 and 29) of 5 residents observed during the 11:30 AM meal service for infection prevention and control and failed to ensure staff donned appropriate PPE during resident medication administration for 1 (Resident #9) of 9 residents observed during medication administration. This failed practice had the potential to affect all residents in the facility who received meals from the dietary department and all residents receiving medication. Findings include: A review of a facility policy titled, Hand hygiene - Enterprise with a review/revised date of 03/29/2022 described a Patient Zone as a concept related to the 'geographical' visualization of key moments for hand hygiene. It contains the patient and their immediate surroundings. and the Health-care Zone as a concept related to 'geographical' visualization of key moments for hand hygiene. It contains all surfaces in the healthcare setting outside of the patient zone of patient. The policy revealed All employees are responsible for maintaining adequate had hygiene by adhering to specific infection control practices. During an observation on 05/07/2024 at 03:22 PM, LPN #2 poured water into a 5 oz clear plastic cup, picked cup up with palm of hand facing downward toward top of cup with fingers spread around top touching rim. At 03:28 PM, LPN #2 began preparing medications for a resident in room [ROOM NUMBER]-A. At 03:32 PM, LPN #2 placed the resident's medication into clear medication cup, picked up clear cup containing water, with palm of hand facing downward toward top of cup with fingers spread around top touching rim, and entered resident room. The Resident in room [ROOM NUMBER]-A was unavailable. LPN #2 exited resident's room and returned to the medication cart. LPN #2 placed another clear medication cup inside the cup containing medication and placed both into the right scrub pocket of the shirt. LPN #2 stated, Oh I should not have done that, removed the medication cups and stated the cups are usually placed into one of the drawers on the medication cart. LPN #2 stated the medication cup should not have been placed into a scrub pocket due to contamination. At 03:35 PM, LPN #2 provided medication to Resident #1 with the water cup LPN #2 had touched the rim of. Resident #1 drank all the contents of the cup. LPN #2 acknowledged touching the rim of cups should not be done to prevent contamination. During observation on 05/07/2024 at 03:50 PM, LPN #2 provided Resident in room [ROOM NUMBER]-B with medication while holding the rim of the water cup, gave the cup to the resident. The Resident took 2 sips from the cup and refused to drink any additional water. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of a facility policy titled, Standard and Transmission-Based Precautions, All Service Lines - Enterprise with a reviewed/revised date of 04/02/2024, indicated, Purpose . To prevent the spread of infection, page 2, Enhanced Barrier Precautions (EBP) (rehab/skilled only) . Enhanced barrier Precautions are needed for residents with chronic wounds (.) and residents with Indwelling Medical devices (. indwelling urinary catheters, .). Enhanced Barrier Precautions are also needed for residents with CDC-targeted and epidemiologically important (facility discretion) MDRO Infection and colonization, when contact precautions do not apply. High-Contact Resident Care Activities include: .specifically when anticipating close physician contact while assisting with transfers and mobility, .). A review of the Putting on and Taking Off Personal Protective Equipment Skill Checklist, indicated the facility performed a competency check on LPN# 1 on 03/01/2024, and documented Met, which indicated LPN #1 met the requirements of the Clinical Skill Checklist. Page 8 of the competency checklist was signed by LPN #1 as Signature verifying completion, and by LPN #3 as Completion of all related training verified by, both signatures dated 03/01/2024. During an observation on 05/08/2024 at 07:28 AM, LPN #1 entered Resident # 9's room. An Enhanced Barrier Precautions (EBP) sign and isolation cart in hallway to the right of resident's door. LPN entered the room without donning personal protective equipment (PPE). LPN approached the right side of the bed, placed supplies onto table, with barrier, and explained to resident the process of checking blood sugar level. LPN donned gloves, bent over to access resident left hand, upper legs touched resident bed. LPN stated the enhanced barrier precautions was because the resident had indwelling catheter and was on an antibiotic. On 05/08/2024 at 07:35 AM, LPN# 1 returned to administer insulin to Resident #9. LPN donned PPE entered Resident #9's room and administered insulin. LPN assisted resident to the seated position, on the right side of the bed, to administer oral medications and supplement beverage. LPN# 1 explained PPE was needed due to administering an injection to resident. A review of Order Summary Report, revealed Resident #9 had a diagnosis of Extended Spectrum Beta Lactamase (ESBL) Resistance and had a suprapubic catheter. On 05/5/24 at 11:45 AM The surveyor observed certified nursing assistant (CNA) #2 with an oven mitt on at kitchen window passing out trays. CAN #2 took the oven mitt off and placed the oven mitt on top of the cutlery container that held condiments. Then CNA #2 was touching the top of plate with thumb as she was pulling the plates out of the window, scratching her face and nose, placing hands on her uniform on hips, and did not sanitize afterwards prior to serving plates to residents.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 39316 Based on record review and interview, the facility failed to assure a certified Infection Control Preventionist (ICP) was employed and available at least 20 hours a week, to establish and maintain the infection prevention program to help prevent the development and transmission of communicable diseases and infections. The findings are: Review of a facility policy titled, Infection Prevention and Control Program, All Service Lines, dated 10/30/2023, revealed, Purpose: To establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and conformable environment, and to help prevent the development and transmission of communicable diseases and infections. Infection Preventionist: The individual designated by the Skilled Nursing facility (SNF) to be responsible for the Infection Prevention and Control Program. The Skilled Nursing Facility has designated at least one individual as the Infection Preventionist, who is responsible for the facility's Infection Prevention and Control Program. A review of the Nursing Home Infection Preventionist Training Course, dated 07/05/2029, revealed Licensed Practical Nurse (LPN) #6 had 19.3 contact hours and was certified. On 05/07/24 08:13 AM, Licensed Practical Nurse (LPN) #3 was asked if LPN #6 was still employed with the facility. LPN #3 stated, No, she got terminated a couple of weeks ago. We don't have anyone certified at the moment. We have someone hired, she is not certified, and I don't know when her training is. LPN #3 was asked, is the facility supposed to have an Infection Control Preventionist (ICP)? LPN #3 stated, yes. On 05/07/24 at 9:20 AM, the Director of Nursing (DON) was asked why should the facility have an Infection Control Preventionist? The DON stated, To prevent the spread of infection, and contain infections, and to help identify the infections. The DON was asked does the facility have an ICP? The DON stated, No, she was terminated. On 05/08/2024 at 10:29 AM The Administrator was asked why is the facility required to have an ICP? The Administrator stated, To my knowledge, it's the Centers for Medicare and Medicaid Services (CMS) and facility standards. The Administrator was asked how is the facility ensuring the Infection Control Program is being monitored and assessed if the facility doesn't currently have an ICP? The Administrator stated, We did have one a couple of weeks ago, the Director of Nursing (DON) was doing it until 2 weeks ago. We have a Registered Nurse (RN) who works nights that is moving into that position after she completes the training.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 46723 Based on observation, interview, and record review the facility failed to ensure kitchen equipment was clean and in good working order to prevent the spread of infection and food borne illnesses. This failed practice had the potential to affect 32 residents that receive their meals, from the facilities kitchen. The findings are: The following observation were made: 1. On 05/05/2024 at 10:30 AM, a rolling storage shelf had two stock pots full of old oil and food particles. 2. On 05/05/2024 at 10:32 AM, a double door handled oven covered in old grease and sticky. The floor between it and the stove has a layer of dark substance. 3. On 05/05/2024 at 10:33 AM, the stove has a pot cooking with a spoon used for stirring set on the stove top that is greasy and covered in food crumbs. 4. On 05/05/2024 at 10:40 AM, three metal tables are lined up together in the middle of the kitchen. The bottom shelves store metal dishes that have grease and dust on them. There is nothing to cover the dishes while stored. 5. On 05/05/2024 at 10:44 AM, a rolling warming plate container is covered with food crumbs and dried substances, and the plates have a dried substance on them. Three shelf black rolling trays with clean containers and Styrofoam plates with food particles, dust, and dirt. 6. On 05/05/24 at 10: 46 AM, a steam table with food crumbs on top and underneath. 7. On 05/07/2024 at 10:43 AM, the Certified Dietary Manager (CDM) strained the baby carrots in a metal strainer with metal wires loose and sticking out. The Surveyor asked the CDM if there was an issue using the metal strainer with a hole, to which she replied, Yes, probably so. 8. On 05/08/2024 at 10:09 AM, the Surveyor asked Dietary Employee #3, how often is the equipment checked for anything broken or frayed with holes in it. Dietary Employee #3 responded, Daily when it is used. 9. On 05/08/2024 at 10:15 AM, the Surveyor asked the CDM should you use the metal strainer with a hole and loose wires in it, the CDM said, no, the Surveyor asked, why, CDM said, It could get metal in the food and cause choking or get stuck in one of the residents' throats. 10. On 05/08/2024 at 3:43 PM, the Administrator provided a Policy on General Sanitation-Food and Nutrition. Procedure 10. Chipped, corroded, and cracked dishes are discarded .