

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22515 I 30 Bryant, AR 72022	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>47916</p> <p>Based on observation, record review, and interview, the facility failed to ensure privacy for 2 (Residents #21, and #57) sampled residents to promote a dignified existence.</p> <p>The findings are:</p> <p>1. On 05/28/2024 at 10:03 AM, while observing Resident #21's room, a visitor told the Surveyor the door does not stay shut, and staff stick the curtain in the door to keep it closed. The visitor said he visits almost every day.</p> <p>a. On 05/29/2024 at 01:37 PM, the Surveyor observed Certified Nursing Assistant (CNA) #5 come out of Resident #21's room and pull up on the doorknob and try to get the door to close. After several failed attempts to get the door to close, CNA #5 was observed pulling A-bed's privacy curtain out into the hallway and was able to get the door to stay shut. The Surveyor asked if having a door and a usable privacy curtain was important for privacy. CNA #5 told the Surveyor that they felt that everyone should have a door that closes and a privacy curtain, so yes, you should be able to close the door. CNA #5 said, The privacy curtain is in the door, but is being used right now and it is working fine.</p> <p>b. On 05/29/2024 at 01:41 PM, the Surveyor knocked on the door and on entry observed the privacy curtain to A-bed had about a 4-foot area that was open, and Resident #21 was observed resting on the left side, uncovered, and wearing a brief. The Surveyor checked and made sure the resident in B-bed had no visitors and asked CNA #6 and CNA #7 if they felt the process for shutting Resident #21's door provided privacy for both residents. CNA #6, and CNA #7 said yes, because they were able to jam the curtain in the door to close it, using the curtain. CNA #6 told the Surveyor that they have had the door repaired in the past and after a while it stops working and they report it again by writing it in the maintenance binder. Both CNAs confirmed they had not reported the door not staying closed.</p> <p>c. On 05/30/2024 at 08:20 AM, Assistant Director of Nursing (ADON) #1 and ADON #2 were asked what the process was for maintaining a resident's privacy. ADON #2 told the Surveyor that every resident should have a privacy curtain, a door that closes and working window blinds for privacy. ADON #1 told the Surveyor staff are also trained to knock on the door and at least give the resident time to respond before opening the door.</p> <p>d. On 05/30/2024 at 11:25 AM, the Administrator told the Surveyor they did not have a dignity policy.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  045305	Facility ID:  045305  If continuation sheet Page 1 of 16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. On 05/29/2024 at 09:40 AM, the Administrator provided the Resident [NAME] of Rights documenting, . Privacy Every Resident has the right to: Considerate and respectful care. Every resident will be treated with consideration, respect and full recognition of his/her dignity and individuality. Privacy during treatment and care of personal needs. People not involved in the care of residents shall not be present without the consent of the resident during examinations and treatment .</p> <p>48977</p> <p>2. Per a Order Summary Report Resident #57 had diagnoses of dysphagia, pressure ulcer of sacral region, unstageable, and need for assistance with personal care. Resident #57 had a physician's order that instructed staff to ensure the wound vacuum was intact and functioning properly every shift.</p> <p>b. A Significant Change Minimum Data Set with an Assessment Reference Date of 03/03/2024 documented Resident #57 was unable to complete the Brief Interview of Mental Status. Resident #57 had an indwelling catheter, a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device, and a feeding tube (e.g., nasogastric, or abdominal Percutaneous Endoscopic Gastrostomy (PEG)).</p> <p>c. A Care Plan for Resident #57 with an initiated date of 05/28/2024, documented Resident #57 required Enhanced Barrier Precautions (EBP) related to chronic wounds, indwelling catheter, and enteral feeding.</p> <p>d. On 05/29/2024 at 01:50 PM, the Surveyor entered Resident #57's room and observed CNA #7 and #8 providing incontinence care to Resident #57 with the curtain open exposing the resident to his/her roommate and anyone who entered the room.</p> <p>e. On 05/29/2024 at 02:00 PM, CNA #7 confirmed that she was aware that the curtain should be pulled to give the resident privacy while receiving care.</p> <p>f. On 05/31/2024 at 08:35 AM, the Director of Nursing (DON) voiced that the curtain should be pulled, and door closed to maintain privacy of the resident while receiving care.</p> <p>g. On 05/31/2024 at 08:37 AM, the DON stated that the facility did not have a policy on dignity or privacy.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>47916</p> <p>Based on observation and interview, the facility failed to ensure 1 (Resident #20) sampled resident had an operational air conditioner to promote a comfortable home environment.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>Per the Medical Diagnoses, Resident #20 had diagnoses of cerebral palsy and epilepsy</li> <li>Per the Quarterly Minimum Data Set with an Assessment Reference Date of 04/25/2024, Resident #20 scored a 5 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status.</li> <li>On 05/28/2024 at 01:11 PM, the Surveyor observed Resident #20's air conditioner unit under the window, and noted the knob to adjust the heat to cool was broken off and sitting in the window.</li> <li>On 05/29/2024 at 01:02 PM, the Surveyor observed Resident #20 adjusting the window blinds and touching the bottom of the window frame while waving hands. The Surveyor saw the knob to adjust the heat to cool was resting in the floor, under the window air conditioning unit. The Surveyor asked Resident #20 if the resident was having a problem with the window unit and Resident #20 waved both hands near his/her face saying, Hot, hot.</li> <li>On 05/29/2024 at 01:04 PM, the Surveyor called Certified Nursing Assistant (CNA) #3 over and CNA #3 told the Surveyor that she sees the knob was off the air conditioner and turned and asked Resident #20 what was wrong. Resident #20 told CNA #3, Hot, hot. The Surveyor asked what process was used to report areas needing repair. CNA #3 told the Surveyor she is fairly new and was not sure but would notify maintenance right away.</li> <li>On 05/29/2024 at 02:20 PM, the Surveyor spoke with the Maintenance Supervisor and asked what procedure staff were expected to follow to report maintenance needs in the facility. The Maintenance Supervisor said there is a maintenance binder at the nurse's station to document in, but staff tend to stop him in the halls and verbally tell him areas that need work. The Surveyor asked if he could remember all the verbal repairs that were brought to his attention, and he said, No, sometimes I forget what they said. The Surveyor asked if there were any air conditioner issues for repair that he was aware of and the Maintenance Supervisor said, No, not that I know of but it might be in the maintenance binder at the nurses desk. The Surveyor checked the maintenance binder and did not find Resident #20's room on the list.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7. On 05/30/2024 at 08:35 AM, the Surveyor spoke with Assistant Director of Nursing (ADON) #1 and ADON #2 and asked what process staff were expected to follow to report broken air conditioners, or maintenance needs. ADON #1 told the Surveyor that there was a maintenance binder at the nurses station that any staff member can use to write down things that need repaired, or staff can tell the charge nurse and the charge nurse will put it in the maintenance binder. The Surveyor asked if staff have been inserviced on how to report maintenance requests. ADON #1 told the Surveyor that she does not think there had been an inservice. ADON #2 told the Surveyor that they were pretty sure it had been discussed in monthly meetings. The Surveyor asked if staff did not follow the maintenance reporting procedure would there be any concerns. ADON #1 told the Surveyor that if there was no report made, then maintenance would not know to make a repair.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916</b></p> <p>Based on observation, record review, and interview, the facility failed to implement a comprehensive care plan addressing diuretic therapy for 1 (Resident #16) sampled resident to ensure the resident received appropriate care.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Review of Resident #16's Medical Diagnoses revealed diagnoses of cerebral infarction, depressive disorders, and urinary tract infection.               <ol style="list-style-type: none"> <li>a. The Quarterly Minimum Data Set with an Assessment Reference Date of 03/15/2024 revealed a Brief Interview for Mental Status score of 12 (8-12 indicates moderate impairment).</li> <li>b. A Physician Order (Dated 09/08/2020) documented, .Furosemide Tablet 40 MG (milligram) Give 1 tablet by mouth one time a day for Edema . (Furosemide is a diuretic used to treat fluid retention (edema) and swelling caused by congestive heart failure, liver disease, kidney disease, and other medical conditions.)</li> <li>c. On 05/30/2024 at 02:25 PM, the Surveyor spoke with the MDS Nurse and the MDS Consultant and asked if they could find where diuretics were addressed on Resident #16's care plan. The MDS Consultant told the Surveyor that she checked and could not find where diuretics were addressed on the care plan. The MDS Consultant verified diuretics were addressed on the MDS dated [DATE] and should have flowed to the care plan. The Surveyor asked why it would be important to address diuretics in Resident #16's care plan. The MDS Nurse told the Surveyor because Resident #16 was on a diuretic, and it would be important to know about labs to look for such as potassium to prevent falls. The MDS Consultant told the Surveyor that the care plan paints a picture of a resident's care needs so that the facility knows what to look for so they can provide the best care and paint the whole picture.</li> </ol> </li> </ol>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>48977</p> <p>Based on observation, record review, and interview, the facility failed to revise a care plan for 1 (Resident #57) sampled resident to reflect changes with enteral feeding.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Per an Order Summary Report, Resident #57 had diagnoses of dysphagia oropharyngeal, dysphagia oral phase, and abnormal weight loss. <ul style="list-style-type: none"> <li>a. Resident #57 had a Physician ' s Order for enteral feed every shift related to abnormal weight loss.</li> <li>b. A Significant Change Minimum Data Set with the Assessment Reference Date of 03/03/2024 documented that Resident #57 was unable to complete the Brief Interview of Mental Status and had a feeding tube (e.g., nasogastric, or abdominal Percutaneous Endoscopic Gastrostomy (PEG).</li> <li>c. A review of Resident #57's Care Plan revealed the resident required tube feeding via PEG tube with bolus feeding per Medical Doctor (MD) order related to dysphagia and swallowing problem. An intervention dated 03/04/2024 instructed staff to check tube placement prior to any feeding or flushes, to check for gastric contents/residual volume as ordered per physician, and for the head of bed (HOB) elevated during tube feeding.</li> <li>d. On 05/28/2024 at 1:31 PM, Resident #57 was observed lying on the resident's right side, head elevated, with enteral feeding infusing.</li> <li>e. On 05/31/2024 at 8:30 AM, the Minimum Data Set (MDS) Nurse confirmed that the care plan had not been revised to reflect the change in the enteral feeding from bolus to continuous. The MDS Nurse voiced that the failure to revise could affect the resident care because staff was not getting the full picture and they could accidentally give the wrong feeding.</li> <li>f. On 05/31/24 at 8:33 AM, the Director of Nursing (DON) voiced that the care plan had not been revised and did not line up with the physician's orders.</li> <li>g. On 05/31/2024 at 8:37 AM, the DON stated that the facility did not have a policy on care plans.</li> </ul> </li> </ol>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47916</p> <p>Based on observation, record review, and interview, the facility failed to ensure foreign substances were not left in a cup in 1 (Resident #46) sampled resident's room to prevent possible ingestion to prevent injury or harm, and failed to ensure that a licensed nurse placed an eternal feeding pump on hold prior to staff laying the resident flat for 1 (Resident #57) sampled resident.</p> <p>The findings are:</p> <p>1. Review of Medical Diagnoses revealed Resident #46 had diagnoses of chronic obstructive pulmonary disease, epilepsy, and dementia.</p> <p>a. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/27/2024 revealed a Brief Interview for Mental Status (BIMS) score of 14 (13-15 indicates cognitively intact).</p> <p>b. On 05/28/2024 at 02:20 PM, the Surveyor observed a cup containing a thick orange substance measuring 2 ounces sitting on the right side of the bathroom sink. The Surveyor asked Licensed Practical Nurse (LPN) #11 to identify the orange substance and asked if it was medication. LPN #11 told the Surveyor it looked like some kind of juice. The Surveyor told LPN #11 the fluid appeared very thick. LPN #11 smelled the orange fluid, and said, It looks like some kind of soap. The Surveyor asked if she had any concerns with the fluid sitting in Resident 46's bathroom and LPN #11 told the Surveyor someone could have come into the room and drank it causing harm.</p> <p>c. On 05/30/2024 at 11:25 AM, the Administrator told the Surveyor they do not have any policies.</p> <p>d. On 05/31/2024 at 9:56 AM, the Director of Nursing (DON) was asked if she could identify the liquid in the measuring glass left in Resident 46's bathroom, and she was not able to identify the fluid. The Surveyor asked if there were any concerns about an unknown substance being left in a resident's room. The DON told the Surveyor that someone could have drunk it.</p> <p>48977</p> <p>2. Review of an Order Summary revealed Resident #57 had diagnoses of dysphagia, pressure ulcer of sacral region unstageable, and needed assistance with personal care, and that Resident #57 had a Physician's Order to ensure that wound vacuum is intact and functioning properly every shift.</p> <p>a. A Significant Change MDS with an ARD of 03/03/2024 revealed that Resident #57 was unable to complete the Brief Interview of Mental Status. 57 had an indwelling catheter, had a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device, had a feeding tube (e.g., nasogastric, or abdominal Percutaneous Endoscopic Gastrostomy (PEG)).</p> <p>b. A Care Plan for Resident #57, initiated 05/28/2024, revealed the resident required Enhanced Barrier Precautions (EBP) related to chronic wounds, indwelling catheter, and enteral feeding.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. On 05/29/2024 at 1:30 PM, the Surveyor observed Certified Nursing Assistant (CNA) #7 and #8 enter Resident #57's room and close the door. The Surveyor did not observe a nurse enter or exit Resident #57's room.</p> <p>d. On 05/29/2024 at 1:50 PM, the Surveyor entered and observed CNA #7 and #8 providing incontinence care to Resident #57. Resident #57 was lying flat in the bed, and the enteral feeding pump was beeping with a hold error displayed on the screen.</p> <p>e. On 05/29/2024 at 2:00 PM, CNA #7 voiced that the pump went to hold when they turned the resident. The Surveyor asked CNA #7 did you lay the resident flat before you turned him/her? CNA #7 voiced that they laid the resident flat and then turned him/her; the resident began to cough so they raised the resident's head. CNA #7 voiced that they were told not to touch the enteral feeding pump.</p> <p>f. On 05/31/2024 at 8:35 AM, the DON voiced that the enteral feeding pump does not automatic hold when residents are turned. The DON also confirmed that the enteral feeding pump should be placed on hold by a licensed nurse prior to laying the Resident flat to prevent aspiration.</p> <p>g. On 05/31/2024 at 08:37 AM, the DON stated that the facility did not have a policy on enteral feeding. The in-service on enteral feeding requested on 05/30/2024 was not provided.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>03508</p> <p>Based on observation and interview, the facility failed to ensure that pureed food items were blended to a smooth, lump free consistency to minimize the risk of choking or other complications for those residents who required pureed diets for 2 of 2 meals observed. The failed practice had the potential to affect 6 residents who received pureed diets.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>On 05/30/2024 at 11:29 AM, Dietary Aide #20 used an 8 ounce spoon to place 8 servings of chicken dumpling into a blender, added 2 teaspoons of thickener then added 3 additional teaspoons of thickener and pureed. At 11:38 AM, the puree mixture was poured into a pan and placed in the oven. At 11:53 AM, the pan of pureed chicken and dumplings was placed on the steam table. The consistency was thick and goeey.</li> <li>On 05/30/2024 at 12:21 PM, the Surveyor asked Certified Nursing Assistant (CNA) #7, who was assisting residents in the dinner room, to describe the consistency of food items served to the residents on pureed diets. She stirred the cake that had nectar thickened milk at the bottom of it with a fork and stated, I don't know what to say, it is just thick.</li> <li>On 05/30/2024 at 12:24 PM, the Director of Nursing (DON) observed the food served to residents on pureed diets and stated, It is pudding thick and not smooth. It is too textured.</li> <li>On 05/30/2024 at 12:35 PM, the Surveyor asked CNA #14 to describe the texture of the pureed food items served to the residents on pureed diets. CNA #14 mashed the cake down in the bowl, using a fork and stated, Cake is clumpy. Corn bread seems soft but is kind of crunchy. The chicken and dumplings are thick.</li> <li>On 05/30/2024 at 12:30 PM, the Surveyor asked the Dietary Supervisor for the consistency of the food items served to the residents on pureed diets. She stated, Pureed cake doesn't look smooth. At 12:40 PM, she stated, It just thick. Pureed chicken and dumpling were thick. I would have told her not to put more thickener in there when she was adding it.</li> <li>On 05/30/2024 at 12:42 AM, the Surveyor asked CNA #7 who was assisting a resident in the dining room with their meal to describe the consistency of the pureed food items. She stated, Pureed cake was a little thick.</li> </ol>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	
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 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>03508</p> <p>Based on observation and interview, the facility failed to ensure (1) sanitary procedures were followed when serving food to the residents to prevent a potential foodborne illnesses; failed to ensure food transported to patient in the second dining room which are not adjacent to the main dining room were covered to prevent the potential for cross contamination for 7 residents who received meals in the second dining room; (2) foods stored in the freezer, refrigerator and dry storage area were covered, sealed and dated to minimize the potential for food borne illness for residents who received meals from 1 of1 kitchen; (3) glasses contained beverages were fully covered to be protected from flies or other contamination, (4) dietary staff washed their hands before handling clean equipment or food items to prevent potential food borne illness for residents who received meals from 1 of 1 kitchen. These failed practices had the potential to affect 82 residents who received meals from the kitchen (total census:87).</p> <p>The findings are:</p> <p>1. On 05/28/2024 at 12:30 PM, the Surveyor observed the Dietary Manager transporting a plate uncovered across the hall to another dining area and placed it on the table. The resident was not present at that time. At 12:48 PM, the Surveyor asked the Dietary Manager, do you cover the plates when they are transported outside the dining room? The Dietary Manager stated, They cover the plates when they go on the cart for hall trays, when the plates are transported across the hall to the other dining room except for a while ago when I carried a plate across the hall you got me on that.</p> <p>2. Per an Order Summary Report, Resident #3 had diagnoses of cerebral infarction, dementia, and type II diabetes.</p> <p>a. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/11/2024 revealed Resident #3 scored 0 (0-7 indicates severe cognitive impairment) on a Brief Interview for Mental Status (BIMS) and the resident was dependent on assistance with eating, toileting, and personal hygiene.</p> <p>a. On 05/28/2024 at 12:53 PM, CNA #6 was observed assisting Resident #3 by wiping Resident #3's mouth with a napkin, folded the napkin with both hands and pressed the napkin onto Resident #3's lunch plate. The Surveyor did not observe any hand hygiene during the meal service.</p> <p>3. Per an Order Summary Report Resident #75 had diagnoses of cerebral infarction, vascular dementia, and anxiety.</p> <p>a. The Quarterly MDS with an ARD of 05/09/2024 indicated Resident #75 had short and long term memory issues per a Staff Assessment for Mental Status (SAMS). Resident #75 required set up assistance for meals and was dependent for toileting, personal hygiene, bathing, and dressing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>b. On 05/28/2024 at 12:54 PM, CNA #6, without using any hand hygiene, was observed using her contaminated right hand to remove a clear film off Resident #75's nectar tea, then placed fingers around the rim of the cup and offer fluids to Resident #75. CNA #6 set the nectar tea down and was observed placing two fingers from the right hand into the opening of a bag of chips and pushing the bag closer to Resident #75. No hand hygiene was observed.</p> <p>c. On 05/28/2024 at 12:56 PM, the Surveyor asked CNA #6 if they had any alcohol gel on her person. CNA #6 told the Surveyor, Yes, and I probably should have used it. The Surveyor asked what concerns she had after she wiped Resident #3's mouth and folding the napkin using both hands, then touching the lip on Resident #75's nectar tea while encouraging a drink, followed by placing two fingers in Resident #75's bag of chips and moving the opening closer to the resident? CNA #6 told the Surveyor she was concerned with cross contamination.</p> <p>4. Per an Order Summary Report, Resident #48 had diagnoses of cachexia, Alzheimer's, and major depressive disorder.</p> <p>a. The Quarterly MDS with an ARD of 05/15/2024 revealed Resident #48 had short and long term memory issues per a Staff Assessment for Mental Status (SAMS). Section GG 0130 indicated the resident was dependent for eating, bathing, dressing, transfers, and personal hygiene.</p> <p>b. On 05/28/2024 at 12:58 PM, CNA #12 was observed assisting Resident #48 with feeding assistance. CNA #12 placed both hands on the CNA's legs then used both hands to open the spout on the resident's milk carton and placed a straw in the milk. The milk carton was hard to open, and CNA #12 had to manipulate the opening with their fingers. CNA #12 then used hand sanitizer. The Surveyor asked if there was any reason why hand sanitizer should have been used prior to opening residents' milk and placing a straw in it. CNA #12 said, Yes, there is a risk of cross contamination. CNA #12 told the Surveyor hand get should have been used prior to opening resident's milk.</p> <p>c. On 05/30/2024 at 08:30 AM, the Surveyor was speaking with ADON (Assistant Director of Nursing) #1 and ADON #2 and asked what procedure staff were expected to follow when assisting residents with meals to maintain good hand hygiene. ADON #2 told the Surveyor staff should sit behind the table and clean their hands before feeding residents. The ADON's were asked what procedure staff were expected to follow during resident care if staff touches their clothing or coughs into their clothing. ADON #1 said staff should have cleaned their hands or use hand sanitizer.</p> <p>5. On 05/30/2024 at 09:18 AM, two sheet pans containing biscuit dough, were stacked on top of each other sitting on boxes on lower shelf. The bottom sheet pan was not covered, and biscuits were sticking to the bottom of the top pan. The top pan was sitting on top of the uncovered biscuits on the lower pan.</p> <p>6. On 05/30/2024 at 09:24 AM, a can of energy drink with no name and no received date on the can, was sitting on the top shelf on the left side of the refrigerator near the door. The Dietary Manager stated, I don't know who's that is.</p> <p>7. On 05/30/2024 at 09:25 AM, a pitcher of tomato juice dated 05/28/2024 was sitting on shelf on left side of the refrigerator. The lid was turned so the spout was open and ready to pour, exposing it to cross contamination.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>8. On 05/30/2024 at 09:48 AM, there was light brown with spots of black debris on the seal of the milk refrigerator. The Dietary Manager stated, It should be cleaned once a week. The Surveyor asked if it looked like it had been cleaned in the last week and the Dietary Manager stated, No. The Dietary Manager stated the seal was scheduled to be changed next week.</p> <p>9. On 05/30/2024 at 09:55 AM, a pitcher of coffee was sitting on top of the counter by the coffee maker and was not covered, exposing it to air and pests. Two flies were seen in the kitchen.</p> <p>10. On 05/30/2024 at 09:57 AM, Dietary Aide #15 touched their beard cover without washing his hands, picked up utensils and placed them on a napkin and wrapped for the resident to use in eating their lunch meal. The Surveyor asked Dietary Aide #15, what should you have done after you touched the beard cover? Dietary Aide #15 left the area without a response.</p> <p>11. The floor throughout the kitchen had stains on it.</p> <p>12. On 05/30/2024 at 10:30 AM, a clear ice scoop was laying on the ice inside a blue and white ice chest in the ice machine room.</p> <p>13. On 05/30/2024 at 10:42 AM, inside a refrigerator there was an open drawer that contained loose coffee filters that were not sealed. The freezer had a buildup of ice and contained no items. The refrigerator had food debris and spilled liquid that required cleaning.</p> <p>14. On 05/30/2024 at 10:51 AM, the following observations were made in the refrigerator in the memory unit:</p> <ul style="list-style-type: none"> <li>a. A can of energy drink that was not labeled and undated.</li> <li>b. A 20 ounce open bottle of regular soda was not labeled with an open date.</li> <li>c. A bottle of diet green tea was not labeled and did not have a received date.</li> <li>d. One box of short cake on rack was not labeled with a received date or an open date.</li> </ul> <p>15. On 05/30/2024 at 11:26 AM, Dietary Aide #16 entered the kitchen without head or hair covering, walked around the kitchen around the food preparation table, and bent over in front of the food preparation table where a dietary employee was cutting cornbread, opened a drawer and took out a brown apron.</p> <p>16. On 05/30/2024 at 11:39 AM, Dietary Aide #16 removed containers of nectar water and milk from refrigerator and placed them on the counter. Then he removed gloves from glove box and placed them on his hands, contaminating the gloves. Without changing the gloves and washing his hands, he picked up the glasses by the rims that go into the mouth on four beverages, to be served to the residents on thickened liquids at lunch. At 12:44 PM, Dietary Aide #16 was asked by the Surveyor, What should you have done after touching the dirty object before handling clean equipment? Dietary Aide #16 stated, I should have changed my gloves and washed my hands.</p> <p>17. On 05/30/2024 at 09:15 AM, the kitchen refrigerator temperature was 38 degrees Fahrenheit (F).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>18. On 05/30/2024 at 09:25 AM, a pitcher of tomato juice dated 05/28/2024 was sitting on shelf on left side of the refrigerator. The lid was turned so the spout was open and ready to pour, exposing it to cross contamination.</p> <p>19. On 05/30/2024 at 09:48 AM, the milk cooler was 39 degrees F. Light brown with spots of black debris was observed on the seal. The Dietary Manager stated, It should be cleaned once a week. The Surveyor asked if it looked like it had been cleaned in the last week and the Dietary Manager stated, No. The Dietary Manager stated the seal would be changed next week, already scheduled.</p> <p>42016</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47916</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure hand hygiene was performed during incontinence care to prevent cross contamination and infection for 1 (Resident #46) of 13 sampled residents that required assistance for incontinence care; ailed to ensure staff donned appropriate personal protective equipment (PPE) for 1 (Resident #57) sampled resident on enhanced barrier precautions to prevent cross contamination; and failed to provide a clean and sanitary environment.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>Per an Order Summary Report, Resident #46 had diagnoses of chronic obstructive pulmonary disease, epilepsy, and dementia.             <ol style="list-style-type: none"> <li>The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/27/2024 revealed a Brief Interview for Mental Status (BIMS) score of 14 (13-15 indicates cognitively intact).</li> <li>A Care Plan for Resident #46, with a revision date of 12/29/2022, indicated the resident had an Activities of Daily Living (ADL) self-care performance deficit, activity intolerance, confusion, fatigue, impaired balance, limited mobility, limited range of motion (ROM), secondary Parkinsonism, tremors, &amp; weakness/debility. The resident required extensive assistance of x1 staff with toileting.</li> <li>On 05/28/2024 at 02:35 PM, Certified Nursing Assistant (CNA) #12 was observed removing multiple wipes with her right hand and wiping Resident #46's buttocks and perineal area 1-2 times in one direction. CNA #12 was observed using the pointer finger on the right hand to shove clean wipes back into the package, pull the resident's shirt down, pull the resident up with the draw sheet, and hand the resident a call light. No hand hygiene was observed during resident care. The Surveyor asked if CNA #12 had hand gel, and CNA #12 said, Yes. The Surveyor asked what process should have been followed when wiping the resident and before straightening residents clothing and returning clean wipes in the package. CNA #12 told the Surveyor they should have performed hand hygiene to prevent cross contamination.</li> <li>On 05/30/2024 at 08:25 PM, the Surveyor spoke with Assistant Director of Nursing (ADON) #1 and ADON #2 and asked if it was appropriate to use the same hand used to wipe a resident's buttocks and perineal area to push clean, unused wipes back into the package. ADON #1 said, No, ma'am. You're cross contaminating the clean wipes that way. Staff should keep a clean hand, and a dirty hand. The Surveyor asked what procedure staff were expected to follow after providing incontinence care before touching a resident's clean linens, clothing, call lights or room environment. ADON #2 said, Staff should remove their gloves, wash their hands or use hand sanitizer before touching anything.</li> </ol> </li> <li>Per an Order Summary Report, Resident #57 had diagnoses of dysphagia, pressure ulcer of sacral region, unstageable, and need for assistance with personal care. Resident #57 had a Physician's Order to ensure that the wound vacuum was intact and functioning properly every shift.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. A Significant Change MDS with an ARD of 03/03/2024 documented that Resident #57 was unable to complete the Brief Interview of Mental Status. Resident #57 had an indwelling catheter, had a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device, and had a feeding tube (e.g., nasogastric, or abdominal Percutaneous Endoscopic Gastrostomy (PEG)).</p> <p>b. A Care Plan for Resident #57, initiated 05/28/2024, documented Resident #57 required Enhanced Barrier Precautions (EBP) related to chronic wounds, indwelling catheter, and enteral feeding.</p> <p>c. On 05/29/2024 at 01:50 PM, the Surveyor observed CNA #7 and #8 providing incontinence care to Resident #57, who had a wound vacuum in place, indwelling catheter, wounds to the resident's person, and received enteral feed via PEG tube. Neither CNA #7 nor #8 had a gown in place. The Surveyor observed 2 clear bags placed on the floor. One contained dirty linen and the second contained dirty incontinence brief and wipes.</p> <p>d. On 05/29/2024 at 02:00 PM, CNA #7 confirmed knowing a gown should be worn when caring for Resident #57, but due to being in a hurry did not put on a gown. CNA #7 voiced she was aware nothing should be on the floor when providing incontinence care.</p> <p>e. On 05/31/2024 at 08:35 AM, the Director of Nursing (DON) confirmed that a gown and gloves should be wore when providing care to a resident with an external medical device like catheter, PEG tube, or open wounds to protect the resident from anything that may be transferred from the clothing worn by staff. The DON voiced that the bags with soiled material and linen should not be on the floor because of cross contamination.</p> <p>f. On 05/31/2024 at 08:37 AM, the DON stated that the facility did not have a policy on Enhance Barrier Precautions.</p> <p>g. On 05/31/2024 at 11:55 AM, a copy of the sign posted on the door of Resident #57's room titled Enhanced Barrier Precautions instructed wear gloves and gown for the following high-contact Resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing brief or assisting with toileting, device care or use: central line, urinary catheter, feed tube, tracheostomy, wound care: any skin opening requiring a dressing.</p> <p>3. On 05/28/2024 at 09:42 AM, the Surveyor observed that room [ROOM NUMBER] had a brown substance on the floor beside the toilet and a large brown smear was observed on the bathroom wall above the trash can.</p> <p>a. On 05/28/2024 at 01:35 PM, room [ROOM NUMBER] had a large brown smear on the bathroom wall above the trash can and a brown substance on the floor beside the toilet and on the front of the toilet on the outside.</p> <p>b. On 05/29/2024 at 08:44 AM, room [ROOM NUMBER]'s toilet contained dark yellow urine with dissolving brown stool, a brown substance on the floor beside the toilet and on the front of the toilet, on the outside, and a brown substance on the wall above the trash can.</p> <p>c. On 05/30/2024 at 09:48 AM, the Surveyor observed a brown substance on the bathroom wall above the trash can, which had a clean trash bag inside it in room [ROOM NUMBER]. A brown substance was observed on the floor beside the toilet and on the front of the toilet on the outside.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Southern Trace Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  22515 I 30 Bryant, AR 72022	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. On 05/31/2024 at 08:20 AM, Housekeeping Staff (HS) #18 was asked, who is responsible for ensuring the resident's walls and other areas of the room are cleaned and sanitized? HS #18 said, it is my job. HS #18 was asked, why is it important to clean and sanitize the resident's room and bathroom? HS #18 said, germs, they all live close together so it is important because they can touch it and get any virus that is transmitted by urine, feces on the wall. HS #18 was asked, why would it be important to clean up the feces timely? HS #18 was asked, because another resident could touch it and get germs if they touch it.</p> <p>e. On 05/31/2024 at 8:30 AM, Housekeeping Supervisor #17 was asked, who is responsible for ensuring the residents walls and other areas of the room/bathroom are cleaned and sanitized? Housekeeping Supervisor #17 said, housekeepers. Housekeeping Supervisor #17 was asked, why is it important to clean and sanitize the resident's room and bathroom? Housekeeping Supervisor #17 said, infection, keep it away, to be cleaned and sanitized. A lot of them have wounds with bacteria and you don't want others to get the bacteria. Housekeeping Supervisor #17 was asked, why would it be important to get the feces cleaned up timely? Housekeeping Supervisor #17 said, smell, anything in the feces, if someone steps on it or walks on it. Make sure you have a sanitized building. Housekeeping Supervisor #17 was asked, what type of germs are transmitted through feces? Housekeeping Supervisor #17 said, MRSA, C-diff, bacteria. Housekeeping Supervisor #17 was asked, what would happen to a resident if they got into feces left on the wall? Housekeeping Supervisor #17 said, you can get anything from feces such as C-diff, MRSA, any kind of infection that is contagious. Housekeeping Supervisor #17 identified the brown substance on the wall and floor in room [ROOM NUMBER]'s bathroom as feces.</p> <p>f. On 05/31/2024 at 8:40 AM, HS #19 was asked who is responsible for ensuring the residents walls and other areas of the room are cleaned and sanitized? HS #19 said, housekeeping. HS #19 was asked why is it important to clean and sanitize the resident's room and bathroom? HS #19 said, because they can get germs when breathing and because of health problems. HS #19 was asked why would it be important to clean up the feces timely? HS #19 said, so it will not stay on it and the smell will not stay and it is important to get everything sanitized. HS #19 was asked, what was that on that wall you cleaned in that bathroom? HS #19 said, feces.</p> <p>g. On 05/31/2024 at 12:37 PM, the Administrator stated they did not have a cleaning policy.</p> <p>48977</p> <p>49596</p>		