STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgemoor Hospital	655 Park Center Drive Santee, CA 92071

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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38512 Based on observation, interview, and record review the facility failed to ensure the call light was within reach for one of 32 residents (Resident 136) reviewed for call light accessibility. As a result, Resident 136 was not able to reach the call light to call for assistance in order for staff to address the resident's needs in a timely manner. Findings: Resident 136 was admitted to the facility on [DATE] with a diagnosis of hemiplegia (inability to move one side of the body) and hemiparesis (weakness on one side of the body), per a Record of Admission. During an interview with Resident 136 conducted on 7/23/24 at 8:36 A.M. inside the resident's room, Resident 136 stated he sometimes received help when he needed it, and sometimes he did not. Resident 136 stated he used the call light to ask for help. Resident 136 stated he needed assistance to set up meals, get cleaned, or get in the wheelchair. A concurrent observation and interview on 7/23/24 at 4:20 P.M. was conducted with Resident 136. Resident 136 was seen in his room sitting on a Broda chair (a specialized wheelchair) in front of the television out of reach from the call light. Resident 136 stated, They left the call light so far away that I can't call to ask for a drink. Resident 136 stated he also needed to be cleaned. Resident 136 stated he had been sitting in his current position for about 20 minutes. Inside Resident 136's room, a concurrent observation and interview was conducted with Certified Nursing Assistant (CNA) 41 on 7/23/24 at 4:25 P.M. CNA 41 stated Resident 136's call light was on the bed, and the resident could not reach the call light. CNA 41 stated the call light should be within the resident's reach so the resident could call for help. On 7/24/24, a record review was conducted. Per a Minimum Data Set (MDS - a patient/resident assessment tool), dated 5/15/24, Resident 136 had a Brief Interview for Mental Status (BIMS, an assessment tool) score of 13, which indicated intact cognition. The MDS indicated Resident 136 was dependent on staff assistance for transfers into and out of bed, to use the bathroom, and for personal hygiene care. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Edgemoor Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Park Center Drive Santee, CA 92071	

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 136's care plan, dated 3/20/23 indicated Resident 136 was total care (needed assistance with all care) and dependent in all tasks. The care plan indicated an intervention including, Be sure call light is within reach and respond promptly to all requests for assistance. During an interview with Licensed Nurse (LN) 43 on 7/24/24 at 3:15 P.M., LN 43 stated the importance of the call light was for the resident to be able to ask for help and for staff to provide the assistance needed. During an interview with the Assistant Director of Nursing (ADON) on 7/25/24 at 2:18 P.M., the ADON acknowledged the call light should be within the resident's reach in order for the resident to call for help and get assistance from staff. A review of the facility's policy titled, Call Lights and Ascom Nursing Call light and Mobile Device System, dated 2/8/24, indicated .e. CNA staff and other staff interacting with residents will check to assure the call lights are placed within easy reach of the resident in bed or a nearby chair

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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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38512 Based on interview and record review, the facility failed to ensure three of 62 residents reviewed for Choices received: 1. Foods purchased from outside of the facility, stored and reheated when requested (Residents 119, 131), and, 2. Items requested were purchased in the brands or type requested (Resident 126). As a result, the resident's preferences and choices were not honored and respected, placing them at risk for psychosocial harm. Findings: 1a. Resident 119 was admitted to the facility on [DATE] with diagnoses to include weakness, and an amputation of the leg, per a Record of Admission. On 7/22/24 at 2:23 P.M., an interview was conducted with Resident 119. Resident 119 complained about the facility meals, stating she preferred to order foods from outside of the facility. Resident 119 stated she was not allowed to store any foods purchased outside of the facility in the unit refrigerator, and there was no microwave available for her to reheat the foods anyway. Per Resident 119, she used a microwave when she lived independently, and she felt it was her right to have access to a refrigerator and a microwave. On 7/23/24, a record review was conducted. Resident 119s Brief Interview of Mental Status (BIMS, an assessment tool) indicated Resident 119 had intact cognition. On 7/25/24 at 11:07 A.M., a follow up interview was conducted with Resident 119. Resident 119 stated she had again asked for food from outside to be saved in the refrigerator. Resident 119 stated the assigned Certified Nursing Assistant (CNA) had asked the charge nurse, who said no to the request. Resident 119 stated she was aware there was a microwave for staff use on the unit, and she did not understand why she was unable to use it. Resident 119 stated she would also like to buy frozen food, like ice cream, but had been told residents cannot use the freezer. 1b. Resident 131 was admitted to the facility on [DATE] with diagnoses to include injury to the spine, per a Record of Admission. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/22/24 at 3:40 P.M., an interview was conducted with Resident 131. Resident 131 stated he enjoyed buying food from the gas station or getting food delivery from restaurants. Resident 131 stated he did not always like the food served by the facility. Resident 131 stated he had asked his CNA to place the leftover food in the unit refrigerator, and she had said no, and said the food had to be sealed, or new from the store. Resident 131 stated he asked to have restaurant food reheated, and was told there was no microwave for residents to use. Per Resident 131, he had asked for a refrigerator and microwave for his room, to save and reheat food from outside the facility, but he was told no. Resident 131 stated he had been told he could never go to the kitchen to reheat food. Resident 131 stated, They are supposed to be here for us, I have been to many other nursing homes that allow us to save and reheat food, but not here. On 7/23/24, a record review was conducted. Resident 131's BIMS indicated intact cognition. On 7/24/24 at 9:45 A.M., an interview was conducted with CNA 1. CNA 1 stated the only foods she could put in the unit refrigerator was pre-packaged, sealed food containers. CNA 1 stated there was no microwave where residents could use it. CNA 1 stated at the end of a shift, the CNAs would check on resident rooms and remove and dispose any opened food per policy. On 7/24/24 at 10:26 A.M., a concurrent interview and record review of the unit refrigerator Personal Food Storage Guidelines was conducted with Nursing Supervisor (NS) 1. NS 1 stated the facility did not allow residents to store food in the unit refrigerator because of the risk of contamination. NS 1 stated if residents wanted to put food in the refrigerator, it could stay for 24 hours. NS 1 reviewed the Personal Food Storage Guidelines, and stated the Guidelines gave an expiration date of 48 hours, not 24 hours. Per NS 1, the Guidelines say no frozen food items could be stored but she was not aware of the reasons. NS 1 stated there was no microwave available for safety reasons. NS 1 stated, We do not reheat food. The unit microwave is for staff use only. On 7/24/24 at 3:30 P.M., an interview was conducted with the Assistant Director of Nursing (ADON). Per the ADON, We are supposed to accommodate preferences. Regarding leftover food, we should be able to label and date it, and store it safely, per policy. Per a facility document, reviewed 9/9/21 and titled Personal Food Storage Guidelines, .No frozen food items will be stored .Item: Pre-packaged, prepared food from outside the facility (un-opened) requiring refrigeration . Expiration date 48 hours from time accepted by staff . Per a facility policy, dated 10/19/20 and titled Outside Personal Food Storage-Reheating, .(Name of facility) provides residents a wide variety of food at mealtimes and between meals in an attempt to meet their food requirements in a healthy manner and accommodate some preferences and discourage the consumption of outside food within the facility .cannot guarantee the safety of food prepared outside the facility. 'Outside food' consumed .is done 'at your own risk' .staff will not assist in feeding or preparing outside food .staff do not reheat food for residents in facility microwaves .Residents who wish for special foods served or personal food items to be re-heated, can contact the Dietitian and/or the Nutrition Services Supervisor to consider storage, preparation and re-heating of food items . 40610 (continued on next page)

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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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident 126 was admitted to the facility on [DATE] with diagnoses which included weakness, per a Record of Admission. Findings: On 7/22/24 at 10:46 A.M., an interview was conducted with Resident 126 in her room. Resident 126 stated she had money but needed the facility to go purchase items for her. Resident 126 stated she did not get what she requested. Resident 126 stated she preferred a certain brand of shampoo and brand of sweatshirt but never got them. Resident 126 stated she requested pistachio nuts since October, and she did not get them. Resident 126 stated the facility had a checklist of items to purchase but it did not specify brands. Resident 126 stated she wrote in the specific brand she preferred, but she did not get the desired brand. Resident 126 stated she had hoped the staff would work with her regarding her preferences. Resident 126 stated, That is my right, right? On 7/23/24 at 4:24 P.M., an interview with CNA 11 was conducted. CNA 11 stated Resident 126 was alert, oriented and was able to express her needs. On 7/24/24 at 9:28 A.M., an interview with Social Services Aide (SSA) 11 was conducted. SSA 11 stated the facility had a process related to resident's request for purchase. SSA 11 stated there was an order form the residents would list their requests for purchase. SSA 11 stated that this was the residents' rights, but, We were told that we have to tell them (the residents) this is the policy and that those are wants, not needs. On 7/25/24 at 1:13 P.M., an interview with ADON was conducted. The ADON stated the staff would ask Resident 126's family if they could get Resident 126's preferred choice of supplies. The ADON stated, It is not a big deal. Per the facility's policy titled Resident Rights, dated 4/29/24, .Staff protect and promote resident rights as outlined in state and federal regulations .Staff recognize situations where it may be necessary to limit a right . Overview To ensure resident rights are not violated in this facility .

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	055008	A. Building B. Wing	07/25/2024

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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. 40610 Based on interview and record review, the facility failed to distribute mail to residents on Saturdays for five of five Resident Council attendees. This failure had the potential to affect residents' ability to communicate with outside individuals and agencies. Findings: During the Resident Council interview on 7/23/24, which started at 10:01 A.M., all Resident Council attendees reported mail was not delivered to them on Saturdays. The residents stated they would like to get their mail on Saturdays too. During an interview with Social Services Aide (SSA) 11 on 7/24/24 at 9:28 A.M., SSA 11 stated SSAs were responsible for distributing mail Monday through Friday. SSA 11 stated mail was not delivered on Saturdays because social services did not work on weekends. SSA 11 acknowledged it was the residents' rights to get their mail on Saturday. During an interview with the Assistant Director of Nursing (ADON) on 7/25/24 at 1:13 P.M., the ADON stated the social services staff did not work on Saturdays. The ADON stated if residents were expecting mail on the weekends, the residents, .Will surely get it on Monday. It is no big deal. Per the facility's policy, titled Resident Mail, dated 6/13/23, .Procedures .b .Weekend mail delivery is generally not available. On weekends, residents may pick-up their mail .if desired, understanding that Social Service Aide and Social Workers are not available on weekends to deliver or assist them .

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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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50175 Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS - an assessment tool used to guide resident care) was accurately coded for one of 31 sampled residents (Resident 134) when the resident's diagnosis was not reflected on the initial MDS assessment and three consecutive MDS assessments. This failure had the potential for Resident 134's needs to be unmet. Findings: Resident 134 was admitted to the facility on [DATE], with diagnoses including long-standing schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves), per the History and Physical (H&P), dated 8/31/23. A record review was conducted on 7/24/24. Resident 134's physician's orders, dated 8/31/23, indicated olanzapine (an antipsychotic medication) to be given every night at bedtime for schizophrenia. The resident's current medication orders for July 2024 included olanzapine every night at bedtime for schizophrenia. Resident 134's MDS assessment for cognitive pattern, dated 5/16/24, indicated a Brief Interview for Mental Status (BIMS, an assessment tool) score of 3 (severely impaired cognition). Resident 134's initial MDS, dated [DATE], under section I for active diagnoses, schizophrenia was not marked as an active diagnosis. Resident 134's MDS, dated [DATE], under section I for active diagnoses, schizophrenia was not marked as an active diagnosis. Resident 134's MDS, dated [DATE], under section I for active diagnoses, schizophrenia was not marked as an active diagnosis. Resident 134's MDS, dated [DATE], under section I for active diagnoses, schizophrenia was marked as an active diagnosis. During an interview with MDS Coordinator (MDS) 1 and MDS Coordinator (MDS) 2 on 7/25/24 at 1:35 P.M., MDS 1 stated the MDS was completed based on how the physician coded a diagnosis on the diagnosis list. MDS 1 stated if the doctor did not list the diagnosis for schizophrenia, it would not be included on the MDS. MDS 1 stated he did not recall if he questioned the doctor regarding schizophrenia not being listed on Resident 134's diagnosis list, despite an order for medication specifically for schizophrenia, and the resident's past psychiatric history of long standing schizophrenia on the H&P. (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Medical Director (MD), MDS 1 and MDS 2, on 7/25/24 at 1:56 P.M., the MD stated, the admitting physician probably coded psychosis instead of schizophrenia. The MD stated H&P on admission indicated Resident 134 had schizophrenia. The MD stated the initial MDS should have indicated schizophrenia as an active diagnosis. During an interview with the Assistant Director of Nursing (ADON) on 7/25/24 at 2:18 P.M., the ADON acknowledged the MDS needed to be coded accurately to drive the plan of care for the resident. During a review of the facility's policy and procedure titled MDS Assessments, dated 10/18/23, .It is the policy of (name of facility) to ensure that MDS assessments are completed and transmitted .according to the guidelines and requirements set .

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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 - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36765 Based on observation, interview and record review, the facility failed to develop and/or implement: 1. An activities care plan for one resident (31), and 2. A call light care plan for one resident (136). This failure had the potential for the resident's needs to not be met. Findings: 1. Resident 31 was admitted to the facility on [DATE] with diagnoses that included traumatic subdural hemorrhage (bleeding in the brain) according to the facility's Record of Admission. A concurrent observation and interview with Resident 31 was conducted on 7/22/24 at 2:23 P.M. Resident 31 was walking in the hallway with his walker. Resident 31 stated that he was a former furrier (fur coat stylist) and tailor (a person who made clothing). Resident 31 stated he missed those activities and he would like to still be doing those things. Resident 31 further stated he was not able to do these things in the facility. On 7/23/24, a record review was conducted. Resident 31's care plan for activities, dated September 2023, indicated, . assist resident to activities of potential interest such as games, outdoor strolls and fresh air fit; introduce to Spanish speaking residents and staff; seat next to other Spanish speaking residents . There was no care plan for any other activities. An interview was conducted on 7/24/24 at 11:37 A.M. with the Director of Activities (DA). The DA stated, This resident (31) has mentioned his career was a furrier but we have not provided any activities related to sewing or design. His care plan does not reflect his interests. An interview was conducted on 7/25/24 at 2:51 P.M. with the Assistant Director of Nursing (ADON). The ADON stated, It is important to have a comprehensive care plan for staff to provide the best care for the residents. A review of the facility's policy, dated 7/11/23 and titled Care Plan Resident, indicated, I: Policy: All residents at (Name of facility) will have a care plan developed .based on the interdisciplinary assessments of team members which will include a list of problems, preferences, goals and interventions specific to the individual needs of that resident .C. a. Therapeutic Recreation .does their own care plans .G. Generally, care plan goals and interventions should be .specific and should reflect the goals/preferences of the resident . 50175 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident 136 was admitted to the facility on [DATE] with a diagnosis of hemiplegia (inability to move one side of the body) and hemiparesis (weakness on one side of the body) per a Record of Admission. Inside Resident 136's room an interview with Resident 136 was conducted on 7/23/24 at 8:36 A.M. Resident 136 stated he sometimes received help when he needed it, and sometimes he did not. Resident 136 stated, he uses the call light to ask for help. Resident 136 stated, he needed assistance to set up meals, get changed, or get on the wheelchair. During a concurrent observation and interview on 7/23/24 at 4:20 P.M. with Resident 136, Resident 136 was seen in his room. Resident 136's call light was placed beyond his reach. Resident 136 stated, They left the call light so far away that I can't call to ask for a drink. Resident 136 stated, he also needed to be cleaned. During an interview with Certified Nursing Assistant (CNA) 41 on 7/23/24 at 4:25 P.M., in Resident 136's room, CNA 41 acknowledged the call light was on the bed, and the resident could not reach the call light. CNA 41 acknowledged the call light should be within the resident's reach so the resident could call for help. On 7/24/24 a record review was conducted. Resident 136's care plan, dated 3/20/23, indicated Resident 136 was total care (needed assistance with all care), The care plan indicated an intervention including Be sure call light is within reach and respond promptly to all requests for assistance. During an interview with the Assistant Director of Nursing (ADON) on 7/25/24 at 2:18 P.M., the ADON acknowledged Resident 136's care plan related to call light should have been implemented to address the resident's needs. A review of the facility's policy and procedure titled, Care Plan Resident, dated 5/10/23, indicated .All residents at (Name of facility) will have a care plan developed .which will include a list of problems .and interventions specific to the individual needs of that resident .

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36765 Based on observation, interview and record review, the facility failed to provide an activity program to meet a resident's (31) preferences for one of one residents reviewed for activities. This failure had the potential to not support Resident 31's psychosocial well-being. Findings: Resident 31 was admitted to the facility on [DATE] according to the facility's Record of Admission. A concurrent observation and interview with Resident 31 was conducted on 7/22/24 at 2:23 P.M. Resident 31 was walking in the hallway with his walker. Resident 31 stated he was a former furrier (fur coat stylist) and tailor (a person who makes clothing). Resident 31 stated he missed those activities and he would like to still be doing those things. Resident 31 further stated he was not able to do those things in the facility. An interview was conducted on 7/24/24 at 11:37 A.M. with the Director of Activities (DA). The DA stated an activities assessment for residents was conducted on admission but it was not useful as it was mostly nursing based. The DA further stated, This resident has mentioned his career was a furrier but we have not provided any activities related to sewing or design. An interview was conducted on 7/24/24 at 11:39 A.M. with the Assistant Director of Activities (ADA). The ADA stated, He (Resident 31) has mentioned his career but we are not providing activities related to that. A review of the facility's Therapeutic Recreation Assessment for Resident 31, dated, 9/24/23 indicated, . individual interventions/recommendations: games, outdoor strolls, fresh air fit, introduce to Spanish speaking residents, praise and thank for participation efforts during groups . There was no reference to any other activities. An interview was conducted on 7/25/24 at 2:48 P.M. with the Assistant Director of Nursing (ADON). The ADON stated, It is important to provide meaningful activities to residents. A review of the facility's policy, dated 5/31/24, titled, Therapeutic Recreation Services, indicated, I. Policy: Therapeutic Recreation (TR) staff will complete a comprehensive assessment, and provide an ongoing program of activities in a therapeutic environment that promotes the resident's highest practicable degree of physical, cognitive, social and emotional well-being and functioning .III. Procedures .B. Activity Program-Requirements: a. the activity program consists of individual, small and large group activities which are designed to meet the needs and interests of each resident and which include but are not limited to .iii. creative activities .

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F 0692

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide enough food/fluids to maintain a resident's health.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 38924

Based on observations, interviews, and record reviews the facility failed to ensure one of 31 sampled residents, Resident 18, received adequate calories to maintain nutrition status from tube feeding resulting in a 6.6% weight loss in one month, according to standards of practice and facility policy.

This failure had the potential to result in the resident's further functional and physical decline, which increases the risk of infections, decubitus ulcers, and risk of death.

Cross reference F693

Findings:

During an observation on 7/22/24 at 9:22 AM of Resident 18, the resident was lying in bed, in a low position, with head of bed (HOB) elevated to 45 degrees, with some drooping in his left face, as well as drooling from mouth. There was an oxygen pump with humidifier, and gastric tubing from stomach established for tube feeding (TF). The TF pole and kangaroo pump machine had no bag or bottles hanging. The resident's eyes were half open and did not respond to questions and appeared non-verbal.

During an observation of Resident 18 on 7/23/24 at 2:55 PM in Resident 18's room, the resident was lying in asleep in bed with the head of the bed elevated at a 45-degree angle. The Resident's left and right arms were bent and contractures on both hands. A kangaroo pump was on the left side of the bed, turned off, without formula or water hanging on it.

During a review of the facility's Client Diagnosis Report dated 6/5/24 indicated Resident 18 had the following the diagnosis: dysphagia (inability to swallow), unspecified kidney failure (A condition in which the kidneys lose the ability to remove waste and balance fluids), alcoholic liver disease (damage to the liver and its function due to alcohol abuse), unspecified protein-calorie malnutrition (when there is a lack of nutrients in the diet or when the body cannot absorb nutrients), encephalopathy (a group of conditions that cause brain dysfunction like confusion, memory loss, personality changes and/or coma), and obstructive reflux uropathy (inability for urine to flow either partially or completely through the ureter, bladder, or urethra because of some type of obstruction).

According to the Academy of Nutrition & Dietetics, 2022 Nutrition Care Manual, Treatment of unintended weight loss is imperative to ensure optimal outcomes for the older adult. Unintended weight loss is linked to increased mortality (death) among older adults . residents in long-term-care facilities who continue losing weight have a higher mortality rate compared with those who stop losing weight. Weight loss of 5% or more within 30 days is associated with a tenfold increase in the likelihood of death. Unintended weight loss often results in protein-energy undernutrition (low protein or calorie intake resulting in insufficient nutrient absorption), as the older adult loses critical lean body mass and is more prone to pressure ulcers (injuries to the skin and underlying tissue due to consistent pressure), immune dysfunction (the body's inability to fight off infections or illness), anemia (low levels of oxygen in the blood), falls resulting in hip fractures, and other conditions. https://www.nutritioncaremanual.org/

(continued on next page)

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NAME OF PROVIDER OR SUPPLIER Edgemoor Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Park Center Drive Santee, CA 92071	

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the 2015 Journal of the Academy of Nutrition and Dietetics, Nutrition Care Manual, .there is no evidence that substituting adjusted or ideal weight results in improved accuracy .also many of the RMR equations were developed using actual body weight. In most other circumstances, actual body weight is advocated when assessing energy, protein, and fluid needs . http://dx.doi.org/10.1016/j.jand.2015.02.007 During a review of Resident 18's Weight Detail Report dated 7/25/24 indicated the following weights from October 2023-July 2024: 10/1/23 -177.60 pounds (lbs.) 11/1/23 - 175.8 lbs. 12/20/23 - 169.9 lbs. 1/1/24 - 165.8 lbs. 2/1/24 - 170.2 lbs. 3/1/24 - 169.5 lbs. 4/2/24 - 167.4 lbs. 5/1/24 - 167.2 lbs. 6/3/24 - 166 lbs. 7/5/24 - 155 lbs. Resident 18 experienced a 6.6% weight loss in 1 month. A review of Resident 18's Physician's Diet Orders dated 3/14/24 indicated Texture: NPO, Liquid: NPO, Enteric feeding: Jevity 1.5 (1.5 CAL/ML) VIA GT (gastric or stomach tube) FOR NUTRITION 24 HOUR TOTAL OF ENTERIC FEEDING 701 ML/1052 CALS. CONTINUOUS MAX RATE IS 100 ML/HOUR, WATER/HYDRATION: 1050 ML/24 HRS PER GT. A review of Resident 18's Plan of Care - Current, dated 7/24/24, indicated .Effective date 2/13/24 .At risk for dehydration/fluid overload related to diagnosis of .severe dysphagia .Goals: Will maintain optimal fluid balance with no s/sx (signs and symptoms) of dehydration x 90 days .Est. date: 10/7/24 .Est. date: 1/31/24 . Monitor weight per protocol/as ordered. Notify MD of significant weight change .Est. date: 5/30/24 . Interventions: .Monitor food/fluid consumption via tube feeding . (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 18's Quarterly Nutrition assessment dated [DATE] completed by the Registered Dietitian (RD), the assessment indicated, .Wt. 169.5, IBW (ideal body weight): 160# (pounds) .Weight variance: .-4.9% x 6 months, 13.8# (pounds) x 1 year .Diet order: (9/7/22) NPO. On 3/23/23, Jevity 1.5 via GT 701 ml/1052 calories. Maximum rate 100 ml/hour. On 1/18/22, water/hydration 1050 ml/24 hrs per GT. On 12/30/22, Pro T Gold 30 ml via GT QD supplement .Labs reviewed: 10/3/23: Gluc 63 (Low), Creatinine (a waste product that comes from the digestion of protein in your food and the normal breakdown of muscle tissue)- 0.29 (Low), Albumin (the most abundant circulating protein in blood plasma)- 3.1 (Low) .Abnormal labs expected due to multiple medical diagnoses .Medications: .Remeron (appetite stimulant) .Nutrient Requirements using IBW .160# (pounds): Kcals (calories) .1241-1679 kcal/day, Protein 73-88 g/d (grams/day), Fluid (30 cc/167.6 pounds): 2190 cc/day .Assessment summary .1122 kcal, 62 grams protein, 2258 cc total approximate water per day .Pertinent information: hospitalization ,d+[DATE]-[DATE] due to foley catheter complications. emergency room visit for shortness of breath likely due to 'acute episode of aspiration (difficulty breathing into lungs) per MD on 5/3/23' .Plan: Continue TF (tube feed) and water flush . Continue to update TF tolerance .and labs . During a review of Resident 18's Quarterly Nutrition assessment dated [DATE] completed by the RD, the assessment indicated .Wt. 166, IBW: 160 pounds .Nutrient requirements using IBW 160 pounds: KCALS 1241-1679 kcal/day, Protein .73-88 grams/day . During an interview with Resident 18's family member on 7/25/24 at 11 AM . Family stated he was told Resident 18 was deteriorating and his systems were shutting down due to kidney dysfunction. He further stated he sometimes thinks the facility may be trying to speed up the break down of Resident 18's medical conditions when they contact him about his relative's condition. He was not informed of the recent weight loss experienced by Resident 18. During an interview with a facility Registered Dietitian (RD) on 7/24/24 at 10:18 A.M., the RD stated the facility's physician and the Medical Director wanted Resident 18 to be within a normal bodyweight range and not be overweight or obese. The RD stated Resident 18 was placed on a physician weight loss program in July 2023 because his weight was 185.8 pounds. The RD stated significant weight losses are a priority for the RDs and nurses to review within 30 days. The RD stated she always used IBW for weight measurements and did not know the actual body weight was the correct standard for nutrition calculations. The RD further acknowledged Resident 18 experienced a 19.3 % weight loss in 12 months. During an interview with the MD (Medical Director) on 7/24/24 at 2:49 P.M., the MD stated Resident 18 was placed on an informal weight loss program in July 2023 because of unexplained weight gain of several pounds within a year, and the resident's sedentary, non-ambulatory (inability to walk and stand) due to his health status. The MD acknowledged Resident 18's recent multiple hospitalization s due to sepsis and foley catheter complications on 6/15/24. The MD stated she was unaware Resident 18 had kidney issues and further stated the resident's weight is stable based on his IBW. The MD further stated she was unaware the ideal body weight (IBW) measure was no longer the standard of practice for calculating body weights, and actual body weight was the new standard. A copy of the facility's physician ordered weight loss program was requested but not provided. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/25/24 at 2:55 P.M. with the Assistant Director of Nursing (ADON), the ADON stated Ideal body weight is not his area of expertise, but other factors are to be considered besides weight. The RD and MD are the experts to determine the appropriate weight range for the resident. Once they decide the appropriate weight for the resident, it is the duty of nurses to make sure the residents are getting the formula volume and calories they need. Weight variances are referred to the RD so they could adjust the food, formula, calories, and cc's. During an interview on 7/25/24 at 4 P.M. with a facility RD and (Chief of Nutrition Services (CNS), the RD stated the nutrition focused physical exam (NFPE) was not used when completing a resident's nutrition assessment. The RD stated they use the resident's medical diagnosis of malnutrition, skin turgor, decubitus ulcers, lab values, and weight goals when completing nutrition assessments. The RD stated she had not visibly seen the resident for several months. The RD was not sure why the Remeron appetite stimulant was listed as a medication. The RD further stated the total calories from the tubefeed order did not meet the calories assessed for Resident 18. The CNS stated tubefed residents are a priority and at high nutritional risk, therefore current labs should be used in the assessment. The CNS stated he expected the RDs to review factors like recent labs, skin integrity, and nutrition intake when completing nutrition assessments. The CNS stated the RDs do not check the tube feed volume because that was a nursing task. The CNS further stated he was unaware the actual body weight was the standard of practice for calculating body weight instead of IBW. A review of the facility's policy titled Nutritional MDS Assessment 615, dated 4/29/21, indicated .a resident with a significant change of condition or deemed at nutritional risk may be seen more frequently . Quadriplegic- IBW 10-15% . A review of the facility's policy titled Weight and Height Assessment- Measurement 109, dated 9/3/21, indicated .d. due to the severity of disability (contractures) in our facility and the inability of most residents to stand and cooperate with height testing, the facility has determined that we will use the Ulnar method .e. Ulnar method: the left arm is placed across the shoulder and measured between the point of the elbow .i. A significant weight change percentage is defined by the following: .1 month .greater than 5% .3 month .greater than 7.5% .6 month .greater than 10% . A review of the facility's policy titled Weight Loss Educational Guideline 109A, dated 4/6/22, indicated .A. Why is Weight loss important? When a person consumes inadequate nutrition to stay healthy, they become malnourished. The complications of malnutrition are .declines in function .pressure injuries .dehydrated . decreased kidney function .eventually death .

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38924 Based on observations, interviews, and record reviews the facility failed to ensure one of 31 sampled residents, (Resident 18), received the prescribed tube feeding volume according to facility policy. This failure had the potential to result in further functional and physical decline and increase the risk of infections, pressure sore, and death. Cross reference F692 Findings: During an observation on 7/22/24 at 9:22 AM of Resident 18, the resident was lying in bed, in a low position, with head of bed (HOB) elevated to 45 degrees, with some drooping in his left face, as well as drooling from mouth. There was an oxygen pump with humidifier, and gastric tubing from stomach established for tube feeding (TF). The TF pole and kangaroo pump machine had no bag or bottles hanging. The resident's eyes were half open and did not respond to questions and appeared non-verbal. During an observation of Resident 18 on 7/23/24 at 2:55 PM in Resident 18's room, the resident was lying in asleep in bed with the head of the bed elevated at a 45-degree angle. The Resident's left and right arms were bent and contractures on both hands. A kangaroo pump was on the left side of the bed, turned off, without formula or water hanging on it. During a review of Resident 18's Physician's Diet Orders dated 3/14/24 indicated Texture: NPO, Liquid: NPO, Enteric feeding: Jevity 1.5 (1.5 CAL/ML) VIA GT (gastric or stomach tube) FOR NUTRITION 24 HOUR TOTAL OF ENTERIC FEEDING 701 ML/1052 CALS. CONTINUOUS MAX RATE IS 100 ML/HOUR, WATER/HYDRATION: 1050 ML/24 HRS PER GT. During a review of Resident 18's Quarterly Nutrition assessment dated [DATE] completed by the Registered Dietitian (RD), the assessment indicated, .Wt. 169.5, IBW (ideal body weight): 160# (pounds) .Weight variance: .-4.9% x 6 months, 13.8# (pounds) x 1 year .Diet order: (9/7/22) NPO. On 3/23/23, Jevity 1.5 via GT 701 ml/1052 calories. Maximum rate 100 ml/hour. On 1/18/22, water/hydration 1050 ml/24 hrs per GT. On 12/30/22, Pro T Gold 30 ml via GT QD supplement .Labs reviewed: 10/3/23: Gluc 63 (Low), Creatinine (a waste product that comes from the digestion of protein in your food and the normal breakdown of muscle tissue)- 0.29 (Low), Albumin (the most abundant circulating protein in blood plasma)- 3.1 (Low) .Abnormal labs expected due to multiple medical diagnoses .Medications: .Remeron (appetite stimulant) .Nutrient Requirements using IBW .160# (pounds): Kcals (calories) .1241-1679 kcal/day, Protein 73-88 g/d (grams/day), Fluid (30 cc/167.6 pounds): 2190 cc/day .Assessment summary .1122 kcal, 62 grams protein, 2258 cc total approximate water per day .Pertinent information: hospitalization ,d+[DATE]-[DATE] due to foley catheter complications. emergency room visit for shortness of breath likely due to 'acute episode of aspiration (difficulty breathing into lungs) per MD on 5/3/23' .Plan: Continue TF (tube feed) and water flush . Continue to update TF tolerance .and labs . (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 18's Quarterly Nutrition assessment dated [DATE] completed by the RD, the assessment indicated .Wt. 166, IBW: 160 pounds .Nutrient requirements using IBW 160 pounds: KCALS 1241-1679 kcal/day, Protein .73-88 grams/day . During an observation and interview on 7/23/24 at 4:51 P.M. with Licensed Nurse (LN) 52 and LN 53, LN 52 stated she believed the kangaroo pump machine could store tube feed volume data for about 24 hours. LN 52 pressed the back button to review the previous tube feed amount received but the machine did not display the last formula volume from Resident 18's tube feeding. LN 53 also tried to turn on the kangaroo pump to check the last tube feed amount. LN 53 stated the kangaroo pump could store up to 72 hours of formula volume. LN 53 stated the nurses only run the daily volume from 4pm for 10 hours until the 701 mls are pumped. LN 53 stated the nurses do not document the daily intake amounts because they rely on the 72-hour kangaroo pump machine. LN 53 stated there could be potential concerns in the future if asked to provide formula intake amounts from months ago. During an interview on 7/23/24 at 4:38 P.M. with Licensed Nurse (LN) 51, LN 51 stated she typically starts the kangaroo pump machine for Resident 18's tube feeding at around 4 PM. LN 51 stated that she would press the on/off button to turn the machine 'on', then pressed 'start' to get the pump going. LN 51 then stated she makes sure the display reads 0 before she hangs a full bottle of the Jevity 1.5 formula. LN 51 stated she does not know how to fully check the kangaroo pump machine to determine how much formula Resident 18 had previously received because the machine is always off when she gets to work. LN 51 further stated she was a new employee that worked at the facility less than three months and had not received training on how to use the kangaroo pump. During a review of the facility's undated document titled Nutrition Service Tube Feeding and Supplement List indicated .[Resident 18] GT .cc's (cubic centimeters for liquid volume)/day- 701, Cals(calories)/day - 1052 . During a review Resident 18's G-Tube Feeding, Flushing, and Position Verification Record Form 334B, dated 2/1/23, for April-August 2024, indicated the nursing staff initials on each day for shifts 11-7 AM, 7-3 PM, and 3-11 PM by licensed nurses but does not include input or output fluid volume amounts. During an interview with LN 54 on 7/25/24 at 1:54 P.M., LN 54 stated when she does rounds on the residents, she checks all GT feedings and the history in the kangaroo pump for the last 24 hours. LN 54 also stated she checks to see if the total volume given was infused, and if not, then she will find the outgoing nurse to report it in the Medication Activity Record (MAR). LN 54 stated she initials the resident's tube feed report record each day. She said the intake/output record document is used if the resident is on antibiotics or fluid restricted. LN 54 further stated she doesn't think the machine can provide a history of infused volume for more than 72 hours. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/25/24 at 2:55 P.M. with the Assistant Director of Nursing (ADON), the ADON stated residents are weighed initially on admission, and monthly. Weight variances are referred to the RD so they could adjust the food, formula, calories, CC's, etc. The ADON stated GT kangaroo pumps have a total volume infused record, even for the water. The ADON stated if something is wrong with the machine or feeding, nurses will inform the MD. The ADON further stated The machine is not perfect, but it is important for the nurses to know how to operate the machine and to track the tube feeding formula volume. The ADON the nurses should be using the I&O (Input and Output) form to track the volume because the kangaroo pump only stores limited data up to a few days. Once they decide the appropriate weight for the resident, it is the duty of nurses to make sure the residents are getting the calories and volume they need. A review of the tube feed formula [Manufacturer's name] nutrient profile for Jevity 1.5 indicated a 1000 mL bottle provided 1500 calories, 63.8 grams of protein, and # 760 cc's of water. https://static.abbottnutrition.com/cms-prod/abbottnutrition-2016.com/img/Jevity%201.5%20Cal%20EN_tcm1310-73172.pdf A review of the facility's policy titled Intake and Output Measurement I-006, dated 3/2/2018, indicated .C. Measuring Enteral Feedings Intake- Licensed staff shall administer enteral food and fluids per Physician order and document volumes in the Intake and Output Record E-323 .E. Documentation- a. The Licensed Nurse will total the intake and output at the end of each shift and record on Intake and Output Record E323 . H. Resident Care Plans- Residents' Care Plans will be updated as necessary . A review of the facility's policy titled Enteral Tube Feeding for Gastrostomy (G-Tube or GT) ., dated 2/28/2022, indicated .Registered Dietitian will assess nutritional status and .makes recommendations for the diet order of formula and total volume/calories based upon the resident's: caloric requirements .current weight .overall nutrition status .Recommends hydration .Requests for laboratory data to aid in the assessment and monitoring of the resident .Monitors .resident progress .recommends changes in formula, nutritional adequacy of the formula .

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 38512 Based on observation, interview and record review the facility failed to ensure a medication was administered as ordered by the physician for one of seven residents (Resident 13) reviewed during medication administration observation. This failure had the potential to result in adverse outcomes for Resident 13, who was diagnosed with iron deficiency anemia (low red blood cell count due to low iron levels). Findings: During a medication pass observation on 7/24/24 at 8:57 A.M., with Licensed Nurse (LN) 42, LN 42 prepared and administered five medications for Resident 13. A record review was conducted on 7/24/24. Resident 13's physician's orders for July 2024, medication orders included ferrous sulfate (iron) for iron deficiency anemia, daily. The ferrous sulfate was not prepared and administered to Resident 13 during the medication pass observation. During a concurrent interview and record review with LN 42 on 7/24/24 at 11:10 A.M., LN 42 acknowledged she did not give Resident 13's ferrous sulfate as ordered by the physician. LN 42 stated missing a medication dose can negatively affect the resident. Per a facility's policy titled Plan: Medication Safety Meds, dated 7/3/24, .It is the practice of this facility to prepare, administer, and document medications .in a timely, proper and accurate manner, in compliance with physician order and pharmacy recommendations .

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. 49330 Based on observation, interview and record review the facility failed to ensure the kitchen staff competently performed and carried out the functions of the Food and Nutrition Services department when: 1. A food services worker could not correctly operate the dishwashing machine. 2. A food services worker could not properly demonstrate how to calibrate a food thermometer. These failures had the potential for food contamination, resulting in food borne illnesses for all residents who consume food from the kitchen. Cross reference F812 Findings: 1. During the initial kitchen tour on 7/22/24 at 9:10 A.M., an observation and interview was conducted in the dishwashing room. Food Service Worker (FSW) 1 was at the dish machine station. FSW 1 stated the dish machine.Sanitizes the dishes and utensils. Surveyor asked FSW 1 to demonstrate how the kitchen staff ensures that the temperatures are accurate. The FSW 1 stated they use the, .Blue Screen on the wall-mounted digital controller on the wall to the left of the dish machine to verify accurate temperatures. FSW 1 proceeded to touch the screen, but the display did not read any change in temperatures. The buttons on the screen observed below and to the right of the screen indicated it was not a touch screen. During an observation and interview on 7/22/24 at 11:15 A.M. with the Chief of Nutrition Services (CNS), the CNS stated the dish machine sanitizer is tested using a test strip attached to a dish that goes through the machine. The CNS stated the test strip changes colors from light gray to dark gray to indicate it reached the correct sanitizer temperature of 160-165 (degrees) Fahrenheit (F) at the manifold. A review of the facility Job Description for Food Services Worker indicated the skills and abilities to include . Operate and maintain kitchen equipment in a safe and efficient manner According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section 4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures, (A) .in a mechanical operation, the temperature of the fresh hot water SANITIZING rinse as it enters the manifold may not be more than 90 C (194 F), or less than: .(2) .180 F. A review of the facility policy titled Nutrition Services Infection Control indicated, .The dish machine is to be checked regularly throughout the day to ensure that the proper wash cycle temperature (150 F) and the proper rinse cycle temperature (180 F) are continuously maintained . (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. During a joint observation and interview on 7/22/24 at 12:35 P.M. with Food Services Worker (FSW) 2 and the Chief of Nutrition Services (CNS), the FSW 2 stated he used his own personal food thermometer to take food temperatures during food preparation. FSW 2 stated he does not use the facility's thermometer because he did not like the way it reads. The FSW 2 stated he did not know how to fully operate his thermometer but he has calibrated it before. FSW 2 further stated the battery in his thermometer was dead and therefore he was unable to demonstrate thermometer calibration. The FSW 2 stated he made the tuna salad earlier in the morning and used his own thermometer to take the temperature of the tuna salad. The CNS continued, stating the food thermometers provided to the kitchen staff several months ago were approved by the food and nutrition services department management for use in the kitchen. The CNS stated it was his expectation kitchen staff utilize the food thermometers provided by management and not their personal food thermometers. The CNS acknowledged it was important for staff to be trained on how to use the facility provided thermometers. The CNS further stated the kitchen staff were to avoid using personal food thermometers because they may not take accurate temperatures. A review of the Food Services Worker job description indicated Food Service Workers were expected to have, .Knowledge of: Safety practices as applied to food preparation and use of kitchen and cleaning equipment . According to the 2022 Federal FDA Food Code Annex 7-42, .Thermometers provide a means for assessing active managerial control of .food temperatures .Food thermometers must be calibrated at a frequency to ensure accuracy .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49330 Based on observation, interview and record review, the facility failed to ensure food safety and sanitation practices were met in the kitchen according to standards of practice when: 1. The ice machine had black debris inside the ice making parts of the tray and curtain. 2. Two (2) large onions in the refrigerator had mold on them. 3. Three (3) floor sinks had piping without an air gap of at least 1 (inch) between the pipe and drain. 4. Two (2) green cutting boards with deep cuts and food stains were stored in the clean area. These failures exposed residents to contaminated food and unsanitary practices, which had the potential to place them at risk of developing foodborne illness. Cross reference F802 Findings: 1. During the initial kitchen tour on 7/22/24 at 8:26 A.M. an observation and interview with the Chief of Nutrition Services (CNS) and the Plant Operations Director (POD) was conducted. A Surveyor wiped the inside of the ice machine bin walls with a white paper towel and there was black debris on the paper towel. The POD opened the ice machine cover and there was tannish pinkish colored debris inside the area of the ice machine water pan and curtain. The CNS acknowledged the discolored debris and stated the kitchen staff was responsible for cleaning the storage bin and the maintenance plant operations department was responsible for cleaning/sanitizing the ice-machine's ice making parts. The POD stated the maintenance/plant operations department staff clean and sanitize the ice machine quarterly but they do not remove the baffle or the ice machine water tray underneath the ice making grid during the cleaning procedure. The manufacturer's cleaning/sanitizing instructions indicated, .1. Turn off the electrical and water supply to the ice machine. 2. Remove all ice from the bin. 3. Remove the water curtain and the components you want to clean or sanitize. 4. Soak the removed part(s) in a properly mixed solution. 5. Use a soft-bristle brush or sponge (NOT a wire brush) to carefully clean the parts .6. Use the sanitizing solution and a sponge or cloth to sanitize (wipe) the interior of the ice machine and the entire inside of the bin/dispenser. 7. Thoroughly rinse all of the parts and surfaces with clear water. 8. Install the removed parts (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	According to the 2022 Federal FDA Food Code section 4-602.11, Equipment Food-Contact Surfaces and Utensils. Ice bins and components of ice makers need to be cleaned: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold .Ice makers and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms . A review of the facility's undated policy and procedure titled Ice Machine Maintenance indicated, .cleaning and sanitizing of all internal water contact areas of all ice machines which shall be performed in accordance with manufacturer's recommendation . 2. During the initial kitchen tour conducted on 7/22/24 at 9:40 A.M., two floor sink drains next to reach-in refrigerators were observed with the PVC (polyvinyl chloride) white pipes extending into the floor drains. Also, a copper pipe that extended from a walk-in refrigerator was observed directly into a floor sink drain. The CNS acknowledged the three pipes going into the floor sinks and stated they should not extend into the floor drain without an appropriate air gap. According to the 2022 Federal FDA Food Code, section 5-402.11(A), .A direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment .are placed . A review of the facility policy titled Nutrition Services: Food Storage indicated, .Food storage areas will not be subject to sewage or wastewater backflow . 3. During the initial kitchen tour on 7/22/24 at 8:40 AM, an observation and interview was conducted with the CNS. A walk-in refrigerator containing produce was observed with an opened case of onions. One large onion was observed with a large moldy blackish-graying color on it. Another onion was observed with blackish grayish color on it. The CNS stated the staff usually checks the food deliveries received by the case. The CNS stated staff were assigned to check the produce every morning. The CNS stated, That one should've been pulled . and the onions were no longer good for consumption. According to the 2022 Federal Food Code, Annex 4 Table 2a, .Check condition at receiving; do not use moldy or decomposed food . A review of the facility's policy and procedure titled Nutrition Services: Food Procurement indicated, All fresh fruits and vegetables will be of good quality and freshness . 4. During a kitchen observation and interview on 7/22/24 at 2:55 P.M., a blue rubber cutting board was observed on the kitchen counter near the cold food prep area. The cutting board had multiple deep knife cuts and scratches. There were green colored stains visible inside the scratches and on the surface of the cutting board. The cutting board appeared to be in use by kitchen staff. There was a knife laying on the cutting board, with bits of food visible on the knife. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/23/24 at 9:30 A.M., an observation and interview was conducted with the Nutrition Services Supervisor (NSS) in the back of the kitchen. Two cutting boards, a blue and a green one, were observed on the clean storage shelf. The cutting boards had a large white discolored stain in the middle and several deep scratches on the surface, with green stains embedded in the scratches. The NSS stated the cutting boards were checked daily for wear, but the NSS stated the cutting board should be replaced. On 7/23/24 at 9:35 A.M., an interview was conducted with the CNS. The CNS stated his expectations were for the kitchen areas to be in compliance with standards of practice and the regulations. According to the 2022 Federal FDA Food Code, section 4-501.12, Cutting surfaces such as cutting boards and blocks that become scratched and scored may be difficult to clean and sanitize. As a result, pathogenic microorganisms transmissible through food may build up or accumulate. These microorganisms may be transferred to foods that are prepared on such surfaces . A review of the facility's policy titled Nutrition Service Infection Control dated 3/30/23 indicated, .Cutting boards are inspected for stains, excessive wear, and deep cuts. Cutting boards that are deemed a safety concern are discarded .

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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** 38512 Based on observation, interview, and record review, the facility failed to ensure: 1. The Centers for Disease Control and Prevention (CDC) guidelines for Enhanced Barrier Precautions (EBPs, an infection control intervention using protective gowns and gloves) were implemented for 26 of 29 residents, and, 2. A Licensed Nurse (LN 1) used appropriate Personal Protective Equipment (PPE - gloves, gown, masks and other equipment used to control the spread of infection) when administering tube feeding (a replacement food source, administered through a tube directly into the stomach or intestines) to Resident 88, whose room was posted as requiring EBP. These failures had the potential to result in the spread of Multiple Drug Resistant Organisms (MDROs, microorganisms, mainly bacteria, that are highly resistant to many types of antibiotics) throughout the facility. FINDINGS: 1. On 7/22/24 beginning at 8 A.M. observations were conducted of all nursing units. Of 156 residents, 29 residents were identified with indwelling medical devices, such as feeding tubes and urinary catheters (a tube used to empty the bladder and collect urine in a drainage bag). Of the 29 residents identified, 26 were not on EBP. During an interview on 7/22/24 at 1:45 P.M. with Supervisor Nurse (SN) 41, SN 41 stated not all residents met the EBP criteria. SN 41 stated the physician and the Infection Preventionist (IP) determined who will be placed on EBP. During an interview on 7/23/24 at 11 A.M. with Certified Nursing Assistant (CNA) 22, CNA 22 stated EBP meant a cabinet containing extra gowns and gloves would be placed outside of the resident room for staff to wear, but EBP was only for residents with COVID (a contagious disease). On 7/23/24 at 4:13 P.M., an interview with Licensed Nurse (LN) 11 was conducted outside Resident 106's room. LN 11 stated Resident 106 was not on EBP. Per LN 11, Resident 106 had recently been hospitalized , had an infection related to the feeding tube, and was on antibiotics (anti-infective medications). On 7/24/24 at 9 A.M., an interview with CNA 13 was conducted. CNA 13 stated the IP or charge nurse would place a sign by the resident's door if staff had to use PPE when providing resident care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/24/24 at 11:08 A.M., an interview was conducted with LN 12. LN 12 stated the facility had a process using an assessment tool. Per LN 12, the assessment criteria for a resident to be placed in EBP included: returned from the hospital, had history of candida auris (fungal organism) or carbapenem resistant organism (an antibiotic-resistant infection), were hospitalized for a significant MDRO exposure and had a medical device. Per LN 12, the residents would have to meet the criteria before they were placed on EBP. During an interview on 7/24/24 at 2:47 P.M. with LN 43, LN 43 stated there were criteria that had to be met to place a resident on EBP. LN 43 stated the criteria included whether the resident came from a hospital or if the resident had any tubes. LN 43 stated a team, including the doctor, would decide if a resident should be on EBP. LN 43 stated the staff were in-serviced by the IP regarding EBP. On 7/24/24 at 3:17 P.M., an interview with IP was conducted. The IP stated the facility followed the CDC Guidelines on EBP. The IP stated she got information from the CDC, the California Department of Public Health (CDPH) and presented to the facility's leadership. The IP stated the leadership together with the primary physicians developed an assessment tool. The IP stated the facility was different from other facilities because residents were not as high risk as compared to the typical residents in other facilities. The IP stated the residents had no history of MDRO. The IP stated they placed the residents on EBP only when they came back from the hospital. The IP also stated 80 percent of their population had tubes and staff were PPE burned out (exhausted from excessive use of PPE) after COVID. The IP stated they, .May be incorrect . with their interpretation of the CDC guidelines. On 7/25/24 at 1:13 P.M., an interview with the Assistant Director of Nursing (ADON) was conducted. The ADON stated there was an assessment tool the facility used, and the residents had to meet the criteria before they were placed on EBP. Per ADON, the facility had to follow their policy. Per ADON, the IP was responsible for infection control concerns. During an interview on 7/25/24 at 2:18 P.M. with ADON, the ADON stated, the EBP criteria form was completed for new admission and when a resident came from the hospital. The ADON stated the criteria for EBP was taken from an AFL (All Facilities Letter, issued by CDPH). The ADON stated, What we are doing is CDC guidelines .it is subject to interpretation .it is controversial . During an interview on 7/25/24 at 5:59 P.M. with the Medical Director (MD), the MD stated the criteria was based on, .Our interpretation of the CDC guidelines. The MD stated they looked at the facility's infection rates, how much time it took for staff to use the PPE, and the federal regulation. The MD stated the facility has a modified assessment tool. The MD stated the facility was doing something different than other facilities. Per the facility's policy titled, Infection Prevention Program Plan, dated 4/24/23, .Procedures .c. Maintain compliance with regulatory and governmental regulations and standards . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's policy and procedure titled Enhanced Standard Precautions (ESP)/Enhanced Barrier Precautions (EBP) Quick Reference, dated 4/12/24, indicated, .(name of facility) implements enhanced standard precautions (ESP)/enhanced barrier precautions (EBP) through an individualized assessment of resident characteristics and risk in combination with risk assessment based on our unique facility characteristics, namely single rooms, high staffing, high air exchange, low admissions, almost no resident to resident transmission of infection, and with NO CDC-targeted Multidrug-resistant organisms (MDROs) in the history of the building operation . During a review of the CDC's guidelines, titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated 7/12/22, indicated, . The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization .Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include .device care or use .Because Enhanced Barrier Precautions do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of the resident's stay in the facility or until .discontinuation of the indwelling medical device that placed them at higher risk .Enhanced Barrier Precautions applies to all residents with any of the following: .indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy .) regardless of MDRO colonization status Per the Center for Clinical Standards and Quality/Quality, Safety & Oversight Group publication QSO-24-08-NH Enhanced Barrier Precautions in Nursing Homes., dated March 20, 2024, with an effective date of April 1, 2024, .EBP recommendations now include use of EBP for residents with chronic wounds or indwelling devices during high-contact resident care activities regardless of their multidrug-resistant organism status . 2. Resident 88 was admitted to the facility on [DATE] with diagnoses to include pneumonitis (a lung infection), per a Record of Admission. On 7/23/24 at 9:30 A.M., an observation of Resident 88 was conducted in his room. Resident 88 was lying in bed, and did not respond to questions asked. A sign outside of Resident 88's door indicated he was on Enhanced Standard Precautions (also known as EBP). The sign indicated, Anyone participating in any of these six moments must also: [NAME] (put on) gown and gloves .Caring for devices & giving medical treatments . A plastic bin outside of the room contained isolation gowns, gloves, and other PPE. On 7/23/24 at 4:23 P.M., an observation of LN 1 was conducted in Resident 88's room. LN 1 connected a syringe to Resident 88's feeding tube, a medical device located on his abdomen. LN 1 was wearing gloves when touching the resident, and when connecting the syringe to the feeding tube. LN 1 was not wearing a gown. On 7/23/24 at 4:22 P.M., an interview was conducted with LN 1 as she exited Resident 88's room. LN 1 stated she should have been wearing a gown and gloves when using the feeding tube as she had been providing care through a medical device. LN 1 stated the use of the correct PPE was important to prevent the spread of infection to the resident. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/23/24 at 4:30 P.M., an interview was conducted with Charge Nurse (CN) 1. CN 1 stated LN 1 should have put on gloves and a gown when providing care for Resident 88. CN 1 stated all staff should review the signs prior to entering the room, and use the appropriate PPE to prevent the spread of infection. CN 1 stated more education may be necessary on the process. On 7/24/24 at 3:10 P.M., an interview was conducted with the ADON. Per the ADON, the nurse should have followed the instructions posted on the sign. The ADON stated this deficient practice had the potential to spread infection to other residents or staff. Per a facility policy, reviewed 4/12/24 and titled Enhanced Standard Precautions (ESP)/Enhanced Barrier Precautions (EBP), .A. Who receives Enhanced Standard Precautions .a .high risk residents, particularly those with wounds or tubes .B. What are Enhanced Standard Precautions/Enhanced Barrier Precautions? a. The use of a Gown and gloves .b. 6 moments: .caring for medical devices .E. How do we communicate about enhanced standard precautions? a. Each patient will have a sign placed outside their door .over a little drawer set of PPE .

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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. 49330 Based on observation, interview, and record review, the facility failed to ensure kitchen equipment was in safe operating condition according to standards of practice when: 1. A dishwashing machine had temperatures below the sanitation level. 2. A reach-in refrigerator and a reach-in freezer had condensation. This failure had the potential to place residents at risk of developing foodborne illness. Cross reference F812 Findings: 1. During a kitchen observation and interview on 7/22/24 at 9:22 A.M. with the food services worker/dishwasher (DSW), the DSW stated dishes, utensils, and trays are placed in the dish machine to wash and sanitize. The DSW stated the machine sanitizes dishes when the on button on the wall mounted digital control pad is pressed. The Surveyor asked how the staff ensures the dish machine is sanitizing and the DSW stated, We run it (the machine), and we check the gauges . The DSW stated the dinnerware first goes through the power scraper and power wash cycles, then through the power rinse tank and final rinse. The DSW stated the dish machine wash goes up to 145 (degrees) but mostly stays between 140 and 145 Fahrenheit. The gauges on the dish machine read: Power scrapper= 109 Fahrenheit Power wash= 140 Fahrenheit Power rinse tank= 156 Fahrenheit Final rinse= 168 Fahrenheit During an observation and interview on 7/22/24 at 11:15 A.M. with the CNS, the CNS acknowledged the wash temperature on the dish machine was not reaching the appropriate temperature. The CNS stated the dish machine needed to be repaired to ensure the wash and sanitizing steps were operating correctly. According to the 2022 Federal FDA Food Code, section 4-501.110, .The wash solution temperature in mechanical warewashing equipment is critical to proper operation . A review of the facility policy titled Nutrition Services Infection Control indicated, .The dish machine is to be checked regularly throughout the day to ensure that the proper wash cycle temperature (150 degrees Fahrenheit) and the proper rinse cycle temperature (180 degrees Fahrenheit) are continuously maintained . (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility policy titled Nutrition Services: Essential and Important Use Equipment indicated the dishwasher was, .Equipment identified as ESSENTIAL USE .Essential Use Equipment is essential .a non-working condition may necessitate notification to the CDPH due to, risk of detrimental impact on resident health and or safety . 2. During the initial kitchen tour on 7/22/24 at 9:10 A.M., a reach-in freezer was observed with condensation build-up inside. There was frozen liquid observed on the bottom shelf of the freezer. There was frozen condensation observed on the racks. A reach-in refrigerator in the cold food nourishments prep area was also observed with ice condensation build-up on the bottom shelf and on the inside of the door. According to the 2022 Federal FDA Food Code, section 4-204.11 .The dripping of grease or condensation onto food constitutes adulteration and may involve contamination of the food with pathogenic organisms . A review of the facility's policy and procedure titled Nutrition Services: Essential and Important Use Equipment, dated 3/27/24 indicated it was the facility's policy to, .To establish repair categories for Nutrition Services equipment that is considered essential and important to the function of the Nutrition Services Department .