

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Whitney Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3529 Walnut Avenue Carmichael, CA 95608	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36624</p> <p>Based on observation, interview, and record review, the facility failed to ensure sufficient supply of linens were available for staff to use during residents daily care for a census of 123.</p> <p>This failure decreased the facility's ability to provide care and services to enhance the self-esteem and self-worth of the residents.</p> <p>Findings:</p> <p>During the initial tour observation and interview with residents, on 6/18/24 at 10:19 a.m., one Resident stated that during the provision of care, there was linen shortage pretty much everyday that staff talked about. The Resident stated, she was worried how the facility was being ran.</p> <p>During a concurrent observation and interview, on 6/18/24 at 12:17 p.m., with Certified Nurse Assistant 7 (CNA 7), CNA 7 opened the linen storage #1 and heaved a heavy sigh and shook her head and she said nothing. CNA 7 stated linens will be filled out once delivered, but right now, there were no linens to use for the residents. Linen storage room [ROOM NUMBER] was observed to be empty.</p> <p>During a random linen storage room observation on 6/19/24 at 8:04 a.m., the linen storage #1 had only a few clean linens, gowns, and bed sheets.</p> <p>During an interview on 6/21/24 at 8 a.m. with CNA 8, CNA 8 stated, we don't have enough linens . we do not hoard.</p> <p>During an interview on 6/21/24 at 8:12 a.m. with CNA 6, CNA 6 stated, we don't have enough linens . we do not hoard.</p> <p>During an interview, on 6/21/24 at 8:30 a.m. with the Maintenance Supervisor (MS), the MS could not state what kind of system or formula the facility was using to calculate the volume of linens used by all residents per-shift-per-day, to ensure there were enough linen supplies to accommodate the needs of all the residents.</p> <p>A review of the facility's Policy and Procedure (P/P) titled, Dignity, revised 2/21, indicated, .Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's P/P titled, Infection Prevention and Control Program, revised 11/2018, indicated, .to provide a safe, sanitary and comfortable environment .</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40214</p> <p>Based on observation, interview, and record review, the facility failed to ensure accurate assessments were performed for two residents (Resident 33 and Resident 23) of 29 sampled residents when:</p> <ol style="list-style-type: none"> <li>1. Resident 33's vision assessment was inaccurate; and,</li> <li>2. Resident 23 did not have a change of condition assessment completed.</li> </ol> <p>These failures resulted in Resident 33 and Resident 23 not receiving accurate assessments reflective of their medical status and reduced the facility's potential to identify strengths to maintain or improve functional abilities.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 33's ADMISSION RECORD indicated she was admitted to the facility on [DATE] with multiple diagnoses which included legal blindness, presence of artificial eye, hearing loss, dementia (memory problems), and osteoporosis (bone disease that can lead to decrease in bone strength and increase the risk of fractures).</li> </ol> <p>During a concurrent observation and interview on 6/18/24 at 9:52 a.m., in Resident 33's room, with Certified Nursing Assistant 5 (CNA 5), Resident 33 was in their bed, alert, eyes closed with flat affect, and a hearing aid on her left ear. When asked, Resident 33 with eyes closed stated, I can't see, I'm blind . CNA 5 stated that Resident 33 was legally blind and hard of hearing.</p> <p>A review of Resident 33's Interdisciplinary Team (IDT) progress notes dated 5/30/24 at 11:07 a.m., indicated, .IDT REVIEW: Admission . LEGALLY BLIND SINCE BIRTH .Fall Risk Score: 26.0 High risk .</p> <p>A review of Resident 33's Physician Progress Note dated 5/30/24 at 2:42 p.m., indicated, .SNF SKILLED ADMISSION . BLINDNESS. Newborn .</p> <p>A review of Resident 33's Social Services progress note dated 5/30/24 at 6:11 p.m., indicated, . Vision: Adequate .</p> <p>During an interview on 6/21/24 at 8:59 a.m., with the Social Services Director (SSD), the SSD stated, .Wrong assessments .should have been legally blind .</p> <p>48140</p> <ol style="list-style-type: none"> <li>2. During a review of Resident 23's admission record, Resident 23 was admitted to the facility on [DATE] with diagnoses including chronic pain and polyneuropathy (when multiple peripheral nerves become damaged).</li> </ol> <p>During a concurrent observation and interview on 6/18/24 at 1:56 p.m. in Resident 23's room, Resident 23's feet were observed swollen with dry skin. Resident 23 stated, I'm not doing too good today, I think I'm having a reaction to my medication, I have a new rash and my feet are swollen.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 23's nursing progress notes there was no documentation that a change of condition assessment was completed for Resident 23's new onset of swollen feet.</p> <p>During a concurrent interview and record review on 6/20/24 at 11:50 a.m. with RN (Registered Nurse) 1, RN 1 reviewed Resident 23's nursing progress notes and confirmed there was no documentation of an assessment for Resident 23's new onset of swollen feet. RN 1 stated a change of condition assessment is expected for any change on a resident, including skin conditions.</p> <p>A review of the facility's policy and procedure titled, Charting and Documentation, revised July 2017, indicated, All services provided to the resident .shall be .complete .and . accurate .</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48140</p> <p>Based on observation, interview, and record review the facility failed to develop baseline care plans for three out of 29 sampled residents (Resident 364, 366, and resident 320) when:</p> <ol style="list-style-type: none"> <li>Care plans were not developed for the use of indwelling urinary catheters (flexible tube used to empty the bladder and collect urine in a drainage bag) for Resident 364 and 366; and,</li> <li>Care plan for the use of a Bilevel Positive Airway Pressure machine (BiPAP, a device assisting in breathing) was not initiated withing 48 hours of admission.</li> </ol> <p>These failures had the potential for residents to not receive appropriate and timely care and treatment.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>During a review of Resident 366's admission record, the record indicated Resident 366 was admitted to the facility on [DATE] with diagnoses including severe chronic kidney disease (severe loss of kidney function) and benign prostatic hyperplasia (prostate gland enlargement that can cause urination difficulty).</li> </ol> <p>During an observation on 6/18/24 at 9:57 a.m. in Resident 366's room, Resident 366 was observed lying in bed with a urinary catheter bag hooked to the right side of the bed frame.</p> <p>During an observation on 6/18/24 2:05 p.m. in the therapy room, Resident 366 was observed standing with the support of a front wheeled walker (FWW, ambulatory device). Resident 366's urinary catheter bag was observed hooked to the front of the FWW.</p> <p>During a review of Resident 366's care plan with an initiated date of 6/9/24, there was no plan of care for Resident 366's urinary catheter.</p> <p>During a concurrent interview and record review on 6/20/24 at 11:22 a.m. with RN 1, Resident 366's care plan initiated on 6/9/24 was reviewed. RN 1 confirmed Resident 366 did not have a care plan for a urinary catheter. RN 1 stated care plans are important for staff to know how to take care of each individual resident.</p> <p>During a review of Resident 364's admission record, Resident 364 was admitted to the facility on [DATE] with diagnoses including bilateral lower extremity cellulitis (a deep infection of the skin caused by bacteria) and muscle weakness.</p> <p>During an observation on 6/18/24 at 9:55 a.m. in Resident 364's room, Resident 364 was observed lying in bed with a urinary catheter bag hooked to the right side of the bed frame.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 6/20/24 at 11:22 a.m. with RN 1, Resident 364's care plan initiated on 6/10/24 was reviewed. RN 1 confirmed Resident 364 did not have a care plan for a urinary catheter. RN 1 stated care plans are important for staff to know how to take care of each individual resident and are developed within forty-eight hours of admission.</p> <p>During an interview on 6/21/24 at 10:59 a.m. with the DON, the DON stated the baseline care plan is initiated and developed within forty-eight hours of the resident's admission and bladder (urinary) status needs to be included in the baseline care plan.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Care Plans - Baseline, dated March 2022, the P&amp;P indicated, A baseline plan of care to meet the resident's immediate health and safety needs is developed within forty-eight (48) hours of admission. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident.</p> <p>46242</p> <p>2. During a review of Resident 320's admission record, the record indicated Resident 320 was admitted to the facility on [DATE] with diagnoses including asthma (a lung disease which makes it harder to breathe), dependence on other enabling machines and devices, and a chronic respiratory failure (a condition when the lungs can't get enough oxygen into the blood).</p> <p>During a concurrent observation and interview on 6/18/24 at 1:24 p.m. with Resident 320 in her room on the bed, Resident 320 was observed using BiPAP to breathe and she would briefly remove the mask to answer questions in short sentences. Resident 320 stated that her BiPAP use was very important in restoring and maintaining her lung function and staff at the facility did not know how to operate/maintain her BiPAP. She also added that her breathing has been getting worse since the admission to the facility.</p> <p>During a concurrent interview and record review on 6/21/24 at 9:48 a.m. with Case Manager Nurse (CMN), Resident 320's current orders and care plans were reviewed. CMN confirmed that BiPAP was ordered for the resident upon admission to the facility on [DATE] and corresponding care plan was initiated on 6/14/24 (more than 48 hours after admission). CMN agreed that the BiPAP care plan should have been initiated earlier.</p> <p>During an interview on 6/21/24 at 10:34 a.m. with the Director of Nursing (DON), DON confirmed that baseline care plan should be completed withing 48 hours of admission and should include physician's orders.</p> <p>During a review of the facility's P&amp;P titled, Care Plans - Baseline, dated March 2022, the P&amp;P indicated, A baseline plan of care to meet the resident's immediate health and safety needs is developed within forty-eight (48) hours of admission. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident including, but not limited to the following . Physician orders .</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 48140</b></p> <p>Based on observation, interview, and record review the facility failed to develop comprehensive, person-centered care plans for eight out of 29 sampled residents (Resident 48, 62, 94, 102, 103, 361, 364 and 366) when care plans were not developed for the use of indwelling urinary catheters (flexible tube used to empty the bladder and collect urine in a drainage bag), psychotropic medications and EBP (Enhanced Barrier Precautions).</p> <p>These failures had the potential for residents to not receive appropriate, adequate timely care and treatment.</p> <p>Findings:</p> <p>During a review of Resident 366's admission record, the record indicated Resident 366 was admitted to the facility on [DATE] with diagnoses including severe chronic kidney disease (severe loss of kidney function) and benign prostatic hyperplasia (prostate gland enlargement that can cause urination difficulty).</p> <p>During an observation on 6/18/24 at 9:57 a.m. in Resident 366's room, Resident 366 was observed lying in bed with a urinary catheter bag hooked to the right side of the bed frame.</p> <p>During an observation on 6/18/24 2:05 p.m. in the therapy room, Resident 366 was observed standing with the support of a front wheeled walker (FWW, ambulatory device). Resident 366's urinary catheter bag was observed hooked to the front of the FWW.</p> <p>During a review of Resident 366's care plan, with an initiated date of 6/9/24, there was no plan of care for Resident 366's urinary catheter or EBP interventions.</p> <p>During a review of Resident 364's admission record, Resident 364 was admitted to the facility on [DATE] with diagnoses including cellulitis (a deep infection of the skin caused by bacteria) of the right and left legs and severe sepsis (a life-threatening complication of an infection).</p> <p>During an observation on 6/18/24 at 9:55 a.m. in Resident 364's room, Resident 364 was observed lying in bed with a urinary catheter bag hooked to the right side of the bed frame.</p> <p>During a review of Resident 364's care plan with an initiated date of 6/10/24, there was no plan of care for Resident 364's urinary catheter and a care plan for EBP was not implemented until 6/19/24.</p> <p>During a review of Resident 94's admission record, Resident 94 was admitted to the facility in February 2024 with diagnoses including right femur (thigh bone) fracture and muscle weakness.</p> <p>A review of Resident 94's order summary, indicated a medication order for buspirone with a start date of 3/18/24, to be given every eight hours as needed for anxiety for 14 weeks, manifested by restlessness.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 94's care plans, dated February 2024 through June 2024, indicated the care plan did not include the use of buspirone, a psychotropic medication.</p> <p>During a review of Resident 48's admission record, Resident 48 was admitted to the facility in July 2023 with diagnoses including a stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle) to the right buttock, right hip, and left hip.</p> <p>A review of Resident 48's care plan, initiated on 7/6/23, indicated the care plan did not include EBP interventions.</p> <p>During a review of Resident 62's admission record, Resident 62 was admitted to the facility in March 2024 with diagnoses including urinary tract infection (UTI) and resistance to vancomycin (antibiotic used to treat infections).</p> <p>A review of Resident 62's care plan, initiated on 3/22/24, indicated the care plan for EBP was not implemented until 6/19/24.</p> <p>During a review of Resident 102's admission record, Resident 102 was admitted to the facility in May 2024 with diagnoses including severe sepsis and extended spectrum beta lactamase (ESBL) resistance (bacteria that may make them resistant to some antibiotics).</p> <p>During a review of Resident 102's care plan, initiated on 5/27/24, the care plan did not include EBP interventions.</p> <p>During a review of Resident 103's admission record, Resident 103 was admitted to the facility in May 2024 with diagnoses including UTI and urinary retention (the bladder doesn't empty completely or at all).</p> <p>During a review of Resident 103's care plan, initiated on 5/18/24, the care plan for EBP was not implemented until 6/19/24.</p> <p>During a review of Resident 361's admission record, Resident 361 was admitted to the facility in May 2024 with diagnoses including UTI and methicillin-resistant staphylococcus aureus (MRSA, bacteria that's become resistant to many of the antibiotics).</p> <p>A review of Resident 361's care plan, initiated on 6/5/24, the care plan for EBP was not implemented until 6/19/24.</p> <p>During a concurrent interview and record review on 6/20/24 at 11:22 a.m. with RN (Registered Nurse) 1, RN 1 reviewed Resident 364's and Resident 366's care plans. RN 1 confirmed Resident 364 and Resident 366 did not have care plans for a urinary catheter or EBP. RN 1 reviewed Resident 94's care plan and confirmed Resident 94 did not have a care plan for the use of buspirone, a psychotropic medication. RN 1 reviewed Resident 48, 62, 102, 103, and 361's care plans and confirmed the care plans did not include EBP interventions. RN 1 stated care plans are important for staff to know how to take care of each individual resident and are developed within seven days.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/21/24 at 10:59 a.m. with the DON (Director of Nursing), the DON stated comprehensive care plans are developed within seven days of the resident's admission and bladder (urinary) status, including the use of urinary catheters, and EBP interventions need to be included in the care plan.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person - Centered, revised March 2002, indicated, A comprehensive, person-centered care plan .should meet the resident's physical, psychosocial and functional needs. The Comprehensive person-centered care plan should be developed within the seven (7) days of the completion of the required MDS (Minimum Data Set, an assessment tool) assessment.</p> <p>A review of the facility's P&amp;P titled, Enhanced Barrier Precautions, revised August 2022, indicated, EBP's employ targeted gown and glove use during high contact resident care activities .EBP's are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization .EBP's remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>36624</p> <p>Based on interview and record review, the facility failed to review and revise the activities care plan for 5 of 29 sampled residents (Resident 11, Resident 42, Resident 52, Resident 67, and, Resident 76) to reflect current person-centered interventions/tasks for a census of 123.</p> <p>These failures decreased the facility's ability to evaluate the effectiveness of the interventions to improve the residents' physical and social well-being.</p> <p>Findings:</p> <p>1. During a record review of Resident 11's Face Sheet (FS), the FS indicated Resident 11 had diagnoses which included depression (mood disorder that causes a persistent feeling of sadness and loss of interest) and chronic respiratory failure (CRF, a condition that occurs when the lungs cannot get enough oxygen into the blood or eliminate enough carbon dioxide from the body).</p> <p>During a record review of Resident 11's physician's order (PO), dated 2/14/24, the PO indicated Resident 11 was admitted to hospice (a program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease).</p> <p>During a record review of Resident 11's PO dated 5/3/24, the PO indicated Resident 11 is capable of understanding her rights and responsibilities.</p> <p>During a record review of Resident 11's Minimum Data Set (MDS, an assessment tool) Mood Section (MS): social isolation question: how often do you feel lonely or isolated from those around you, dated 5/3/24, Resident 11's response was: 2 = sometimes.</p> <p>During a record review of Resident 11's Activity Care Plan (ACP), titled, Hospice: [Resident 11] prefers independent activity, Resident 11's ACP interventions/tasks, initiated on 2/15/24 included: assist with in-room activities as needed; educate on the importance of social interaction; involve in topics of discussion and activities of interest; provide in room visit to offer 1:1 social and activity supplies; and, room visits 1:1 for socialization if needed.</p> <p>During a record review, Resident 11's ACP interventions/tasks was not reviewed and revised to include person-centered approaches to address episodes of social isolation.</p> <p>2. During a record review of Resident 42's FS, the FS indicated Resident 42 had diagnoses which included depression, generalized muscle weakness (decreased strength of the muscles, affecting both distal and proximal musculature) and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>During a record review of Resident 42's PO dated 10/27/22, the PO indicated Resident 42 was incapable of understanding his rights and responsibilities.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review of Resident 42's Physician's Monthly Progress Notes (PMPN) dated 5/25/24, the PMPN indicated Resident 42's assessment and plan included: organize activities; use therapeutic communication; avoid distraction and noise; and, enhance sleep.</p> <p>During a record review of Resident 42's MDS-MS, dated 3/16/24, the MDS-MS indicated Resident 42 had symptoms of little interest or pleasure or doing things and feeling down, depressed, or hopeless more of the days.</p> <p>During a record review of Resident 42's ACP, titled, At risk for declined participation in activity, Resident 42's ACP interventions/tasks initiated included: assist resident to communicate with family video call and window visit; assist resident to communicate with family via phone/video call; offer outdoor stimulation for fresh air/sunshine; provide 1:1 social and activity supplies; and, staff encourage family to visit regularly.</p> <p>During a record review, Resident 42's ACP interventions/tasks had not been reviewed and revised to include person-specific approaches indicated in the PMPN assessment and plan.</p> <p>3. During a record review of Resident 52's FS, the FS indicated Resident 52 had diagnoses which included Parkinson's (a disorder of the central nervous system that affects movement, often including tremors) and dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life).</p> <p>During a record review of Resident 52's PO dated 3/19/24, the PO indicated Resident 52 did not have the capacity to make her own decisions.</p> <p>During a record review of Resident 52's Physician's Service Notes (PSN), dated 6/7/24, the PSN assessment and plan indicated: continue non-pharmacological measures with redirection, reorientation and structured routine.</p> <p>During a record review of Resident 52's MDS-MS, dated 4/28/24, the MDS-MS indicated Resident 52 had symptoms of little interest in doing things and feeling down, depressed, or hopeless more of the days. Resident 52's MDS-MS also indicated: felt lonely and isolated sometimes from those around her.</p> <p>During a record review of Resident 52's ACP, titled, At risk for social isolation or participate in activity, Resident 52's ACP interventions/tasks included: activity staff provide 1:1 sensory activity/social; assist with in room activities as needed; educate on the importance of social interaction; encourage family to visit; encourage to attend activities of interest; and, room visits 1:1 for socialization if needed.</p> <p>During a record review, Resident 52's ACP interventions/tasks had not been reviewed and revised to include person-specific approaches to prevent isolation.</p> <p>4. During a record review of Resident 67's FS, the FS indicated Resident 67 had diagnoses which included dementia and quadriplegia (a symptom of paralysis that affects all a person's limbs and body from the neck down).</p> <p>During a record review of Resident 67's PO, dated 5/1/24, the PO indicated Resident 67 lacked the capacity to make medical decisions.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review of Resident 67's Physician's Progress Notes (PPN) dated 6/10/24, the PPN indicated Resident 67 was alert but did not follow any commands. The PPN also indicated Resident 67's debility had left him mostly bedbound and required moderate to maximum assistance for his activities of daily living (ADLs, the fundamental skills required to independently care for oneself).</p> <p>During a record review of Resident 67's ACP, titled, At risk for declined participation in activity due to displays weakness and difficulty to express needs/nonverbal, Resident 67's ACP interventions/tasks included: activity staff assist to engage/participate in 1:1 activity program; activity staff to turn on [television] daily; encourage family to visit; encourage resident to respond with eye to eye contact.</p> <p>During a record review, Resident 67's ACP interventions/tasks had not been reviewed and revised to indicate a person-centered approach to stimulate his senses.</p> <p>5. During a record review of Resident 76's FS, the FS indicated Resident 76 had diagnoses which included obesity, major depressive disorder (MDD, a mental condition characterized by a persistently depressed mood and long-term loss of pleasure or interest in life, often with other symptoms such as disturbed sleep, feelings of guilt or inadequacy, and suicidal thoughts) and lumbar vertebral osteoporotic fracture (are fractures that result from mechanical forces that would not ordinarily result in a fracture).</p> <p>During a record review of Resident 76's PO dated 6/6/24, the PO indicated Resident 76 was capable of making her own health decisions.</p> <p>During a record review of Resident 76's PMPN dated 5/29/24, the PMPN indicated Resident 76 had a history of adult emotional abuse.</p> <p>During a record review of Resident 76's MDS-MS dated 4/19/24, the MDS-MS indicated Resident 76 had little interest or pleasure in doing things including feeling lonely and isolated from those around her.</p> <p>During a record review of Resident 76's ACP titled, At risk for declined/decreased doing activities or participation, Resident 76's ACP's interventions/tasks included: assist with in room activities as needed; educate on the importance of social interaction; encourage to attend activities of interest; and, provide activity materials like books, magazines, etc., in accordance with resident's interest.</p> <p>During a record review, Resident 76's ACP interventions/tasks were not reviewed and revised to indicate a person-centered approach to address her depressed and isolated mood.</p> <p>During the initial pool and resident interview on 6/18/24 at 10:19 a.m., Resident 76 stated the facility did not have or offer a lot of activities.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview, on 6/20/24 at 11:30 a.m., with the MDS Nurse 1 and MDS Nurse 2, the MDS Nurse 1 and MDS Nurse 2 stated care plan reviews and revisions should be done during MDS review and any Resident's change of condition (COC). The MDS Nurse 2 stated care plan interventions/tasks should be reviewed and revised. The MDS Nurse 1 stated every intervention/tasks should be evaluated for effectiveness when reviewed and deemed no longer relevant to the COC. The MDS Nurse 1 also stated if ACP interventions/tasks did not work to improve the condition of the residents, those interventions/tasks should be changed.</p> <p>During an interview and record review, on 6/21/24 at 8:24 a.m., with the Activity Director (AD), the AD confirmed Resident 11, Resident 42, Resident 52, Resident 67, and, Resident 76's activity interventions/tasks were not reviewed and revised to reflect the person-centered and specific activity needs and capabilities of the residents.</p> <p>During a review of the facility Policy and Procedure (P/P) titled, Care Plans, Comprehensive-Person Centered, revised 3/22, the P/P indicated, The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. When possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident's condition; b. when the desired outcome is not met; c. when the resident has been readmitted to the facility from a hospital stay; and, d. at least quarterly, in conjunction with the required quarterly MDS assessment.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40214</p> <p>Based on observation, interview, and record reviews, the facility failed to provide resident centered care for one resident (Resident 368) of 29 sampled residents when the facility did not ensure Resident 368's pressure relief heel boots were put on per comprehensive assessment, plan of care, physician's order, and Resident 368's choices.</p> <p>This failure decreased the potential for Resident 368 to receive effective treatment and necessary care.</p> <p>Findings:</p> <p>A review of Resident 386's ADMISSION RECORD indicated he was readmitted to the facility on [DATE] with multiple diagnoses which included cellulitis (a deep infection of the skin caused by bacteria) of left lower limb, type 2 diabetes (high blood sugar) with skin ulcer, chronic embolism and thrombosis of unspecified deep veins (blood clot in the vein) of unspecified lower extremity, Charcot's joint (bone and joint fragmentation of the foot and ankle) unspecified ankle and foot, and localized edema (swelling).</p> <p>A review of Resident 368's Minimum Data Set (MDS, a comprehensive assessment tool) dated 6/13/24, indicated, Resident 368 had diabetic foot ulcers and required Pressure reducing device for bed for skin and ulcer/injury treatment.</p> <p>A review of Resident 368's Physician Order dated 6/19/24 indicated, APPLY PRAFO [pressure relief] BOOT TO BLE [bilateral lower extremities] TO PROTECT BOTH HEELS WHILE IN BED .every shift .Everyday .</p> <p>A review of Resident 368's Skin Care Plan initiated 6/20/24, indicated,Administer treatment as ordered . as one of the interventions.</p> <p>During a concurrent observation and interview on 6/19/24 at 8:08 a.m., Resident 368 was in bed, alert, dark discolorations evident on both lower legs skin, his left foot had a sock on, and his right foot was wrapped with elastic bandage past the ankle. A pair of boots was situated between the wall and the bedside table. Resident 368 stated, .I had the boots when I came to this facility from the hospital . The boots were prescribed by my Podiatrist .They [staff] removed it . Should have it on me .to protect my feet .</p> <p>During an interview on 6/19/24 at 8:26 a.m., with the Treatment Nurse (TN), the TN stated, .Resident [368] had the boots [on] when he came from the hospital . Diabetic ulcer on right foot . wound on left lower leg . The TN further stated, .The boots are not on the resident as ordered . He's supposed to have the boot while in bed .</p> <p>During an interview on 6/20/24 at 11:45 a.m., with Registered Nurse Supervisor (RNS), the RNS said orders should be followed.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/21/24 at 10:45 a.m., with the Director of Nursing (DON), the DON stated that orders should be followed to meet the resident's needs. The DON confirmed Resident 368's skin care plan and skin treatment orders were not followed. When asked what the expectation was, the DON said that the treatment and care services should meet the needs of Resident 368.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Resident Self Determination and Participation, revised August 2022, indicated, Our facility .promotes . what the resident considers to be important facets of his . life .</p> <p>A review of the facility's P&amp;P titled, Care Plans, Comprehensive Person-Centered, revised March 2022, indicated, A comprehensive, person-centered care plan should . meet the resident's . needs .Interventions should address . the problem .</p> <p>A review of the facility's P&amp;P titled, Medication and Treatment Orders, revised July 2016, indicated, Orders . shall be administered .upon the written order .</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40214</p> <p>Based on observation, interview, and record reviews, the facility failed to provide appropriate care to maintain good foot health for one resident (Resident 261) of 29 sampled residents when Resident 261's toenails were dirty, long, and untrimmed.</p> <p>This failure reduced to facility's potential to provide appropriate foot care for Resident 261.</p> <p>Findings:</p> <p>A review of Resident 261's ADMISSION RECORD indicated he was admitted to the facility on [DATE] with multiple diagnoses which included diabetes, Alzheimer's Disease (memory problems), altered mental status, malnutrition, abnormal gait and mobility, and peripheral vascular disease (narrowed blood vessels reducing blood flow to the limbs).</p> <p>During a concurrent observation and interview on 6/19/24 at 8:35 a.m., Resident 261 was in bed and bilateral (both; in this instance, feet) toenails were observed to be dirty, long, and were untrimmed. Resident 261's conversation was incomprehensible, laughing without reason, and not able to provide meaningful conversation.</p> <p>During a concurrent observation and interview on 6/19/24 at 8:40 a.m., with the Treatment Nurse (TN), in Resident 261's room, the TN confirmed and stated, . [Resident 261's] toenails are too long and dirty . inappropriate toenail[s] conditions .should have been cleaned and trimmed .</p> <p>During a concurrent observation and interview on 6/19/24 at 8:40 a.m., with the Registered Nurse Consultant (RNC), in Resident 261's room, the RNC said Resident 261's bilateral toenails conditions were inappropriate and should have been cleaned and trimmed.</p> <p>During an interview on 6/20/224 at 11:48 a.m., with the Registered Nurse Supervisor (RNS), the RNS acknowledged and said that Resident 261's bilateral toenails conditions were not appropriate.</p> <p>During an interview on 6/20/24 at 12:30 p.m., the Social Services Assistant (SSA) said there was no referral from the nursing department regarding Resident 261's toenails.</p> <p>During an interview on 6/20/24 at 12:38 p.m., the TN stated, .Upon admission, when [Resident 261's] toenails were identified for trimming, we gave referral to social services or case manager. An untitled document dated 6/21/24 indicated that on 6/5/24, Licensed Nurse 8 (LN 8) initiated a podiatry consult per family request.</p> <p>A review of Resident 261's SKIN OBSERVATION, dated 6/4/24, indicated, .Long thick toenails .</p> <p>During an interview on 6/20/24 at 2:50 p.m., the RNS confirmed and said that no referral for podiatry was made from social services as soon as possible for Resident 261's toenails. There was no documented evidence that Resident 261's bilateral toenails were addressed by the podiatrist (foot doctor) timely.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/21/24 at 10:45 a.m., with the Director of Nursing (DON), the DON said Resident 261's toenail conditions were not appropriate. The DON stated, . should have been seen [by a podiatrist] timely .</p> <p>A review of the facility's policy and procedure titled, Foot Care, revised October 2022, indicated, Residents receive appropriate care and treatment in order to maintain mobility and [good] foot health . Residents are provided with foot care and treatment .to prevent foot complications from these [medical] conditions (e.g., diabetes, peripheral vascular disease, immobility .) .Residents are assisted in making appointments to and from .podiatrist .</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46242</b></p> <p>Based on observation, interview and records review, the facility failed to provide proper respiratory care services for three residents (Resident 320, Resident 81, and Resident 42) of 29 sampled residents consistent with the professional standards of quality, the person- centered care plan, and the residents' choices when:</p> <ol style="list-style-type: none"> <li>1. Resident 320's Bilevel Positive Airway Pressure machine (BiPAP, a device assisting in breathing) order did not provide specific pressure parameters and staff providing care were not trained in handling BiPAP equipment;</li> <li>2. A respiratory care order and care plan was not followed for Resident 81; and,</li> <li>3. Resident 42's order to use an incentive spirometer (a handheld medical device used to help patients, to take slow and deep breaths, facilitates lung expansion and strengthening) every waking hour was not implemented.</li> </ol> <p>These failures reduced the facility's potential to provide proper respiratory care services to Resident 320, Resident 81, and Resident 42, and increased the residents' risk of developing further lung problems.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 320's admission record, the record indicated Resident 320 was admitted to the facility on [DATE] with diagnoses including asthma (a lung disease which makes it harder to breathe), dependence on other enabling machines and devices, and chronic respiratory failure (a condition when the lungs can't get enough oxygen into the blood).</li> </ol> <p>During a concurrent observation and interview on 6/18/24 at 1:24 p.m. with Resident 320 in her room on the bed, Resident 320 was observed using BiPAP to breathe and she would briefly remove the mask to answer questions in short sentences. Resident 320 stated that her BiPAP use was very important in restoring and maintaining her lung function and staff at the facility did not know how to operate/maintain her BiPAP. She also added that her breathing has been getting worse since the admission to the facility. The BiPAP machine screen was observed and indicated two settings 7.5 and 12.5.</p> <p>A review of Resident 320's Order Summary Report, dated 6/21/24, indicated a physician's order dated 6/4/24 BiPAP WHILE ASLEEP OR DURING NAPS AT HOME SETTINGS. every shift</p> <p>During an interview on 6/20/24 at 12:26 p.m. with the Licensed Nurse (LN 1), LN 1 confirmed that Resident 320's physician's orders did not provide specific parameters for the BiPAP machine. LN 1 was not able to state a date when she received a training on handling the BiPAP machine.</p> <p>During an interview on 6/20/24 at 2:43 p.m. with LN 3, LN 3 stated that she worked on supporting the respiratory therapy program which primarily consisted of providing breathing exercises for the residents and she would not handle the BiPAP machine. LN 3 also added that the facility did not have Respiratory Therapist on staff or for consultation.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 6/20/24 at 5:10 p.m. with LN 4 in Resident 320's room, Resident 320's BiPAP machine water reservoir was observed to be empty and LN 4 stated that it was low. LN 4 confirmed that Resident 320's physician orders did not provide specific BiPAP parameters, and she was not able to recall receiving training on handling the BiPAP machine. LN 4 did not provide an affirming response to the question if she knows how to refill the BiPAP water reservoir.</p> <p>During a phone interview on 6/21/24 at 8:04 a.m. with Resident 320's Family Member (FM). FM stated that yesterday facility nurse called him at around 11 a.m. asking for directions on refilling BiPAP water reservoir.</p> <p>During an interview on 6/21/24 at 8:31 a.m. with LN 2, LN 2 confirmed that Resident 320's physician orders for BiPAP did not have specific settings for parameters and she would expect them to be provided in the order [so it could be verified if machine is set up correctly]. LN 2 did not recall getting BiPAP related training at the facility.</p> <p>During an interview on 6/21/24 at 10:34 a.m. with the Director of Nursing (DON), DON confirmed that facility's policy required nurses to verify specific ordered settings for the BiPAP machine. DON also stated that she was not able to find any documentation of BiPAP related training provided to the facility staff.</p> <p>A review of the facility's Policy and Procedure (P&amp;P) titled, CPAP/BiPAP Support, dated March 2015, indicated, Only a qualified and properly trained nurse or respiratory therapist should administer oxygen through a CPAP mask [continuous positive airway pressure, a machine that uses mild air pressure to keep breathing airways open]. Review the physician's order to determine the oxygen concentration and flow, and the PEEP pressure [Positive end-expiratory pressure] (CPAP, IPAP, and EPAP) [Inspiratory positive airway pressure: pressure delivered by the ventilator while the patient is inhaling. Expiratory positive airway pressure: pressure delivered by the ventilator while the patient is exhaling - the machine values that represent specific BiPAP settings].</p> <p>40214</p> <p>2. A review of Resident 81's ADMISSION RECORD indicated he was admitted to the facility on [DATE] with multiple diagnoses which included emphysema (a type of lung disease that causes breathlessness), acute and chronic respiratory failure with hypoxia (don't have enough oxygen in the blood), chronic obstructive pulmonary disease (a common lung disease causing restricted airflow and breathing problems), atherosclerosis of aorta (plaque -fat and calcium, has built up in the inside of a large blood vessel wall in the lungs), respiratory failure with hypercapnia (too much carbon dioxide in the blood), bronchitis (airways in the lungs become inflamed), and acute chronic atelectasis (collapse of a lung or part of a lung).</p> <p>A review of Resident 81's physician order dated 6/4/24, indicated, Oxygen - @ 2 Liters/Min [minute] Via Nasal Cannula [tubing that supplies oxygen via the nostrils] (Continuous) (Medical DX [diagnosis]: WHEEZING/SOB [shortness of breath]) . every shift.</p> <p>A review of Resident 81's Respiratory Care plan initiated 6/4/24, indicated, Administer medications as ordered .</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A concurrent observation and interview on 6/18/24 at 9:20 a.m., with the Registered Nurse 1 (RN 1) in Resident 81's room, an Oxygen (O2) concentrator machine set at one-half liter (volume) per minute was supplying O2 for Resident 81 via nasal cannula. Resident 81 stated, O2 not much . I need more . I have trouble breathing right now . The RN 1 tried adjusting the O2 machine's knob to increase the oxygen supply, and stated, .It's not turning up .Concentrator machine is broken, not turning up .</p> <p>During an interview on 6/18/24 at 9:26 a.m., the RN 1 confirmed and stated, [Resident 81's] Order for O2 [was] at 2 liters per minute [lpm], [the O2] concentrator [was] at 0.5 [lpm only] .Should be at 2 lpm per order .</p> <p>During an interview on 6/20/24 at 10:23 a.m., the RN Supervisor (RNS) stated, .The care was not meeting the needs of the resident [81] .</p> <p>During an interview on 6/21/24 at 10:37 a.m., the Director of Nursing (DON) stated, .Ensure the equipment is in working condition . Order should be carried out continuously per order.</p> <p>A review of the facility's P&amp;P titled, Care Plans, Comprehensive Person-Centered, revised March 2022, indicated, A comprehensive, person-centered care plan should . meet the resident's . needs .Interventions should address . the problem .</p> <p>A review of the facility's P&amp;P titled, Medication and Treatment Orders, revised July 2016, indicated, Orders . shall be administered .upon the written order .</p> <p>A review of the facility's P&amp;P titled, Administering Medications, revised April 2019, indicated, Medications are administered in a safe and timely manner, and as prescribed.</p> <p>A review of the facility's P&amp;P titled, Pneumonia, Bronchitis and Lower Respiratory Infections - Clinical Protocol, revised November 2018, indicated, .The physician will order, and the staff will provide interventions to support the individual . for example, administer oxygen to treat hypoxia .</p> <p>36624</p> <p>3.During a record review of Resident 42's FS, the FS indicated Resident 42 had diagnoses which included generalized muscle weakness (decreased strength of the muscles, affecting both distal and proximal musculature) and Coronavirus disease (COVID-19, an infectious disease caused by the SARS-CoV-2 virus).</p> <p>During a record review of Resident 42's PO dated 10/27/22, the PO indicated Resident 42 was incapable of understanding rights and responsibilities.</p> <p>During a record review of Resident 42's PO dated 10/6/23, the PO indicated to encourage incentive spirometer 10 breaths [every 1 hour] while awake. Encourage patient to cough and deep breath after each incentive spiromter. Sign [every] shift.</p> <p>During several observations, on 6/18/24 at 8:52 a.m., and at 3:23 p.m., on 6/19/24 at 10:23 a.m., at 11:48 a.m., at 2:03 p.m., at 2:50 p.m., at 3:40 p.m. and, on 6/20/24 at 12:06 p.m., Resident 42 was not encouraged to use the incentive spirometer.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview, on 6/19/24 at 2:03 p.m., CNA 6 stated there was no such incentive spirometer at bedside. CNA 6 also stated, I have not seen that being used while [Resident 42] is awake.</p> <p>During a concurrent observation and interview, on 6/20/24 at 12:05 p.m., with the LN 5, LN 5 validated there was an order for the use of an incentive spirometer. LN 5 tried to locate in his medication cart and at [Resident 42's] bedside table. LN 5 validated the incentive spirometer was nowhere to be found in his cart. LN 5 stated he was not sure when [Resident 42] was encouraged to use the incentive spirometer while awake.</p> <p>During an interview, on 6/20/24 at 11:33 a.m., with the RNS, the RNS stated all physician orders should be carried out. The RNS also stated when resident refused, staff should inform the doctor of the refusal and provide the doctor the assessment including the reasons why the resident had refused.</p> <p>During a review of the facility's P&amp;P titled, Pneumonia, Bronchitis and Lower Respiratory Infections-Clinical Protocol, revised 11/18, the P&amp;P indicated, Treatment/Management: the physician will order, and the staff will provide, interventions to support the individual (for example: .encourage coughing and deep breathing .</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40214</p> <p>Based on observation, interview, and record reviews, the facility failed to ensure the resident's bed rails were properly installed for one resident (Resident 13) when there was no informed consent and no physician order for bedside rail use.</p> <p>This failure had the potential to result in negative outcomes including accident hazards, physical restraint, decline in Activities of Daily Living and function, and psychosocial outcome.</p> <p>Findings:</p> <p>A review of Resident 13's ADMISSION RECORD indicated she was readmitted to the facility on [DATE] with multiple diagnoses which included pain in left and right shoulders, fracture of upper end of right and left arms, and hemiplegia affecting left nondominant side (muscle weakness or partial paralysis on one side of the body that can affect arms, legs or facial muscles). Resident 13's Minimum Data Set (MDS, a comprehensive assessment tool), dated 4/23/24 indicated Resident 13 had no memory problems.</p> <p>During a concurrent observation and interview on 6/18/24 at 9:02 a.m., in Resident 13's room, Resident 13 was in bed, alert, both left and right one-quarter top bed rails were up. Resident 13 stated, .Dislocated my left arm, able to move it but hurts a lot .pain level is 10 [highest] .rails need to go back down [referring to right side rail] . [it is] hurting my arm .it's in the way [restricting movement to reach the resident's things] .</p> <p>A review of Resident 13's Order Audit Report dated 10/20/22 and 11/3/23, indicated orders for Side/Bed Rail(s) Up x 1/4 top rails For Bed Mobility (Turning &amp; Positioning) were discontinued.</p> <p>During a concurrent interview and record review on 6/20/24 at 11 a.m., with Registered Nurse Supervisor (RNS), Resident 13's clinical record was reviewed. The RNS stated, [Resident 13] has bedside rails up .Not seeing the informed consent for bedside rails . No current order for .bed side rails up .supposed to have an order .supposed to have informed consent .</p> <p>During an interview on 6/21/24 at 10:45 a.m., with the Director of Nursing (DON), the DON stated, .supposed to have order and informed consent for putting up [using] bedside rails .</p> <p>A review of the facility's Policy and Procedure (P&amp;P) titled, Resident Self Determination and Participation, revised August 2022, indicated, Our facility .respects and promotes . what the resident considers to be important facets of . her life .</p> <p>A review of the facility's P&amp;P titled, Charting and Documentation, revised July 2017, indicated, All services provided to the resident .shall be .complete .and . accurate .</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's P&amp;P titled, Bed Safety and Bed Rails, revised August 2022, indicated, .Physical restraints are any manual method or physical or mechanical device, material, or equipment .which restricts freedom of movement .The use of bed rails or side rails .is prohibited unless the criteria for use of bed rails have been met, including .interdisciplinary evaluation . and informed consent .This interdisciplinary evaluation includes .consultation with the attending physician .</p>

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34328</p> <p>Based on observation, interview and record review, the facility failed to have the Medical Doctor's (MD) notes signed. This failure had the potential for Resident 99 to received confusing, inaccurate, and inadequate care for a census of 123.</p> <p>Findings:</p> <p>Resident 99 was admitted to the facility with diagnoses of Unspecified Dementia (a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities), Major Depressive disorder, Disorientation.</p> <p>Review of Client 99's clinical records indicated the resident was readmitted to the facility on [DATE] at 5:45 p. m. from the Acute Hospital. The Primary Medical Doctor (PMD) notes History and Physical (H/P) by the MD, indicated Resident 99 was seen by the MD on 3/21/23. There were no other MD notes for the months of April or May for review.</p> <p>During an interview with the Medical Records Director (MRD) on 6/21/24 at 10:15 a.m. the MRD confirmed there were no other MD notes from the computerized records that indicated Resident 99 was seen by the MD for the months of April and May 2024. The MRD proceeded to check and accessed the (name of acute care hospital) website for any other MD notes for Resident 99. The MRD was able to obtain the MD notes SNF [Skilled Nursing Facility] Custodial 60 Day Visit note from the (name of acute care hospital) website. Review of the MD notes dated 6/19/24 indicated the status of the note was Unsigned. The MRD confirmed the note was not electronically signed by the MD. The MRD further stated any resident's medical notes must be the timed, dated, and signed or electronic signatures of the person making the notes.</p> <p>In an interview with the Director of Nursing (DON) on 6/21/24 at 11 a.m. the DON stated that anyone entering notes on the resident's clinical records must date and time their entries and also to sign the notes with their titles. The Certified Nursing Assistants (CNA) do not document on the nursing notes of the residents.</p> <p>Review of facility Policy regarding Physician's Services, revised 2/2021 indicated, .The medical care of each resident is supervised by a licensed physician . 6. Physician orders and progress notes are maintained in accordance with current OBRA (Omnibus Budget Reconciliation Act, also known as the Nursing Home Reform Act of 1987, has dramatically improved the quality of care in the nursing home by setting forth federal standards of how care should be provided to residents) regulations and facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility Policy and Procedures for Charting and Documentation dated, 2001 indicated, .All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's record . Policy and Interpretation and Implementation . 1. Documentation in the medical record maybe electronic, manual or a combination .7. Documentation of procedures and treatments will include care-specific details, including . a. the date and time the procedures and treatment was provided . b. the name and title of the individual(s) who provided the care .g. the signature and title of the individual documenting.</p>

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34328</p> <p>Based on observation, interview and record review, the facility failed to ensure a newly admitted resident (Resident 99) was seen by the Medical Doctor (MD) once every 30 days for the first 90 days upon admission.</p> <p>This failure had the potential for Resident 99 to received inadequate and inaccurate care and assessment for a facility census of 123.</p> <p>Findings:</p> <p>Resident 99 was admitted to the facility with diagnoses of Unspecified Dementia (a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities), Major Depressive disorder, Disorientation.</p> <p>Review of Resident 99's clinical records indicated the resident was readmitted to the facility on [DATE] at 5:45 p.m. from the Acute Hospital. The clinical records indicated the Primary Medical Doctor (PMD) notes History and Physical (H/P) by the MD, indicated Resident 99 was seen by the MD on 3/21/24. There were no other MD notes for the months of April or May to indicate Resident 99 was seen by the MD.</p> <p>During a concurrent interview and record review with the Case Manager Nurse (CMN) on 6/21/24 at 10 a.m., Resident 99's clinical record was reviewed. The CMN stated the MD notes indicated Resident 99 was seen by the MD on 3/9/24 and on 6/19/24. There were no other MD notes to indicate that Resident 99 was seen by the MD on April and May 2024.</p> <p>In an interview with the Registered Nurse (RN) Supervisor (RNS) on 6/21/24 at 11:15 a.m. the RNS indicated all newly admitted residents must be seen by the MD within 72 hours after being admitted into the facility. The resident must be seen by the MD over the next few months. The RNS also stated the Nurse Practitioner (NP) or Physician's Assistant (PA) may see the resident over the first 90 days.</p> <p>In an concurrent interview with the Licensed Nurse 6 (LN 6), the LN 6 confirmed the MD must see all newly admitted residents within 72 hours, and over the next few months. The NP and PA may see the resident within the first 90 day.</p> <p>Interview with the Director of Nursing (DON) on 6/21/24 at 11:40 a.m. the DON indicated the MD must see the newly admitted residents within 72 hours of admission. The NP and PA may also see the resident during the subsequent 90 days.</p> <p>A review of facility policy titled, Physician's Services, revised 2/2021 indicated, .The Medical care of each resident is supervised by the a licensed physician .6. Physician orders and progress notes are maintained in accordance with current OBRA (Omnibus Budget Reconciliation Act also known as the Nursing Home Reform Act of 1987, has dramatically improved the quality of care in the nursing home by setting forth federal standards of how care should be provided to residents) regulations and facility policy .7. Physician visits, frequency of visits .are provided in accordance with current OBRA regulations and facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility policy titled, Physician Visits, dated 2001 indicated, 2. The Attending Physician must visit his/her patients at least once every thirty (30) days for the first ninety (90) days following the resident's admission, and then at least every sixty (60) days thereafter . 4. After the first ninety (90) days, if the Attending Physician determines that a resident need not be seen by him/her every 30 days, an alternate schedule of visits may be established . A Physician Assistant or Nurse Practitioner may make alternate visits after the initial ninety (90) days following admission, unless restricted by law or regulation.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43258</p> <p>Based on observation, interview, and record review, the facility failed to accurately document and replace emergency medications (E-kit; a kit/box containing medications and supplies for immediate use during a medical emergency) for a census of 123. These failures resulted in the facility not having accurate accountability of emergency medications, the potential for emergency medications to be unavailable when needed, and the potential for not meeting the residents' therapeutic needs or worsening of their medical conditions.</p> <p>Findings:</p> <p>During an inspection on 6/18/24 at 10:33 a.m. of Medication Storage room [ROOM NUMBER], alongside Infection Preventionist (IP), a First Dose Emergency Kit Oral Medications was observed sealed with a red plastic tie indicating it had been opened by nursing staff. Inside the kit were six E-kit logs (a document completed by nursing staff whenever a medication is removed from the emergency supply), with the earliest entry into the kit documented on 6/9/24. One of the six logs was incomplete with no date for which the medication was removed from the kit. The IP confirmed the finding but was unsure what the facility's policy was for replacing the E-kit after use.</p> <p>During a concurrent record review and interview on 6/18/24 at 10:38 a.m. with Licensed Nurse 5 (LN 5), the First Dose Emergency Kit E-Kit logs were reviewed. LN 5 confirmed nursing staff were expected to fill out the log in full for accountability. He stated nursing staff were expected to reorder the E-Kit from the pharmacy as soon as a medication contained inside the kit was out of stock.</p> <p>During the same inspection of Medication Storage room [ROOM NUMBER] on 6/18/24 at 10:48 a.m. with IP, an IV (intravenous, into the vein) ER Box was observed with a red plastic tie indicating it had been opened by nursing staff. The contents list affixed to the outside of the box indicated it was stocked with five extension valve ports (a medical device used to deliver IV medications). The IP confirmed there were only four in the kit indicating nursing staff had removed one without documenting its use on an E-kit log. IP confirmed nursing staff did not notify and reorder a replacement E-kit from the pharmacy after using emergency supplies.</p> <p>During an interview on 6/19/24 at 10:31 a.m. with Director of Nursing (DON), DON stated nursing staff were expected to complete E-kit logs whenever supplies were removed from a kit and the pharmacy was to be notified for a replacement. She stated there should have been a copy of a log in the E-kit for any supplies that were removed.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Emergency Pharmacy Service and Emergency Kits, dated March 2018, the P&amp;P indicated, Procedures . F. As soon as possible, the nurse records the medication use on the medication order form and notifies the pharmacy for replacement of the kit by transmitting the entire order for the resident and indicating that the first dose was used from the kit . I. The nurse opening the kit also records use of the kit in the Emergency kit logbook. The nurse records the date, time, resident name, medication name, strength, and dose . K. If exchanging kits, opened kits are replaced with sealed kits within 72 hours of opening. If replacing used medications, the replacement doses are added to the kit within 72 hours of opening.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>48140</p> <p>Based on interview and record review the facility failed to ensure one resident (Resident 94) out of 29 sampled residents was free from unnecessary psychotropic medications when Resident 94 was prescribed an order for buspirone (a psychotropic medication that affects the brain associated with mental processes and behavior) as needed for 14 weeks.</p> <p>This failure had the potential to cause medication interactions, confusion, and falls.</p> <p>Findings:</p> <p>During a review of Resident 94's admission record, Resident 94 was admitted to the facility in February 2024 with diagnoses including right femur (thigh bone) fracture and muscle weakness.</p> <p>A review of Resident 94's order summary, indicated the following medication order buspirone with a start date of 3/18/24, to be given every eight hours as needed for anxiety for 14 weeks, manifested by restlessness.</p> <p>During a review of the Consultant Pharmacist's Medication Regimen Review, dated March 2024, the consultant pharmacist indicated Resident 94's order for buspirone needed a 14 day stop date for the as needed order.</p> <p>During a concurrent interview and record review on 6/20/24 at 11:22 a.m. with Registered Nurse 1 (RN 1), Resident 94's order for buspirone as needed was reviewed. RN 1 confirmed as needed psychotropic medications need to be ordered for 14 days and re-evaluated as necessary.</p> <p>During a concurrent interview and record review on 6/21/24 at 9 a.m. with the MD (Medical Director), Resident 94's buspirone as needed order was reviewed. MD stated, I didn't want to write it for 14 weeks, but I wanted something long term. I know it should have been written for 14 days and then re-evaluated.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Psychotropic Medication Use, dated March 2018, the P&amp;P indicated, PRN (as needed) orders for psychotropic drugs are limited to 14 days. Orders for PRN Psychotropic (excluding PRN antipsychotics) may be extended with documented prescriber rational and a duration for the PRN order.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>43258</p> <p>Based on observation, interview, and record review, the facility had a 24.14% error rate when seven medication errors out of 29 opportunities were observed during a medication pass for three of four Residents (Residents 39, 43, and 96). This failure resulted in medications not given in accordance with the prescriber's orders and potential to affect the residents' clinical conditions.</p> <p>Findings:</p> <p>1. During a medication pass observation on 6/18/24 at 8:03 a.m. with Licensed Nurse 6 (LN 6), LN 6 was observed entering Resident 43's room to measure her blood sugar level. Resident 43 stated she had already eaten breakfast as LVN 6 performed the blood sugar test. LVN 6 then went to prepare eight medications, including Novolog (a rapid-acting insulin to treat diabetes), amlodipine (a medication to treat high blood pressure), and potassium chloride (a potassium supplement) extended release (ER, a long-acting formulation) for Resident 43. LN 6 looked inside the medication cart and stated she could not locate the Novolog and would follow up with the pharmacy. She placed Resident 43's prepared tablets into a clear plastic pouch and crushed them before pouring them into a medicine cup and mixing with a heaping spoonful of applesauce.</p> <p>A review of Resident 43's medical record indicated the following physician's orders:</p> <ul style="list-style-type: none"> <li>- Novolog 100 units/milliliter (u/mL, a unit of measurement): Inject as per sliding scale . subcutaneously (under the skin) before meals, dated 4/18/24</li> <li>- Amlodipine 10 milligrams (mg, a unit of measurement): 1 tablet one time a day for HTN (hypertension, high blood pressure) hold for SBP (systolic blood pressure, the pressure in the heart when it pumps blood) less than 110, pulse less than 60, dated 5/14/23</li> <li>- Potassium chloride ER 20 milliequivalents (mEq, a unit of measurement): 1 tablet one time a day for supplement, dated 10/18/23</li> </ul> <p>During a concurrent interview and record review on 6/18/24 at 11:33 a.m. with LN 6, Resident 43's physician's orders were reviewed. LN 6 stated she did not administer Resident 43's pre-breakfast dose of Novolog because she could not locate it on time. She reviewed Resident 43's physician's order for Novolog and confirmed it indicated to be administered before meals, and had missed the dose. LN 6 reviewed the order for amlodipine and confirmed the physician had indicated to obtain the pulse in addition to the SBP but she had not. LN 6 then removed Resident 43's supply of potassium chloride ER from the medication cart and confirmed there was a bright yellow sticker on the package that indicated to not crush and stated, Oh I missed that.</p> <p>During an interview on 6/19/24 at 10:18 a.m. with Director of Nursing (DON), DON stated residents with orders pre-meal insulin should receive their dose 5 to 30 minutes before eating. She stated nursing staff had a list of medications located on their medication carts of drugs that were not to be crushed and expected staff to reference it or adhere to labeling provided by the pharmacy on a medication package.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Whitney Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3529 Walnut Avenue Carmichael, CA 95608	
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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&amp;P titled, Medication Administration- General Guidelines, dated March 2018, the P&amp;P indicated, Procedures: A. Preparation . 6) . a. Long-acting or enteric-coated dosage forms should generally not be crushed; an alternative should be sought . B. Administration . 2) Medications are administered in accordance with written orders of the attending physician . 10) Medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administered based on mealtimes .</p> <p>2. During a medication pass observation on 6/18/24 at 8:30 a.m. with LN 6, LN 6 was observed preparing nine medications including valsartan (a medication to treat high blood pressure), vitamin D3, and Auryxia (a medication used to treat high phosphorus levels in patients with chronic kidney disease) for Resident 39.</p> <p>A review of Resident 39's medical record indicated the following physician's orders:</p> <ul style="list-style-type: none"> <li>- Valsartan 40 mg: 1 tablet in the morning for HTN. Hold if SBP less than 110 or pulse less than 60, dated 4/20/24</li> <li>- Vitamin D2 50 microgram (mcg, a unit of measurement): 1 tablet one time a day for supplement, dated 6/2/24</li> <li>- Auryxia 210 mg: Give 630 mg (3 tablets) with meals for phosphate binder, dated 6/14/24</li> </ul> <p>During a concurrent interview and record review on 6/18/24 at 11:45 a.m. with LN 6, Resident 39's physician's orders were reviewed. LN 6 confirmed she should have but did not take Resident 39's pulse prior to administering valsartan. LN 6 reviewed the order for vitamin D and confirmed she had mistakenly administered vitamin D3 instead of D2. LN 6 reviewed the order for Auryxia and confirmed she did not administer it to Resident 39 with a meal, as it was ordered.</p> <p>During an interview on 6/19/24 at 10:16 a.m. with DON, DON stated nursing staff were expected to measure a resident's blood pressure and pulse before administering blood pressure medications if the physician ordered it as such.</p> <p>During a review of the facility's P&amp;P titled, Medication Administration- General Guidelines, dated March 2018, the P&amp;P indicated, Policy: Medications are administered as prescribed in accordance with good nursing principles and practices .</p> <p>3. During a medication pass observation on 6/18/24 at 9:09 a.m. with LN 5, LN 5 was observed preparing five medications including potassium chloride 20 mEq/15 mL (percent, a unit of measurement) oral solution for Resident 96. LN 5 used a clear plastic medicine cup with 5 mL increment marks to measure the dose between the 20 and 25 mL lines.</p> <p>A review of Resident 96's medical record indicated a physician's order for potassium chloride 20 mEq/mL, give 30 mEq (22.5 mL) one time a day for hypokalemia (low potassium), dated 4/29/24.</p> <p>During an interview on 6/18/24 at 10:22 a.m. with LN 5, LN 5 stated if a medication was ordered to be given in an amount that was not marked on the medicine cup, a syringe should be used to measure the dose.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/19/24 at 10:24 a.m. with DON, DON stated nursing staff were expected to use two medicine cups or a syringe to accurately measure doses of liquid medication. She stated approximating a dose between dosage markers on a medicine cup was not an acceptable practice.</p> <p>During a review of the facility's P&amp;P titled, Equipment and Supplies for Administering Medications, dated March 2018, the P&amp;P indicated, Procedures: A. The following equipment and supplies are acquired and maintained by the facility for the proper storage, preparation, and administration of medications . 4) Oral syringes . calibrated glass or plastic medication cups.</p> <p>During a review of the facility's P&amp;P titled, Medication Administration- General Guidelines, dated March 2018, the P&amp;P indicated, Procedures: A. Preparation . 8) When administering potent medications in liquid form or those requiring precise measurement . devices provided by the manufacturer or obtained from the provider pharmacy, (e.g. oral syringes) are used to allow accurate measurement of doses.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43258</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 29 sampled residents (Resident 57) was free of a significant medication error when he received Lantus (a long-acting insulin, medication to lower blood sugar level) two times (doses) past the expiration date. This deficient practice had the potential for ineffective use of insulin, resulting in uncontrolled high blood sugar for the resident.</p> <p>Findings:</p> <p>During an inspection of Medication Cart 1 on [DATE] at 1:24 p.m. alongside Licensed Nurse 5 (LN 5), one vial Lantus for Resident 57 labeled with an opened date of [DATE] was identified. LN 5 confirmed the finding and stated Lantus expired 28 days after opening and confirmed it had expired on [DATE].</p> <p>A review of Resident 57's medical record indicated a physician's order, dated [DATE], for insulin glargine (brand name: Lantus) 100 units/milliliter (units/mL, a unit of measurement), inject 10 units SQ (subcutaneous, under the skin) at bedtime for DM II (Diabetes type II, a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel).</p> <p>During a concurrent interview and record review on [DATE] at 1:26 p.m. with LN 5, Resident 57's Medication Administration Record (MAR), dated [DATE] was reviewed. Resident 57's MAR indicated he was administered two doses of expired Lantus: on [DATE] and [DATE]. LN 5 confirmed the finding and stated expired insulin could be less effective in controlling Resident 57's blood sugar. He stated the expiration date of a medication should always be checked before administering it.</p> <p>During an interview on [DATE] at 10:26 a.m. with Director of Nursing (DON), DON stated nursing staff should never administer expired insulin. She stated nursing staff were expected to check the expiration date of all medications prior to administration, and that it was part of the five rights (right patient, the right drug, the right time, the right dose, and the right route). The DON stated expired insulin would not be effective in controlling a resident's blood sugar.</p> <p>During a review of the product labeling from the manufacturer of Lantus, revised ,d+[DATE], the labeling indicated, Do not use Lantus . 28 days after you first use it.</p> <p>According to an online article from DiabetesStrong.com (<a href="https://diabetesstrong.com/does-insulin-expire/">https://diabetesstrong.com/does-insulin-expire/</a>; accessed [DATE]), the article indicated: The effectiveness of insulin degrades over time and it's impossible to predict how well expired insulin will work- or if it will even work at all! Insulin is a bit unusual in that it had two expiration dates; one is the expiration date if insulin is unopened and stored at the proper temperature. The second expiration date is the date the manufacturer suggests insulin is good for after opening and when kept at room temperature. Be sure to check both dates so you know if your insulin is still safe to use.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to Consumermedsafety.org (a nationally recognized medication safety organization), it indicated, Safety Tips for Storing Insulin . Never use insulin if it is expired. The expiration date will be stamped somewhere on the vial, pen, or cartridge. Remember once the insulin is opened, the expiration date printed on the vial, pen, or cartridge does not apply. Opened insulin must be thrown away after 28 days . (<a href="https://www.consumermedsafety.org/insulin-safety-center/insulin-basics/storage-of-insulin">https://www.consumermedsafety.org/insulin-safety-center/insulin-basics/storage-of-insulin</a>; accessed [DATE])</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Medication Administration- General Guidelines, dated [DATE], the P&amp;P indicated, Policy: Medications are administered as prescribed in accordance with good nursing principles and practices .</p> <p>During a review of the facility's P&amp;P titled, Storage of Medications, dated [DATE], the P&amp;P indicated, Procedures . M. Outdated, contaminated, or deteriorated medications . are immediately removed from stock, disposed of according to procedures for medication disposal, and reordered from the pharmacy . if a current order exists.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43258</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Prepared medications were properly stored and administered at the time of preparation;</li> <li>2. Expired and discontinued medications were not available for resident use; and,</li> <li>3. Refrigerated medications were stored in accordance with facility policy &amp; procedure (P&amp;P).</li> </ol> <p>The deficient practices had the potential for residents to receive medications with unsafe or reduced potency from being used past their expiration date or improper storage, and diversion or misuse of medications from not being securely stored.</p> <p>Findings:</p> <p>1. During a medication pass observation on 6/18/24 at 8:45 a.m. with Licensed Nurse 6 (LN 6), LN 6 was observed administering ClearLax (a medication to treat constipation) to Resident 39. Resident 39 drank approximately half the ClearLax solution when LN 6 left the resident unattended with the remainder of the medication on her bedside table and moved onto preparing medications for the next resident.</p> <p>During an interview on 6/18/24 at 11:52 a.m. with LN 6, LN 6 did not recall whether she left Resident 39's ClearLax half drank on her bedside table. She stated that if she had left it there then it was her mistake.</p> <p>During a concurrent interview and record review on 6/19/24 at 10:20 a.m. with Director of Nursing (DON), Resident 39's physician's orders were reviewed. DON stated nursing staff were not to leave any medications at a resident's bedside unless they had an assessment completed to determine their ability to self-medicate and a physician's allowing the resident to do so. She stated Resident 39's medical record did not indicate she had these assessments or orders to self-medicate.</p> <p>During a review of the facility's P&amp;P titled, Medication Administration- General Guidelines, dated March 2018, the P&amp;P indicated, Procedures . B. Administration . 4) Medications are administered at the time they are prepared . 5) Medications are administered without unnecessary interruptions . 11) Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications . 15) The resident is always observed after administration to ensure that the dose was completely ingested. If only a partial dose is ingested, this is noted on the MAR (Medication Administration Record), and action is taken as appropriate.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During an inspection on 6/18/24 at 10:33 a.m. of Medication Storage room [ROOM NUMBER], alongside Infection Preventionist (IP), three administration sets with flow controllers (a device used to control intravenous [IV, into the vein] rate of infusion) were identified with an expiration date of 6/1/24. IP confirmed the finding and stated expired supplies should not have been available for use. One IV primary tubing (a medical supply used to deliver IV medications) and one IV Dial a flow tubing (a medical device that is used when regulating the flow of a liquid or fluid through an IV) for a resident's discontinued medication order was identified in the facility's supplies. The IP stated discontinued medications and supplies used to administer them were to be removed and placed in a separate area for destruction.</p> <p>During an inspection of Medication Cart 1 on 6/18/24 at 1:24 p.m. with LN 5, one vial Lantus (a long-acting insulin to treat high blood sugar levels) labeled with an open date of 5/19/24 was identified. LN 5 confirmed Lantus expired 28 days after opening and that the vial in the medication cart was expired. LN 5 stated the Lantus should have been removed from the medication cart and replaced with a new one. Inside the cart was an unused Novolin (a combination of short and intermediate acting insulin to treat diabetes) 70/30 FlexPen with no date indicating when it had been brought to room temperature. LN 5 confirmed the finding and acknowledged it was impossible to know if the pen was expired without a date indicating when it was brought to room temperature.</p> <p>According to UpToDate [NAME]-Drug, a drug information provider for health care professionals, FlexPen: Store unopened prefilled pens under refrigeration . until expiration date or at room temperature . for 28 days .</p> <p>During an interview on 6/19/24 at 10:25 a.m. with DON, DON stated expired medications were to be removed from the facility's supply and destructed in designated buckets located in the medication storage rooms. She stated any medical supplies that came with medication that were discontinued should have been discarded.</p> <p>During a review of the facility's P&amp;P titled, Medication Administration, dated March 2018, the P&amp;P indicated, Dating of Containers when Opened . Procedures . G. Insulin: Insulin requires a shortened date when not stored under refrigeration or when removed from the refrigerator and put on the medication cart . 2) Pens: The pharmacy . will send pens maintaining the cold chain and place an 'Opened Date' label on each pen. Facility nursing staff will need to indicate the date opened on that label when removing from the refrigerator and placing on the medication cart .</p> <p>During review of the facility's P&amp;P titled, Medication Storage in the Facility, dated March 2018, the P&amp;P indicated, Procedures . M. Outdated, contaminated, deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal . and reordered form the pharmacy . if a current order exists . 14. Discontinued drug containers shall be marked, or otherwise identified, to indicate that the drug has been discontinued, or shall be stored in a separate location which shall be identified solely for this purpose .</p> <p>3. During an inspection of the Medication Storage room [ROOM NUMBER] Refrigerator on 6/18/24 at 10:50 a.m. alongside Infection Preventionist (IP), the temperature was observed at 32 degrees Fahrenheit (a unit of measurement). IP confirmed the finding and stated the refrigerator temperature was to be maintained between 36 to 46 degrees. She stated staff were expected to adjust the temperature and ensure the safety of the medications if there were excursions.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an inspection of the Medication Storage room [ROOM NUMBER] Refrigerator on 6/18/24 at 12:32 p. m. with Registered Nurse Supervisor (RNS), the temperature was observed at 33 degrees Fahrenheit. RNS confirmed the finding and stated it was out of range and that maintenance would need to be notified.</p> <p>During a second inspection of Medication Storage room [ROOM NUMBER] Refrigerator on 6/19/24 at 8:57 a. m., the temperature was observed still out of range, at 33 degrees Fahrenheit.</p> <p>During an interview on 6/19/24 at 10:34 a.m. with DON, DON stated if the medication storage refrigerator temperatures went out of range, staff were expected to notify maintenance or attempt to adjust the temperatures themselves. She stated staff should have contacted the pharmacy to determine if the medications were still safe to use.</p> <p>During a review of the facility's P&amp;P titled, Medication Storage at the Facility, dated March 2018, the P&amp;P indicated, Procedures . K. Medications requiring 'refrigeration' or 'temperatures between . 36 degrees Fahrenheit . and 46 degrees Fahrenheit' are kept in a refrigerator with a thermometer to allow temperature monitoring . 6. Drugs requiring refrigeration shall be stored in a refrigerator between . 36 degrees Fahrenheit . and 46 degrees Fahrenheit .</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41838</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety when:</p> <p>a) Food packages in the freezer were not tightly closed after use, leaving food exposed to the air;</p> <p>b) A red sanitizer bucket was found with insufficient sanitizing concentration only 2 hours after setting up, and several hours before the second shift staff would conduct the next check;</p> <p>c) Dietary staff were unable to correctly describe the 3-compartment sink set-up for manual dishwashing;</p> <p>d) Kitchen walls and ceiling had missing and/or peeling paint; and,</p> <p>e) Resident refrigerator had expired yogurt available for resident 86, and grapes kept for an unnamed resident, and the resident in that room was on a pureed diet.</p> <p>These failures had the potential of leading to food borne illness for the 125 residents eating facility provided meals.</p> <p>Findings:</p> <p>a) During the initial kitchen observation and concurrent interview on [DATE] at 8:12 a.m. in the walk-in freezer, several boxes of food were found that had been previously opened. In a box containing bags of grated potato spheres, a partially used bag had been left opened, leaving food exposed to the air. Two different boxes of hash brown potatoes each had a partially used bag that was left opened, exposing the food products to the air. Another box contained a bag of French toast that had not been closed. Two other boxes contained a bag of dinner rolls and a bag of Fried eggs that had not been sealed. The Dietary Supervisor (DS) confirmed that the bags were not closed though staff had been trained to reseal after use and asked the Assistant Dietary Supervisor (ADS) to discard.</p> <p>During an interview with the Registered Dietitian (RD) on [DATE] at 2:38 p.m., she stated that having food bags open to the environment could allow bacteria to contaminate the food as well as dry out the food.</p> <p>Review of facility provided policy titled Storage of Food and Supplies (Healthcare Menus Direct, LLC. 2023) indicated that Food and supplies will be stored properly and in a safe manner. It further indicated in procedure 9, that food items which have been opened, . will be tightly closed, .</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b) During the initial kitchen observation and concurrent interview on [DATE] at 8:39 a.m. with the Diet Aide (DA), the DA demonstrated how to check the sanitation concentration of the red buckets which contained the wipes that were used to sanitize food counters and food carts. The DA took a test strip and held it in the red bucket solution for six seconds. Once removed, the tip of the strip had a slight green line, but most of the strip remained orange. When the DA compared the strip to the guide on the bottle, the DA pointed to the green color as the goal.</p> <p>The DS took a new test strip and left that strip in the solution for 10 seconds, but the color of the strip was again approximately 95 percent orange. The ADS mentioned that the solution had been prepared about two hours prior to our test and may have lost strength. The DS discarded the solution and poured new solution into the red bucket. The DS again checked the solution concentration by inserting a new test strip into the solution for 10 seconds. Once removed, the strip was a green color that matched the color of 200 parts per million (ppm, a unit of measurement) on the strip bottle guide, indicating it was at the correct sanitation concentration.</p> <p>Review of the facility provided policy titled Quaternary Ammonium (a type of sanitizer) Log Policy (Healthcare Menus Direct, LLC. 2023) indicated that The concentration of the ammonium in the quaternary sanitizer will be tested to ensure the effectiveness of the solution. It further indicated in the procedures that quaternary solution, used for sanitizing clean work surfaces in the kitchen, will be made according to the instructions of the specific quat product. The concentration will be tested at least every shift and replaced when the reading is below 200 ppm.</p> <p>Review of facility provided policy titled Sanitation (Healthcare Menus Direct, LLC. 2023) indicated in bullet 4 of the procedures that Each employee shall know how to clean all equipment in his specific work area.</p> <p>Review of Quaternary Ammonium Log (Healthcare Menus Direct, LLC. 2023) indicated to Record the reading once in the AM and once in the PM. Ammonium reading should be at least 200 ppm.</p> <p>c) During an Interview with the DA on [DATE] at 8:52 a.m. at the three-compartment sink, the DA discussed how dishes were washed and sanitized when the dishwasher was not working. When asked if any of the steps required a specific temperature or time, the DA stated 300 was the desired temperature. During this interview, the ADS pointed to the directions on the wall above the sink titled Steps For 3 Compartment Washing. The instructions included in step 3 (wash) and step 4 (rinse) that Water temperature must be at least 110 F (Fahrenheit, a unit of measurement).</p> <p>Review of facility provided policy titled 3-Compartment Procedure for Manual Dishwashing (Healthcare Menus Direct, LLC. 2023) indicated the following steps:</p> <p>. Step 3: The first compartment is for washing. Fill the first compartment with detergent per manufactures instructions and hot water (110 F-120 F). Replace water when temperature falls below 110 F.</p> <p>Step 4: The second compartment is for rinsing. Fill the second compartment with clean, clear hot water, (110 F-120 F). Replace water when temperature falls below 110 F.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Step 5: The third compartment is for sanitizing. Test the concentration with the appropriate test strip, which is dipped in the sanitizer solution 10 seconds before reading. Record on log. Must read 200 ppm (parts per million, a unit of measurement). Immerse all washed items for 1 minute.</p> <p>d) During the initial kitchen observation on [DATE] at 9:12 a.m. in the dish washing area, the paint on the ceiling was noted to be peeling. Other walls around the kitchen had paint chipped off of up to 2 inches in diameter.</p> <p>During an interview with the Registered Dietitian (RD) on [DATE] at 2:38 p.m., she concurred that the paint in the kitchen was peeling and chipped which could be a risk for food contamination.</p> <p>Review of facility provided policy titled Sanitation (Healthcare Menus Direct, LLC. 2023) indicated in bullet 11 of the procedures that All . counters, shelves, . shall be kept clean, maintained in good repair and shall be free from . chipped areas.</p> <p>Review of the US Food and Drug Administration's 2022 Food Code section ,d+[DATE].11 on Floors, Walls, and Ceilings indicated that Except as specified under S ,d+[DATE].14 . walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are smooth and easily cleanable.</p> <p>d) During an observation and concurrent interview on [DATE] at 9:40 a.m. with Licensed Nurse 8 (LN8) at Nursing Station 2 who had worked for the facility for the past two years, resident food from outside was discussed. LN8 stated that the resident refrigerator was in the medication room which was behind a locked door that only licensed nurses had access to. LN8 further stated that food from outside sources could be stored for residents in this refrigerator if it was in line with the resident's diet order and appeared to be fresh. These foods would be labeled with the received date, resident name as well as the room number.</p> <p>Upon opening the refrigerator, a full package of 8 drinkable yogurts was on a shelf marked with a last name, a room number, and a received date of [DATE]. Review of the package indicated that the product had a use-by date of [DATE]. LN8 confirmed the date and took the yogurt to throw away, stating it was no longer safe. When questioned as to who should have discarded the yogurt, LN8 stated the dietary department oversaw the nursing floor refrigerators.</p> <p>Later review of the resident name showed that the resident had changed rooms and was no longer in the room that had been written on the label.</p> <p>During an observation and concurrent interview of the Nursing Station 1 resident refrigerator on [DATE] at 11:01 a.m. with Registered Nurse Supervisor (RNS), RNS stated that outside resident food was kept for three days in the refrigerator. RNS further explained that food placed in the refrigerator should have a name, a room number and a receive date on it. RNS also stated that it was the Register Nursing Supervisor's responsibility to check the refrigerator daily for expiration dates and to discard foods.</p> <p>Upon opening the refrigerator, a package of grapes was seen with the room number of 312A marked on it and a date of [DATE], but no other identifier. RNS was uncertain if the grapes were for the current resident in that room. He was unable to clarify how refrigerated foods were handled to ensure that foods were not given to the wrong resident when a resident changed rooms.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of diet order for current resident in room [ROOM NUMBER]A was noted to be on a pureed (blended foods for safe swallowing) diet and not appropriate to eat whole grapes.</p> <p>During an interview on [DATE] at 11:35 a.m. with the DS and the RD, the DS stated that dietary did not monitor the resident refrigerators since they are in the medication rooms which are locked and dietary had no access.</p> <p>During an interview on [DATE] at 10:22 a.m. with the Infection Preventionist (IP) on [DATE] at 10:22 a.m., the IP stated that shelf stable food could be kept until it's expiration date but should be discarded after that for resident safety. The IP further stated that nurses were to check the resident refrigerator daily to discard unsafe food. The IP went on to state that the lack of a resident name on the food label was a problem since the food could potentially be served to the wrong resident which it may not be safe for.</p> <p>Review of facility provided policy titled Foods Brought by Family/Visitors (Med-Pass, Inc. 2001) indicated that Facility staff will strive to balance resident choice and a homelike environment with the nutritional and safety needs of residents.</p> <p>The policy implementation steps included the following:</p> <ol style="list-style-type: none"> <li>1. The Licensed Nurse should ensure that the food is not in conflict with the resident's prescribed diet order.</li> <li>5. Food brought by family/visitors that is left with the resident to consume later is labeled and dated and stored in the refrigerator at the nurse's station.</li> <li>8. Perishable foods, labeled with the date, residents' name, and room number may be refrigerated for up to 2 days, then will be discarded by staff after.</li> </ol>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>41838</p> <p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>Based on observation, interview, and record review, the facility failed to provide staff with the needed equipment to assist residents in safely accessing and consuming outside food when staff were unable to heat foods to correct serving temperatures.</p> <p>This failure had the potential of limiting food intake leading to malnutrition and/or weight loss, and/or leading to food borne illness for the 125 residents eating facility prepared meals.</p> <p>Findings:</p> <p>During an observation and concurrent interview with Licensed Nurse 8 (LN8) on 6/19/24 at 9:40 a.m. at the Nursing Unit 2 resident refrigerator, LN8 stated that the resident microwave had been removed a while ago. When asked how staff would heat resident food, LN8 stated she was unsure how staff would do this, though believed some staff had used the staff microwaves in the breakroom.</p> <p>During an observation and concurrent interview of Register Nurse Supervisor (RNS) at Nursing Station 1 on 6/19/24 at 11:01 a.m., RNS verified that there was no microwave at the nursing station to warm resident food. When asked about heating resident food, the RNS stated heating food was not an option.</p> <p>During an interview on 6/19/24 at 11:35 a.m. with the Dietary Supervisor (DS) and the Registered Dietitian (RD), the DS discussed that they are unable to bring food back into the kitchen from the resident floors due to cross contamination risk. Thus food could not be rewarmed once it left the kitchen.</p> <p>During an interview on 6/20/24 at 11:05 a.m. with the RD, the RD stated she was not aware that there were no longer microwaves on the units since they were kept in the locked medication room, and she did not have keys. The RD did not know when or why the microwaves were removed.</p> <p>During an interview on 6/20/24 at 10:22 a.m. with the Infection Preventionist (IP) on 6/20/24 at 10:22 a.m., the IP confirmed that nursing staff had no way to reheat resident food. The IP further stated that using the microwaves in the staff breakroom would not be allowed due to the possible cross contamination of resident food.</p> <p>Review of facility provided policy titled Foods Brought by Family/Visitors (Med-Pass, Inc. 2001) indicated that Facility staff will strive to balance resident choice and a homelike environment with the nutritional and safety needs of residents. The policy implementation steps included the following:</p> <p>10. Facility staff will assist the residents with accessing their food.</p> <p>11. A refrigerator and microwave are available for staff to store and rewarm residents' food. Family/visitor must ask a staff member for assistance.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>34328</p> <p>Based on observation, interview, and record review, the facility failed to ensure the facility garbage dumpsters were not accessible to insects and vermin when the dumpster lids were not kept closed.</p> <p>This failure had the potential to harbor pests and other types of vermin capable of spreading disease for a census of 123.</p> <p>Findings:</p> <p>On 6/21/24 at 7:45 a.m., an observation of the facility's two (2) outside blue colored garbage dumpsters and 1 green colored recycling bin dumpster were found to be over filled. The two (2) blue colored garbage dumpster lids were not closed and sealed because it was overfilled with garbage. The recycling dumpster lid was also observed not closed because it was overfilled with cardboard boxes. The surrounding ground area around the garbage dumpsters were observed to be littered.</p> <p>During an interview with the Housekeeping Manager (HM) on 6/24/24 at 8 a.m., the HM was shown the two (2) blue colored garbage dumpsters and one (1) green colored recycling dumpster. The HM confirmed the lids were not covering the tops of the dumpsters because the dumpster were over filled with garbage. Similarly, the green recycling dumpster lid was not closed as it was also overfilled with recycled items. The HM confirmed the surrounding area around the dumpsters was littered. The HM confirmed that the housekeepers collect the garbage and throws the garbage into the dumpster bins. The HM stated the dumpster lids should be closed but could not be because the dumpsters were overfilled.</p> <p>During a concurrent interview with the Assistant Manager of Maintenance (AMM), the AMM confirmed the garbage bins and the Recycling bins were overfilled which prevented the lids from being closed down tightly. The AMM stated the lids should be over and covering the dumpsters.</p> <p>During a record review of a facility provided Policy and Procedure titled, Food - Related Garbage and Refuse Disposal, revised October 2017, indicated, 2. All garbage and refuse containers are provide with tightfitting lids or covers and must be kept covered when stored of not in continuous use . 5. Garbage and refuse containing food wastes will be stored in a manner that is inaccessible to pests . 7. Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.</p>		

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<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** 43258</b></p> <p>Based on observation, interviews, and record reviews the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Nursing staff maintained nails and performed hand hygiene (cleaning hands to prevent the spread of infectious disease) in accordance with nationally accepted standards of practice and facility policy and procedure (P&amp;P);</li> <li>2. Enhanced Barrier Precautions (EBPs) were utilized for seven residents (Residents 48, 62, 102, 103, 361, 364 and 366) out of 29 sampled residents when staff did not follow infection prevention and control interventions;</li> <li>3. Staff performed handwashing after handling soiled linen;</li> <li>4. Infection Prevention trainings and/or inservices were provided to staff after repetitive cases of urinary tract and upper respiratory infections were identified during infections surveillance; and,</li> <li>5. The facility's Infection Prevention and Control Program (IPCP) was reviewed annually.</li> </ol> <p>These failures had the potential to increase residents' risk of infection and the spread of multi-drug resistant organisms (MDRO's) for census of 123.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a medication pass observation on 6/18/24 at 8:03 a.m. with Licensed Nurse 6 (LN 6), LN 6 was observed preparing medications for Resident 43. LN 6 was observed with approximately one-inch-long artificial nails on all fingers. LN 6 did not perform hand hygiene before putting on gloves to prepare medications for Resident 43. LN 6 prepared the medications and administered them to Resident 43. She returned to the medication cart, removed the gloves, and did not perform hand hygiene before donning a new pair of gloves to care for Resident 39.</li> </ol> <p>During an observation on 6/18/24 at 8:30 a.m. with LN 6, LN 6 was observed taking Resident 39's blood pressure with the gloves she had donned after caring for Resident 43. LN 6 took Resident 39's blood pressure then removed her gloves, sanitized and disinfected the blood pressure cuff, then applied another set of gloves. LN 6 then prepared and administered Resident 39's medications, all without performing hand hygiene.</p> <p>During an interview on 6/18/24 at 11:31 a.m. with LN 6, LN 6 stated the facility policy for nail length was to maintain nails at a short length. She stated nursing staff were expected to wash hands prior to patient care and to prepare medications without gloves. She stated nursing staff were expected to wear gloves when entering a resident's room and to remove them when exiting and wash hands in-between. LN 6 stated she did not follow that process during the observations because she was running late during her medication passes.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/18/24 at 11:28 a.m. with Infection Preventionist (IP), IP stated hand hygiene was the use of hand sanitizer. She stated unless a medication required the use of gloves, nursing staff were not to wear gloves during medication preparation and administration. She stated nursing staff were expected to use hand sanitizer before entering a resident's room and after exiting.</p> <p>During an interview on 6/19/24 at 9:12 a.m. with IP, IP stated the facility's policy regarding artificial nails and nail length was unclear. She stated the facility followed evidence-based guidelines for infection prevention and that the facility's policies were based on guidance from the Center for Disease Control (CDC, national public health agency of the United States). She stated the CDC highly discouraged healthcare workers to have artificial nails.</p> <p>During an interview on 6/19/24 at 10:28 a.m. with Director of Nursing (DON), DON stated gloves were not to be used in the place of performing hand hygiene. She stated the facility did not have a policy that specified nail hygiene, but nursing staff were expected to keep them clean and neat.</p> <p>During a review of the facility's P&amp;P titled, Handwashing/Hand Hygiene, dated August 2019, the P&amp;P indicated, Policy Interpretation and Implementation . 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. Before and after coming on duty; b. Before and after direct contact with residents; c. Before preparing or handling medications . f. Before donning sterile glove . i. After contact with a resident's intact skin . l. After contact with objects (e.g. medical equipment) in the immediate vicinity of the resident; m. After removing gloves . 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections . 11. Wearing artificial fingernails is strongly discouraged among staff members with direct resident care responsibilities, and is prohibited among those caring for severely ill or immunocompromised residents .</p> <p>A review of an article published by the CDC titled, Clinical Safety: Hand Hygiene for Healthcare Workers, undated, indicated, Know when to clean your hands: Immediately before touching a patient . Immediately after glove removal . Maintain fingernail and jewelry safety: Natural nails should not extend past the fingertip. Do not wear artificial nails or extensions when having direct contact with high-risk patients . Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing.</p> <p>48140</p> <p>2. During a review of Resident 48's admission record, Resident 48 was admitted to the facility in July 2023 with diagnoses including a stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle) to the right buttock, right hip, and left hip.</p> <p>During a review of Resident 62's admission record, Resident 62 was admitted to the facility in March 2024 with diagnoses including urinary tract infection (UTI) and resistance to vancomycin (antibiotic used to treat infections).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 102's admission record, Resident 102 was admitted to the facility in May 2024 with diagnoses including severe sepsis (a serious condition in which the body responds improperly to an infection) and extended spectrum beta lactamase (ESBL) resistance (bacteria that may make them resistant to some antibiotics).</p> <p>During a review of Resident 103's admission record, Resident 103 was admitted to the facility in May 2024 with diagnoses including UTI and urinary retention (the bladder doesn't empty completely or at all).</p> <p>During a review of Resident 361's admission record, Resident 361 was admitted to the facility in May 2024 with diagnoses including urinary tract infection and methicillin-resistant staphylococcus aureus (MRSA, bacteria that's become resistant to many of the antibiotics).</p> <p>During a review of Resident 364's admission record, Resident 364 was admitted to the facility in June 2024 with diagnoses including cellulitis (a deep infection of the skin caused by bacteria) of the right and left legs and severe sepsis.</p> <p>During a review of Resident 366's admission record, Resident 366 was admitted to the facility in June 2024 with diagnoses including fusion of the spine (joins two or more vertebrae) and benign prostatic hyperplasia (prostate gland enlargement that can cause urination difficulty).</p> <p>During an ongoing observation on 6/18/24 in the 400 hallway the following rooms had EBP signs on the wall outside their room: 400, 401, 402, 403, 404, 406 and 408. PPE (personal protective equipment: gowns, gloves, masks) holders were not observed near or hanging on the doors of the rooms with EBP signs.</p> <p>During a concurrent observation and interview on 6/19/24 at 9:39 a.m. CNA 1 was observed exiting room [ROOM NUMBER] and placing dirty linen and trash in containers outside of the room. CNA 1 stated she was assisting Resident 48 with personal care (hygiene and dressing), changing the linens on his bed and transferring him from the bed to the wheelchair. CNA 1 stated she had been working with Resident 48 since his admission and was familiar with his care. CNA 1 confirmed there was an EBP sign on the outside of his room and confirmed gloves and masks were available as PPE; no gowns were observed or readily available for room [ROOM NUMBER]. CNA 1 stated, I've never worn a gown with [Resident 48].</p> <p>During a concurrent observation and interview on 6/19/24 at 9:47 a.m. in Resident 361's room, Resident 361 stated, This is the first day a staff member has worn a gown during care. An EBP sign was observed outside of the room and a PPE holder was observed hung on the inside of the door with gloves, gowns, and masks.</p> <p>During an interview on 6/19/24 at 1:45 p.m. with CNA 2, CNA 2 indicated she was assigned to and familiar with the residents on the 400 hallway. CNA 2 confirmed there were EBP signs outside of rooms 400, 401, 402, 403, 404, 406 and 408. CNA 2 confirmed she had not been wearing gowns or masks during the personal care of the residents.</p> <p>During an interview on 6/20/24 at 8:30 a.m. with Resident 103, Resident 103 confirmed staff did not wear gowns when providing personal care.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/20/24 at 9:08 a.m. in the 400 hallway with CNA 4, CNA 4 confirmed he had not been wearing a gown when providing care to the residents on EBP.</p> <p>During an interview on 6/20/24 at 9:38 a.m. in the 400 hallway with CNA 3, CNA 3 confirmed she had not been wearing a gown when providing care to the residents on EBP.</p> <p>During an interview on 6/20/24 at 11:22 a.m. with RN 1, RN 1 confirmed staff should be wearing gowns, gloves and masks when providing personal care to residents on EBP.</p> <p>During an interview on 6/21/24 at 9:58 a.m. with IP, the IP stated a resident with chronic wounds, indwelling devices, and a history of MDROs will be placed on EBP. EBP requires staff to wear gowns, gloves and masks during high contact personal care (dressing, bathing, transferring, providing hygiene, changing linens, and device care).</p> <p>A review of the facility's P&amp;P titled, Enhanced Barrier Precautions, revised August 2022, indicated, EBP's employ targeted gown and glove use during high contact resident care activities . EBP's are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization . PPE is available outside of the resident rooms.</p> <p>36624</p> <p>3. During a dining observation on 6/18/24 at 12:28 p.m., a cupful of fresh milk was spilled on the floor by one resident while eating. One of the staff, who was serving and checking the meal trays, reached for linen, then cleaned and wiped the spilled milk splattered on the floor. Staff then tossed the soiled linen she used to wipe the spilled milk on the floor, removed her soiled gloves and just hand sanitized. Staff did not perform handwashing after handling the soiled linen.</p> <p>In an interview, on 6/18/24 at 12:49 p.m., with the Director of Staff Development (DSD), the DSD validated the staff should have washed her hands after she tossed the soiled linen she used after she cleaned the splattered milk on the floor.</p> <p>During a record review of the facility's P&amp;P titled, 'HANDWASHING/HAND HYGIENE, revised 8/19, the P&amp;P indicated, The facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>4. During a record review of the facility's Infection Surveillance Map (ISM), on 6/20/24 at 10:10 a.m., with the IP Nurse, the ISM indicated the following trend and cases of facility infections:</p> <p>a. February 2024 - Urinary Tract Infections (UTI) = 6; Respiratory = 1; Skin = 4; Gastro-Intestinal (GI) = 1; Other = 4.</p> <p>b. March 2024 - UTI = 8; and, Systemic = 8.</p> <p>c. April 2024 - Facility did not provide a copy of the surveillance map.</p> <p>d. May 2024 - UTI = 8; Respiratory = 8; Oral = 1; Blood = 3; Other = 1.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Whitney Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3529 Walnut Avenue Carmichael, CA 95608	
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>e. June 2024 - per facility's June Recertification Facility Matrix provided: under infections column = 11.</p> <p>During an interview and record review, on 6/20/24 at 10:10 a.m., with the IP Nurse, the IP nurse confirmed the data from the ISM. The IP Nurse validated there was no facility staff trainings or inservice conducted after infections were mapped.</p> <p>During an interview and record review on 6/20/24 at 10:20 a.m. with the DSD, the DSD confirmed there was no inservice provided to staff.</p> <p>During an interview and record review, on 6/21/24 at 11:14 a.m., with the DON, the DON stated, the surveillance map was used to see the trend of infections. Based on the infections trend, we should educate the staff via training or inservices to ensure staff compliance. The DON also stated if trainings or inservices would not be provided, the infections will continue to spread, so there should be interventions put in place. The DON also stated, to ensure compliance, all department heads conduct rounds and any issues identified were included in the Quality Assurance and Performance Improvement (QAPI, is a data driven and proactive approach to quality improvement. It combines two approaches - Quality Assurance (QA) and Performance Improvement (PI). QA is a process used to ensure services are meeting quality standards and assuring care reaches a certain level. PI is a pro-active approach that continuously studies processes with the goal to prevent or decrease the likelihood of problems in care delivery) review during Infection Prevention (IP) meetings.</p> <p>During a review of the facility's P&amp;P titled, SURVEILLANCE FOR INFECTION, revised 9/17, the P&amp;P indicated, The IP will conduct on going surveillance for healthcare associated infections (HAIs) and other epidemiology significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions.</p> <p>During a review of the facility's P&amp;P titled, INFECTION PREVENTION AND CONTROL PROGRAM (IPCP), revised 10/18, the P&amp;P indicated, Prevention of Infection: Important facets of infection prevention include: identifying possible infection or potential complications of existing infections; instituting measures to avoid complications or dissemination; educating staff and ensuring that they adhere to proper techniques and procedures .</p> <p>5. During a review of the facility's IPCP, on 6/20/24 at 10:10 a.m., with the IP Nurse, the IPCP indicated it was last revised on 10/2018.</p> <p>During an interview and record review, on 6/20/24 at 10:10 a.m., with the IP Nurse, the IP Nurse stated she had not participated in the IPCP review. The IP Nurse stated it was not showing it had been reviewed.</p> <p>During an interview and record review, on 6/20/24 at 10:52 a.m., with the DSD, the DSD stated she was not sure whether the facility's IPCP was reviewed annually.</p> <p>During an interview and record review, on 6/21/24 at 11:11 a.m., with the DON, the DON stated she could not verify if the facility's IPCP was reviewed for 2024. The DON stated the IPCP should be reviewed annually.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Whitney Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3529 Walnut Avenue Carmichael, CA 95608	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&amp;P, titled, INFECTION PREVENTION AND CONTROL PROGRAM (IPCP), revised 10/18, the P&amp;P indicated, The P/P are utilized as the standards of the IPCP. The P/P reflect the current infection prevention and control standards of practice. The IPC Committee, Medical Director, and the Director of Nursing Services, and other key clinical and administrative staff review the infection control policies at least annually.</p>