

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/29/2024
NAME OF PROVIDER OR SUPPLIER  Emmanuel Post Acute Care - Hayward		STREET ADDRESS, CITY, STATE, ZIP CODE  26660 Patrick Avenue Hayward, CA 94544	

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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45091</b></p> <p>Based on interview and record review, the facility failed to ensure the quarterly Minimum Data Sets (MDS, an assessment tool used to guide resident care) were completed within 14 days of the Assessment Reference Date (ARD, a date set to establish a uniform look-back period for all the responses to MDS coding items) for two of 4 sampled residents (Resident 61 and Resident 143).</p> <p>This deficient practice had the potential to result in Residents 61 and 143 not receiving the appropriate care and services needed based on their current health status.</p> <p>Findings:</p> <p>During a review of Resident 61's Admission Record, dated 2/28/24, the record indicated Resident 61 was admitted ,d+[DATE] with multiple diagnoses including an admission diagnosis of Tinea Corporis (a superficial fungal infection of the skin that can affect any part of the body, excluding the hands and feet, scalp, face and beard, groin, and nails).</p> <p>During a review of Resident 143's Admission Record, dated 2/28/24, the record indicated Resident 143 was admitted ,d+[DATE] with multiple diagnoses including an admission diagnosis of Alzheimer's Disease, unspecified (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks).</p> <p>During a concurrent interview and record review on 2/28/24, at 2:38 p.m., with Minimum Data Set Coordinator (MDSC), Residents 61 and 143's MDS Assessments were reviewed. Resident 61's quarterly MDS indicated an ARD of 12/23/23 and was 53 days overdue. Resident 143's quarterly MDS indicated an ARD of 10/9/23 and was 128 days overdue. MDSC stated Resident 61 and 143's quarterly MDS' were not done and were late. MDSC stated the Quarterly MDS was important because it could have affected the quality of care because they won't be able to accurately assess the residents. Also, MDSC stated the Quarterly MDS was important because they affected care plans and when they were not done, could have caused care plans to be missed.</p> <p>During an interview on 2/28/24, at 3:39 p.m., with Director of Nursing (DON), DON stated it was important to complete MDS assessments on time to address all resident needs based on their health status.</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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/29/24, at 12:55 p.m., with MDSC, MDSC stated quarterly MDS' should have been done every 3 months with up to 14 days to complete and submit. MDSC stated they did not have a policy for MDS completion and submission timeframes. MDSC stated they followed the RAI (Resident Assessment Instrument) Manual for MDS completion and submission timeframes.</p> <p>A review of the MDS Manual, Centers of Medicare and Medicaid Services (CMS) Chapter 2: Assessments for the Resident Assessment Instrument (RAI), dated October 2023, indicated for, Discharge Assessment-return not anticipated (Non-Comprehensive) .MDS completion date .no later than .discharge date + 14 calendar days. The Manual also indicated for, Discharge Assessment-return not anticipated (Non-Comprehensive) .Transmission date no later than .MDS completion date + 14 calendar days. The Manual also indicated for, Discharge Assessment-return anticipated (Non-Comprehensive) .MDS completion date .no later than .discharge date + 14 calendar days. The Manual also indicated for, Discharge Assessment-return anticipated (Non-Comprehensive) .Transmission date no later than .MDS completion date + 14 calendar days.</p>

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45091</p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Sets (MDS, an assessment tool used to guide resident care) were completed and submitted to the Centers for Medicare and Medicaid Services (CMS) within the required time frames determined by the Assessment Reference Date (ARD, a date set to establish a uniform look-back period for all the responses to MDS coding items) when two out of 4 Resident's (Resident 31 and 83) Discharge MDS' were not completed and transmitted within 14 days of the ARD.</p> <p>This deficient practice had the potential to result in Residents 31 and 83, not receiving the appropriate care and services needed based on their current health status and to be billed incorrectly.</p> <p>Findings:</p> <p>During a review of Resident 31's Admission Record, dated 2/28/24, the record indicated Resident 83 was admitted ,d+[DATE] with multiple diagnoses including an admission diagnosis of Acute Pancreatitis with infected Necrosis, unspecified (a condition where the pancreas becomes swollen over a short period of time with tissue death).</p> <p>During a review of Resident 83's Admission Record, dated 2/28/24, the record indicated Resident 83 was admitted ,d+[DATE] with multiple diagnoses including an admission diagnosis of Unspecified Dementia (a loss of brain function that occurs with certain diseases, affecting one or more brain functions such as memory, thinking, language, judgment, or behavior).</p> <p>During a concurrent interview and record review on 2/28/24, at 2:38 p.m., with Minimum Data Set Coordinator (MDSC), Residents 31 and 83's MDS Assessments were reviewed. Resident 31's Discharge MDS indicated an ARD of 11/1/23 and was 105 days overdue. Resident 83's Discharge MDS indicated an ARD of 8/10/23 and was 188 days overdue. MDSC stated Residents 31 and 83's discharge MDS were not done on time. MDSC stated the Discharge MDS was important because it could affect resident's insurance billing and they could be billed incorrectly.</p> <p>During an interview on 2/28/24, at 3:39 p.m., with Director of Nursing (DON), DON stated it was important to complete MDS assessments on time to properly address all resident needs based on their health status.</p> <p>During an interview on 2/29/24, at 12:55 p.m., with MDSC, MDSC stated resident's discharge MDS should have been done on Resident's discharge date with up to 14 days to complete and submit it. MDSC stated they did not have a policy for MDS completion and submission timeframes. MDSC stated they followed the RAI (Resident Assessment Instrument) Manual for MDS completion and submission timeframes.</p> <p>(continued on next page)</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the MDS Manual, Centers of Medicare and Medicaid Services (CMS) Chapter 2: Assessments for the Resident Assessment Instrument (RAI), dated October 2023, indicated for, Discharge Assessment - return not anticipated (Non-Comprehensive) . MDS completion date . no later than . discharge date + 14 calendar days. The Manual also indicated for, Discharge Assessment - return not anticipated (Non-Comprehensive) . Transmission date no later than . MDS completion date + 14 calendar days. The Manual also indicated for, Discharge Assessment - return anticipated (Non-Comprehensive) . MDS completion date . no later than . discharge date + 14 calendar days. The Manual also indicated for, Discharge Assessment - return anticipated (Non-Comprehensive) . Transmission date no later than . MDS completion date + 14 calendar days.</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> 49091</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Minimum Data Set (MDS-an assessment and care screening tool used to guide care), was accurate for one of one sampled resident (Resident 9) when Resident 9's annual MDS was not coded accurately to reflect a functional impairment of the left hand.</p> <p>This failure resulted in the potential for Resident 9 to not receive appropriate care and treatment for identified conditions.</p> <p>Findings:</p> <p>During a review of Resident 9's Admission Record, dated 2/28/24, the record indicated Resident 9 was admitted to the facility on ,d+[DATE] with diagnoses of unspecified dementia (a group of symptoms affecting memory, thinking and social abilities), muscle weakness, and acquired absence of right and left leg below the knee.</p> <p>A review of the MDS section C-cognitive patterns, dated 12/9/23, indicated that Resident 9 had a Brief Interview of Mental Status (BIMS-a screening measure that evaluates memory and orientation) score of 10, indicating a moderate cognitive impairment.</p> <p>During a concurrent observation and interview, on 2/27/24, at 9:16 a.m., with Resident 9, in his room, the resident's left hand was clenched in a tightly closed position. Resident 9 stated he injured his left hand while moving from his bed to his wheelchair several months ago. Resident 9 was unable to extend his fingers and stated this sometimes hurt him, but the pain was usually relieved with Tylenol. Resident 9 also stated although he used to receive physical therapy services for his left hand, it had been many months since he had received it.</p> <p>During an observation on 2/29/24, at 11:00 a.m., in Resident 9's room, Resident 9 showed a splint for his left hand was on the bedside table next to his bed. Resident 9 stated that no staff had come to assist him to put the splint on yet, and that he needed help applying and removing it.</p> <p>During a review of Resident 9's Occupational Therapy (OT) Evaluation &amp; Plan of Treatment, signed and dated 12/4/23, the OT evaluation and treatment plan indicated Resident 9 had a contracture of the left hand requiring treatment with application of an orthotic (a device designed to support an injured or badly formed part of the body).</p> <p>During a review of the annual MDS Section GG - Functional Abilities and Goals, dated 12/8/23, the facility marked Resident 9 as having no impairment of the upper extremities (the shoulders, elbows, wrists and hands).</p> <p>During a concurrent interview and record review on 2/29/24, at 11:30 a.m., with the MDS coordinator (MDSC), at nursing station 2, the annual MDS, dated [DATE], was reviewed. The MDSC stated the annual MDS should have been coded to reflect an upper extremity impairment on one side. The MDSC also stated that the failure to code the MDS correctly could reflect the care the residents receive in a negative way.</p> <p>(continued on next page)</p>		

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F 0641  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	A review of the facility policy and procedure (P&P), titled, Comprehensive Assessments and the Care Delivery Process, updated 5/2023, the P&P indicated the facility must determine care areas that have been triggered during completion of the MDS ., and the facility must use this information to make decisions about care and treatment.

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>36087</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 38 sampled residents (Resident 25) received fingernail trimming as needed.</p> <p>This failure had the potential to result in skin scratches, wounds, and infections from the long fingernails.</p> <p>Findings:</p> <p>A review of Resident 25's Admission Record indicated Resident 25 was admitted to the facility in January 2024, with diagnoses of Diabetes Mellitus (high blood sugar) and dementia (loss of thinking, remembering, and reasoning).</p> <p>A review of Resident 25's Minimum Data Set (MDS, an assessment tool used to guide care), dated 1/31/24, indicated Resident 25 had severely impaired cognition. The MDS also indicated Resident 25 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. The assistance of two or more helpers is required for the resident to complete the activity) on functional abilities and goals (eating, oral hygiene, toileting hygiene, shower/bathe self, dressing, putting on/taking off footwear, and personal hygiene).</p> <p>A review of Resident 25's care plan dated 1/30/24, indicated, .The resident has Activities of Daily Living (ADL) self-care performance deficit related to (r/t) Dementia, Limited Mobility .PERSONAL HYGIENE: The resident requires (substantial/maximal assistance) by one (1) staff with personal hygiene and oral care .</p> <p>A review of Resident 25's active Physician Orders, printed on 2/27/24, indicated, Left under-breast open area: cleanse with normal saline, pat dry, apply Medi-honey and cover with dry gauze .</p> <p>During a concurrent observation and interview on 2/27/24, at 10:51 a.m., with Licensed Vocational Nurse 1 (LVN 1), in Resident 25's room, Resident 25 lay in bed on her back, with the head of the bed slightly elevated. Resident 25 was noted with her right-hand scratching self to her dry (with white flaky matter) left ear, both eyes (already reddened lower eyelids), then to her dry chest underneath her gown, with resident's unevenly trimmed, sharp, long fingernails to both right and left hand. LVN 1 stated Resident 25's right hand thumbnail and left-hand thumb, middle, and ring fingernails were between 1/8 to 2/8 inches long from the tip of resident's fingers. LVN 1 also stated there was random brown/yellow matter underneath the right- and left-hand fingernails. LVN 1 stated it was the licensed nurses' responsibility to trim Resident 25's fingernails and had missed trimming some of the resident's fingernails which could further harm the resident's raw skin.</p> <p>During an interview on 2/29/24, at 11:31 a.m., with the Director of Staff Development (DSD), DSD stated diabetic resident fingernails are trimmed by the licensed nurses. DSD also stated fingernails should be clipped short to prevent residents from harming themselves with long, sharp nails.</p> <p>(continued on next page)</p>		

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<p>F 0677</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 policy and procedure (P&amp;P) titled, Care of Fingernails/Toenails, dated 5/2023, indicated, The purpose of this procedure are to clean the nail bed, or keep nails trimmed, and to prevent infections .Nail care includes daily cleaning and regular trimming. Proper nail care can aid in the prevention of skin problems .Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin .</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>40968</p> <p>Based on observation, interview, and record review, the facility failed to ensure range of motion (ROM) exercises were provided for one of two sampled residents (Resident 34) reviewed for limited ROM.</p> <p>This failure had the potential to result in decline in the Resident 34's ROM.</p> <p>Findings:</p> <p>During a review of Resident 34's admission record, dated 2/28/24, the admission record indicated Resident 34 was admitted to the facility in 2023.</p> <p>According to Resident 34's Minimum Data Set (MDS, an assessment tool used to guide care), dated 1/16/24, Resident 34 had a Brief Interview for Mental Status (BIMS) score of 15/15, meaning Resident 34 had intact cognition. The MDS also indicated, Resident 34 had multiple diagnoses which included muscle weakness, acquired absence of right leg above knee, paralytic gait (loss of muscle strength), and encounter for orthopedic aftercare following surgical amputation.</p> <p>During an interview on 2/26/24, at 10:57 a.m., with Resident 34, Resident 34 stated he was supposed to be receiving ROM exercises because he was no longer getting physical therapy. Resident 34 added, the ROM exercises were supposed to help in preparation because he will be getting new leg soon.</p> <p>During a concurrent interview and record review on 2/28/24, at 2:59 p.m., with Restorative Nurse Assistant (RNA) 1, the Restorative Nursing Program Referral Form was reviewed. RNA 1 stated, Resident 34 had a referral to be in the RNA program. RNA 1 further added, Resident 34 did not receive the RNA services because he was not put into the system.</p> <p>During a concurrent interview and record review on 2/29/24, at 10:25 a.m., with Regional Manager Physical Therapist (RMPT), the Restorative Nursing Program Referral Form and Physical Therapy Discharge Summary were reviewed. The RMPT stated, once RNA program was established, the expectation was for the nursing team to follow through what was on the Restorative Nursing Program Referral Form. RMPT further added, Resident 34 was discharged from physical therapy on 1/31/24 to RNA program for mobility, strengthening, and for prosthetic training. RMPT also added, there was potential for Resident 34 to decline in functioning if he did not receive RNA services.</p> <p>During an interview on 2/29/24, at 10:58 a.m., with the Director Of Nursing (DON), DON stated Resident 34's RNA referral was not carried out by the nursing team. DON added, Resident 34 did not receive RNA services because she did not follow up after delegating task to add Resident 34 to the program. DON further added, it was important for Resident 34 to receive RNA services so that he will be able to maintain a good physical status since he only has one leg, RNA will help him with maintaining strength and prevent decline.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 34's Restorative Nursing Program Referral Form, dated 1/31/24, revealed a diagnosis of right above knee amputation and the program goal was Active ROM UE (upper extremity) + LE (lower extremity) bilateral in all planes of motion as tolerated. Sit - stand in bars - SBA (stand by assist)-use gait belt.</p> <p>During a review of Resident 34's Physical Therapy (PT) Discharge Summary, dated 1/31/24, the PT discharge summary indicated under discharge recommendations and status, Discharge recommendations: RNA program. Under Restorative Programs revealed, Restorative Program Established/Trained=Restorative Range of Motion Program, Restorative Transfer Program. ROM Program established/trained: ROM, sit to stand . Under prognosis, .Excellent with participation in RNP (Restorative Nursing Program).</p> <p>During a review of facility's policy and procedures (P&amp;P) titled, POLICY AND PROCEDURE ON RESTORATIVE NURSING CARE, dated 5/2023, the P&amp;P indicated, .2. Active Range of Motion - refers to exercises performed by a resident, with cueing or supervision by staff that are planned, scheduled, and documented in the clinical record . 4. Training and Skill Practice - .b. Transfer - activities used to improve or maintain the resident's self performance in moving between surfaces or planes either with or without assistive devices.</p> <p>During a review of facility's P&amp;P titled, Rehabilitative Nursing Care, dated 2001, the P&amp;P indicated, .4. d. Assisting residents to adjust to their disabilities, to use their prosthetic devices, and to redirect their interests if necessary.f. Assisting residents with their routine range of motion exercises.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45091</p> <p>Based on interview and record review the facility failed to schedule a registered nurse (RN) for 8 hours a day, 7 days a week.</p> <p>This failure had the potential to place residents at risk to receive inaccurate assessments and incorrect care.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 2/28/24, at 1:38 p.m., with Payroll Director (PD), Payroll Based Staffing (PBJ) Reports for quarter 2 2023 (January 1 - March 31) were reviewed. The PBJ Report indicated there was no RN hours on 2/20/23 and on 3/4/23. PD stated there was no RN on duty on 2/20/23 and 3/4/23.</p> <p>During an interview on 2/28/24, at 3:36 p.m., with Director of Nursing (DON), DON stated it was important to have an RN on duty to confirm licensed vocational nurse (LVN) assessments.</p> <p>During a concurrent interview and record review on 2/29/24, at 12:52 p.m., with the Administrator (ADM), CMS (Centers of Medicare and Medicaid Services) Manual System Pub. 100-07 State Operations Provider Certification, dated December 13, 2013, was reviewed. ADM stated they did not have a policy for RN coverage. ADM stated they followed the CMS Manual. The CMS Manual indicated, The requirements for long-term care facilities require that a skilled nursing facility provide 24-hour licensed nursing services, an RN for 8 consecutive hours a day, 7 days a week .</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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> 36087</p> <p>Based on observation, interview, and record review the facility failed to provide pharmaceutical services for two of 10 sampled residents (Resident 143 and Resident 144) when:</p> <ol style="list-style-type: none"> <li>1. For Resident 143, eye medication was unavailable for administration three consecutive times.</li> <li>2. Resident 144 was not given instructions to rinse mouth after administered a powdered inhaler.</li> </ol> <p>These failures resulted in medication not given in accordance with the prescriber's orders, which may negatively affect Resident 143 and Resident 144's health conditions.</p> <p>Findings:</p> <p>1. A review of Resident 143's Admission Record, printed 2/28/24, indicated Resident 143 was admitted to the facility in 2022 with diagnoses of Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions) and Glaucoma (a group of eye conditions that causes blindness).</p> <p>A review of Resident 143's Minimum Data Set (MDS, an assessment tool used to guide care), dated 7/9/23, indicated Resident 143 had severely impaired cognition.</p> <p>A review of Resident 143's Physician Orders, printed on 2/27/24, indicated an order with start date 7/2/22, Cosopt Solution .Instill one drop in both eyes two times a day for Glaucoma .</p> <p>A review of Resident 143's care plan dated 7/13/2022, indicated, The resident has an alteration in visual function related to (r/t) Cataracts (clouding of normally clear lens of the eye), Glaucoma .</p> <p>During a concurrent interview and record review on 2/27/24, at 11:40 a.m., in Station 2A, with Licensed Vocational Nurse 1 (LVN 1), Resident 143's Physician Orders were reviewed. The February 2024 Electronic Medication Administration Record (eMAR), dated 7/1/22, indicated Cosopt eye drop scheduled to be given two times a day at 1200 and 2100. LVN 1 stated she could not administer Resident 143's Cosopt because the facility did not have the eye drop.</p> <p>During a concurrent interview and record review, on 2/27/24, at 11:50 a.m., with Registered Nurse 1 (RN 1), RN 1 stated Resident 143's medication was not delivered by the pharmacy last night. RN 1 stated Resident 143 will have three missed doses, two on 2/27/24 and one on 2/28/24 because pharmacy informed facility that Cosopt was out of stock and will not be delivered until 2 p.m. on 2/28/24. RN 1 stated medication should have been ordered 5 days before the facility ran out and not wait until the last dose was finished.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Medication Ordering and Receiving from Pharmacy, dated 2022, indicated, Medications and related products are received from the dispensing pharmacy on a timely basis .Reorder medication (three to four) days in advance of need to assure an adequate supply is on hand .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Emmanuel Post Acute Care - Hayward		STREET ADDRESS, CITY, STATE, ZIP CODE  26660 Patrick Avenue Hayward, CA 94544	

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. A review of Resident 144's Admission Record, printed 2/28/24, indicated resident was admitted to the facility on [DATE] with diagnoses of asthma (a condition in which airways narrow and swell) and chronic obstructive pulmonary disease (COPD, a lung disease that block airflow and make it difficult to breathe).</p> <p>A review of Resident 144's Minimum Data Set (MDS, an assessment tool used to guide care), dated 2/27/24, indicated resident had intact cognition, could make self-understood, and had the ability to understand others.</p> <p>A review of Resident 144's Physician Orders, printed on 2/28/24, indicated an order with start date 2/22/24, Wixela Inhub Inhalation Aerosol Powder Breath Activated 250-50 microgram (MGC)/ACT (Fluticasone-Salmeterol, medication used to treat asthma and COPD) one puff inhale orally two times a day for COPD. Rinse mouth well after use.</p> <p>A review of Resident 144's care plan dated 2/28/24, indicated, The resident has COPD .Give aerosol or bronchodilators as ordered. Monitor/document any side effects and effectiveness .</p> <p>During medication administration observation on 2/28/24, at 08:49 a.m., in Station 1A, LVN 3 was observed preparing morning medications for Resident 144. A review of one of resident's Physician Orders, dated 2/21/24 and February 2024 eMAR indicated Wixela Inhub Inhalation. Rinse mouth well after use. During medication administration to Resident 144, LVN 3 administered Fluticasone/Salmeterol Inhalation Powder last. LVN 3 did not instruct the resident to rinse mouth after inhaler use.</p> <p>During an interview on 2/28/24, at 10:54 a.m., with the Director of Nursing (DON), DON stated licensed nurses should administer medications in accordance with doctor's orders, including reminding residents to rinse mouth after inhaler use to wash away bitter taste and to prevent side effects such as oral thrush.</p> <p>A review of facility's P&amp;P titled, Inhalers, dated 5/2023, indicated, Follow the directions supplied with the device being used .Have the resident rinse his/her mouth and gargle with normal saline solution or water to remove the drug from his/her mouth and the back of the throat .</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>36087</p> <p>Based on observation, interview and record review, the facility had a 5.71% error rate when two medication errors out of 35 opportunities were observed during the medication pass for two of 10 sampled residents (Resident 143 and Resident 144). Resident 143 did not receive Cosopt (eye drop medication used to treat Glaucoma (an eye condition that causes blindness) as ordered and Resident 144 was not given instructions to rinse mouth after administered a Wixela (Fluticasone/Salmeterol) Inhub Inhalation (medication used to treat asthma [a condition in which airways narrow and swell] and chronic obstructive pulmonary disease COPD, a lung disease that block airflow and make it difficult to breathe)).</p> <p>These failures resulted in medication not given in accordance with the prescriber's orders, which may negatively affect Resident 143 and Resident 144's health conditions.</p> <p>Findings:</p> <p>1. During a concurrent medication administration observation, interview, and record review on 2/27/24, at 11:30 a.m., in Station 2A, Licensed Vocational Nurse 1 (LVN 1) was observed preparing medication for Resident 143. A review of Resident 143's Physician Orders, dated 7/1/22 and February 2024 Electronic Medication Administration Record (eMAR) indicated Cosopt eye drop was scheduled to be given two times a day at 1200 and 2100. LVN 1 checked the medication cart drawer three times and could not find the Cosopt eye drop from the med cart. When LVN 1 left to check the med room once and returned to the med cart to check for Resident 143's eye drop another time, LVN 1 stated Resident 143's Cosopt was unavailable and she will not be able to receive her 12 noon dose of the eye drop and LVN 1 will notify the doctor.</p> <p>2. During medication administration observation on 2/28/24, at 08:49 a.m., in Station 1A, LVN 3 was observed preparing medications for Resident 144. A review of Resident 144's Physician Orders, dated 2/21/24 and February 2024 eMAR indicated Wixela Inhub Inhalation (Fluticasone/Salmeterol) one puff inhale orally. Rinse mouth well after use. During medication administration to Resident 144, LVN 3 administered Fluticasone/Salmeterol Inhalation Powder last. LVN 3 did not instruct the resident to rinse mouth after inhaler use.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Inhalers, dated 5/2023, indicated, Follow the directions supplied with the device being used .Have the resident rinse his/her mouth and gargle with normal saline solution or water to remove the drug from his/her mouth and the back of the throat. Remind resident not to swallow after gargling but rather spit out the liquid .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49091</p> <p>Based on observation, staff interview, and record review, the facility failed to store and prepare food in accordance with professional standards for safety when:</p> <ol style="list-style-type: none"> <li>1. A dry food bin lid was unclean;</li> <li>2. A frozen food bag was open to air;</li> <li>3. A can with a large dent was available for use</li> </ol> <p>These failures had the potential for contamination of food resulting in food-borne illness for 88 residents who received food from the kitchen.</p> <p>1. During an initial walkthrough observation of the kitchen on 2/26/24, at 10:00 a.m., there were bins stored on shelves in the dry food storage area. A bin containing flour had a fine dusting of white powder all over the top of the lid.</p> <p>During an interview on 2/28/24, at 12:29 p.m., with the Dietary Manager (DM), the DM stated bin lids covered with food debris can attract pests, and bin lids should always be kept clean.</p> <p>During a phone interview on 2/29/24, at 11:00 a.m., with the Registered Dietician (RD), the RD stated dirty bins attract vermin and pests.</p> <p>During a review of facility policy and procedure (P&amp;P) titled, Storage of Food and Supplies, dated 2023, the P&amp;P indicated, food and supplies will be stored properly and in a safe manner .the storeroom should be well-lighted, well-ventilated, cool, dry, and clean at all times .routine cleaning and pest control procedures should be developed and followed.</p> <p>During a review of The United States Department of Agriculture (USDA) Food Code (2022), the Food Code indicated, Spillage from these containers soils receptacles and storage areas, and becomes an attractant for insects, rodents, and other pests.</p> <p>2. During an initial walkthrough observation of the walk-in freezer on 2/26/24, at 10:00 a.m., there was a cardboard box containing a plastic bag of individual pre-baked cookies on a wire-rack shelf. The bag was not sealed and open to air.</p> <p>During an interview on 2/28/24, at 12:30 p.m., with the DM, the DM stated open freezer bags could promote freezer burn and make food taste bad.</p> <p>During a phone interview on 2/29/24, at 11:32 a.m., with the RD, the RD stated facility policy dictated that frozen bags should be sealed.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of facility P&amp;P titled, Procedure for Freezer Storage, dated 2023, the P&amp;P stated, store frozen foods in an airtight moisture-resistant wrapper such as a plastic bag or freezer paper to prevent freezer burn.</p> <p>During a review of the USDA Food Code (2022), the Food Code indicated, Food that is inadequately packaged or contained in damaged packaging could become contaminated by microbes, dust, or chemicals introduced by products or equipment stored in close proximity or by persons delivering, stocking, or opening packages or overwraps. Packaging must be appropriate for preventing the entry of microbes and other contaminants such as chemicals. These contaminants may be present on the outside of containers and may contaminate food if the packaging is inadequate or damaged, or when the packaging is opened. The removal of food product overwraps may also damage the package integrity of foods under the overwraps if proper care is not taken.</p> <p>3. During an observation of the kitchen and dry food storage area on 2/27/24, at 11:30 a.m., there was a can of tomato soup with a large dent stored with other cans, ready for resident consumption.</p> <p>During a review of the facility's P&amp;P titled, Food Storage-Dented Cans, dated 2023, the P&amp;P indicated, All dented cans (defined as side seam or rim dents) and rusty cans are to be separated from remaining stock and placed in a specified labeled area for return to purveyor for refund.</p> <p>During an interview on 12/28/24, at 12:31 p.m., with the DM, the DM stated that dented cans could be dangerous for residents because the food inside could become contaminated and damaged.</p> <p>During an interview on 12/29/24, at 11:34 a.m., with the RD, the RD stated that dented cans should be separated and returned to food vendor.</p> <p>During a review of the USDA Food Code (2022), the Food Code indicated the FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances, rusted and pitted or dented cans may also present a serious potential hazard. Damaged or incorrectly applied packaging may allow the entry of bacteria or other contaminants into the contained food. If the integrity of the packaging has been compromised, contaminants such as Clostridium botulinum may find their way into the food. In anaerobic conditions (lack of oxygen), botulism toxin may be formed. Because botulism is potentially deadly, foods held in anaerobic conditions merit regulatory concern and vigilance.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>45091</p> <p>Based on Interview and record review the facility failed to electronically submit complete and accurate direct care staffing information based on payroll data to Centers for Medicare and Medicaid (CMS).</p> <p>This failure had the potential to result in the facility's staffing to be unavailable for audit by CMS.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 2/28/24, at 12:39 p.m., with Payroll Director (PD), Payroll Based Staffing (PBJ) Reports for quarter 4 2022 (July 1 - September 30) and quarter 1 2023 (October 1 - December 31) were reviewed. PBJ Report for quarter 4 2022 indicated it was not submitted. PBJ Report for quarter 1 2023 indicated it was not submitted. PD stated PBJ Reports for quarters 4 2022 and 1 2023 were not submitted. PD stated submitting PBJ reports were important for facility rating and so their staffing could have been auditable.</p> <p>During a concurrent interview and record review on 2/29/24, at 1:05 p.m., with PD, the Centers for Medicare and Medicaid Services Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual was reviewed. PD stated they did not have a policy for staffing submission to CMS. PD stated they followed the CMS Manual and staffing information should have been submitted to CMS every quarter. The manual indicated, Submissions must be received by the end of the 45th calendar day (11:59 PM Eastern Time) after the last day in each fiscal quarter in order to be considered timely. The manual indicated, Fiscal Quarter 1 . Date Range . October 1 - December 31. The manual indicated, Fiscal Quarter 4 . Date Range . July 1 - September 30.</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**</b> 36087</p> <p>Based on observation, interview, and record review, the facility failed to implement infection prevention and control practices when:</p> <ol style="list-style-type: none"> <li>1. For one of 38 sampled residents (Resident 85), Licensed Vocational Nurse 1 (LVN 1) did not wear gloves prior to nasogastric tube (NGT, a tube inserted through the nose, down the throat and esophagus, and into the stomach used to administer nutrition or medication to patients who are unable to tolerate oral intake) feeding administration.</li> <li>2. LVN 1 did not perform hand washing or hand hygiene after removing gloves from sanitizing used blood glucose machine.</li> <li>3. One pill cutter (a medical device with stainless steel blade used to cut pills and tablets) at Nurses Station 2A medication cart and three pill cutters at Nurses Station 2B medication carts were stored unclean after use.</li> <li>4. For one of four sampled residents (Resident 85) with indwelling urinary catheters (drains urine from the bladder into a bag outside the body), urinary drainage bag was laying on the floor.</li> <li>5. Three direct care staff did not wear their face masks properly to fully cover their nose and mouth while in the resident care area.</li> </ol> <p>These failures created a risk for cross-contamination (transfer of bacteria or other microorganisms from one substance to another) that could result in infection or spread of infection.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 85's Admission Record, printed 2/28/24, indicated Resident 85 was admitted to the facility in 2023 with diagnoses of dementia (loss of thinking, remembering, and reasoning) and sepsis (a serious condition in which the body responds improperly to an infection).</li> </ol> <p>During a concurrent medication administration observation, interview, and record review, on 2/27/24, at 11:52 a.m., with LVN 1, Resident 85's February 2024 Electronic Medication Administration Record (eMAR) was reviewed. Resident's tube feeding order with a start date of 12/23/23, indicated NGT DiabetiSource 325 ml every four hours by gravity (tendency to downward motion). LVN 1 connected the resident's feeding tube and administered the ordered formula without wearing gloves. LVN 1 stated she only touched the outside part of the tubing and did not touch the formula.</p> <p>During an interview on 2/27/24, at 12:00 p.m., with Registered Nurse 1 (RN 1), RN 1 stated licensed nurses should wear gloves during NGT feeding administration to prevent contamination.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Enteral Feedings - Safety Precautions, dated 5/2023, the P&amp;P indicated, To ensure the safe administration of enteral nutrition .The facility will remain current in and follow accepted best practices in enteral nutrition .Preventing contamination .Use disposable gloves when handling or administering enteral formulas .</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>2. During a concurrent observation and interview on 2/27/24, at 12:44 p.m., in front of Nurses Station 2, LVN 1 sanitized a used blood glucose machine with her gloved hands and without performing handwashing or hand hygiene after the removal of her gloves, LVN 1 proceeded to do another task. LVN 1 stated she should have performed hand hygiene after she sanitized the contaminated blood glucose machine.</p> <p>During an interview on 2/29/24, at 11:31 a.m., with the Director of Staff Development (DSD), DSD stated handwashing and hand hygiene before and after contact with residents and/or medical equipment and devices was important to minimize or prevent spread of infection.</p> <p>Review of the facility's P&amp;P titled, Handwashing/Hand Hygiene, undated, indicated, The facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations .after handling used dressings, contaminated equipment, etc .Hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>3. During a concurrent medication cart observation and interview on 2/28/24, at 1 p.m., with LVN 1, Station 2A med cart was checked. Stored in the med cart top drawer was an unclean pill cutter that contained white powdery substances. LVN 1 stated unclean pill cutters can contaminate other medications.</p> <p>During a concurrent medication cart observation and interview on 2/28/24, at 1:10 p.m., with LVN 2, Station 2B med cart was checked. Stored in the med cart top drawer were three unclean pill cutters that contained white powdery substances. LVN 2 stated unclean and contaminated pill cutters could get mixed with other medications.</p> <p>During an interview on 2/29/24, at 11:31 a.m., with the DSD, DSD stated pill cutters needed to be washed before and after use especially if it is a shared resident equipment/device. Some medications might be contraindicated with other medications [NAME] were left on the used pill cutters.</p> <p>A review of the facility's P&amp;P titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated 5/2023, indicated, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard .Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident. Reusable resident care equipment will be decontaminated and or sterilized between residents according to manufacturer's instructions .</p> <p>4. During an observation on 2/27/24, at 11:52 a.m., Resident 85's urinary drainage bag kept inside a privacy bag was laying on the floor.</p> <p>During a concurrent observation and interview on 2/27/24, at 12:05 p.m., with RN 1, RN 1 stated Resident 85's indwelling catheter drainage bag inside the privacy bag should hang on the side of the bed below the resident's bladder and should not be touching the floor to prevent infection.</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>Review of the facility's P&amp;P titled, Foley/Indwelling Catheter Care, undated, indicated, It shall be this facility's policy to provide necessary services relating to use of foley/indwelling catheter to prevent resident from developing related infection .Catheter drainage bag should be monitored continuously to ensure it does not drag onto the floor .</p> <p>40968</p> <p>5. During a concurrent observation and interview on 2/26/24, at 10:22 a.m., Certified Nurse Assistant (CNA) 1 and CNA 2 exited a resident room with their masks covering the mouth only. CNA 1 stated she did not like the mask to cover her nose. CNA 2 placed her surgical mask over nose and mouth, then apologized for not wearing the mask properly.</p> <p>During a concurrent observation and interview on 2/27/24, at 12:20 p.m., CNA 3 exited a resident room with her mask tucked under her chin, and the mask did not cover her mouth and nose. CNA 3 stated she was supposed to cover her mouth and nose when wearing a mask especially while in resident rooms. CNA 3 also stated it was important to wear a mask because of the risk to spread infection and residents could get sick.</p> <p>During an interview on 2/28/24, at 10:03 a.m., with the Infection Preventionist (IP), IP stated all direct care staff must wear masks in resident care areas. IP stated resident rooms, hallways and activity room are considered care areas. IP also stated masking in resident care areas are requirements by local health department and per facility policy and procedures.</p> <p>During a review of the facility provided document titled, HEALTH OFFICER ORDER NO. 23-03 ORDER OF THE HEALTH OFFICER OF THE COUNTY OF ALAMEDA - MANDATORY MASKING OF STAFF IN HEALTHCARE FACILITIES: SUSPENSION AND RESCISSION OR PRIOR HEALTH OFFICER MASKING ORDERS, dated November 2023, indicated, Summary: To combat the spread of COVID-19, Influenza (flu), and Respiratory Syncytial Virus (RSV) to vulnerable patients and residents, and to minimize the associated risk of severe illness and death among these persons, this Order requires operators of specified Health Care Facilities in the County of Alameda to implement a program to ensure that Staff wear high-quality, well fitting masks whenever they are in patient care areas in the facility, regardless of vaccination status. This order will go into effect on November 1, 2023, and end on April 30, 2024 .A. Masking order 1. All Health Care Facilities must, by November 1, 2023, implement a program to ensure that all Staff wear high-quality, well-fitting masks whenever they are in patient care areas .2. c. Patient care areas mean any rooms or workspaces where patient care is routinely delivered to inpatients or residents .</p>		