

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Claridge House Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 NE 3rd Court North Miami, FL 33161	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31581</p> <p>Based on observation, record review and interview, the facility failed to accommodate a resident's choice for food preferences for one resident (Resident number 63) out of two residents reviewed for choices and preferences. There were a total of 217 residents residing in the facility at the time of this survey.</p> <p>The findings included:</p> <p>Record review of the Resident Rights Policy and Procedure (Implemented 11/27/2019) documented: Policy-The facility will inform the resident both orally and in writing in a language the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Policy Explanation and Compliance Guidelines: 1) Prior to or upon admission, the social service designee or another designated staff member, will inform the resident and/or the resident's representative of the resident's rights. Resident Rights: 1) The resident has the right to a dignified existence, self-determination and communication with and access to persons and services inside the facility; 5) Respect and Dignity: c) The right to resident and receive services in the facility with reasonable accommodation of resident needs and preferences and 6) Self-determination: The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice: b) The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Review of the Resident Right-Right to Participate in Planning Care Policy and Procedure (Issued 2/2020) documented: Policy-It is the policy of the facility to provide care and services in such a manner to acknowledge and respect resident rights. Exercising rights means that residents have autonomy and choice about how they wish to live their everyday lives and receive care. Procedure: 2) The planning process will: c) Incorporate the resident's personal and cultural preferences in developing goals of care.</p> <p>Observation and interview with Resident number 63 on 8/19/24 at 1:24 PM revealed the resident sitting up in bed, with a nasal cannula and watching television. A lunch tray was sitting in front of her and she refused to eat it. She stated, I have talked to the dietitian and dietary people over and over and they still serve me chicken and fish. I told them I don't want no fish or chicken. They gave me mashed potatoes today and I like rice and beans. I requested a hamburger for lunch. Observation of the lunch tray revealed Baked Chicken, Mashed Potatoes and [NAME] Peas. The meal ticket documented NCS/NAS (No Concentrated Sweets/No Added Salt) Regular diet.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Demographic Face Sheet for Resident number 63 documented the resident was admitted on [DATE] with a diagnoses to include chronic obstructive pulmonary disease, diabetes mellitus, hypertension, congestive heart failure and atrial fibrillation.</p> <p>Review of the Minimum Data Set (MDS) Quarterly Assessment for Resident number 63 dated 7/17/24 documented the resident's Mental Status (BIMS) Summary Score had a BIMS Summary Score of 15 out of 15 indicating no cognitive impairment and the resident was able to make her needs known. The resident required partial/moderate assistance for ADLs (Activities of Daily Living), supervision with setup for eating and therapeutic diet.</p> <p>Review of the Physician's Order Sheets dated June 2024, July 2024 and August 2024 for Resident number 63 documented the resident was on a No Concentrated Sweets (NCS), No Added Salt (NAS) diet with Regular texture and Thin consistency liquids.</p> <p>Review of Resident's number 63's Nutrition/Hydration care plan (written 5/02/22) documented the resident was at risk for nutrition deficit and potential for dehydration related to: multiple medical diagnosis, multiple medications and need for therapeutic diet; Goals: Resident will be 1) free from signs and symptoms of dehydration by the next review date and 2) Weight will have no unplanned sig weight changes by next review date; Interventions: Provide diet as ordered; honor food preferences and substitute for dislikes.</p> <p>Review of the Dietary Progress Note for Resident number 63 documented the following: Dated 11/01/2023 13:26: Resident was seen at bedside provided RD (Registered Dietitian) with food preferences and concerns, the dietary manager was informed of resident food preferences and has updated meal tickets; Dated 12/29/2023 13:24: Resident was seen this afternoon regarding reports of meal dissatisfaction, RD assured resident that her meal tickets will be updated to reflect her likes/preferences, post room visit dietary manager was informed of concerns/preferences and dated 1/25/2024 13:00: Per daughter, resident cannot tolerate full chef's special meal most days related to unspecified GI (gastrointestinal) discomfort, reviewed current diet order with daughter, Food preferences updated with kitchen.</p> <p>Review of the Food and Beverage Preferences for Resident number 63 dated 10/12/23 documented the residents food likes and dislikes.</p> <p>Review of the Week At A Glance for General WEEK 1 Menu documented: Tuesday Lunch: Golden [NAME] Oven Fried Chicken, Macaroni & Cheese, Mixed Vegetables, Sugar Cookie; Wednesday Lunch: Picadillo, Rice, Fried Plantain, Chilled Peaches, Cornbread.</p> <p>Observation and interview with Resident number 63 on 8/21/24 at 12:57 PM revealed the resident sitting in a wheelchair in her room, wearing nasal cannula, eating lunch and watching television. The lunch tray consisted of: Ground Beef, [NAME] Rice, Carrot Slices and Mixed Fruit Cup. She stated, Since you came in to talk to me on Monday, they have been coming in here everyday in the morning to ask me what I want to eat. I shouldn't have to eat chicken for lunch and dinner. Why did it take you coming here for them to give me what I asked for.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/22/24 at 11:08 AM, interview with the Registered Dietitian (RD). She stated, The resident is on a NCS, NAS diet, Regular texture with thin liquids. She had a weight trend down in April but now is going up. We have several progress notes with her concerning her food preferences. She agreed that the resident's food preferences should be honored.</p> <p>On 8/22/24 at 11:15 AM, interview with the Staff A, RD Eligible. She stated, I am not a RD, but took the course and the internship but not the test. I went to see her on 8/19/24 about food preferences. I removed the chicken from the likes food preferences.</p> <p>Review of the Dietary Progress Note for Resident number 63 documented the following: Dated 8/19/2024 16:58: Visited the resident today and reviewed her food preferences. The dietary department was made aware of food preferences, and meal tickets were updated.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906</p> <p>Based on observation, record review and interview facility failed to implement the plan of care for one resident (Resident #75) out of five sampled as evidenced by no communication form filled out by nursing staff prior to dialysis.</p> <p>The findings Included:</p> <p>On 8/21/24 at 9:15 AM Resident #75 was observed in the Dialysis room. The Dialysis Home Program supervisor, Registered Nurse (RN) stated the floor nurse did not fill out a dialysis communication form for today but gave a verbal report to the Dialysis Patient Care Technician (PCT).</p> <p>On 8/21/24 at 9:18 AM dialysis PCT reported a verbal report was received from the nurse.</p> <p>Review of the demographic sheet for Resident#75 revealed an admitted [DATE] and a readmitted [DATE] with diagnosis that included: End Stage Renal Disease (ESRD), Dependence on Renal Dialysis.</p> <p>Record review of Resident #75's Quarterly Minimum Data Set (MDS) with reference date 6/24/24, Section C (Cognitive status) revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating cognition was intact. Section O (Special Treatment) revealed Dialysis.</p> <p>Record review of Resident #75's care plan for hemodialysis initiated on 2/22/22 and revised on 8/15/23 revealed the potential for developing complications related to hemodialysis for diagnosis of ESRD received in house starting at 1:00 PM on Mondays, Wednesdays, Fridays with a goal of not developing complications related to hemodialysis through the next review date. Interventions included: Coordinate resident's care in collaboration with dialysis center and communicate with dialysis center regarding medication, diet, and lab results.</p> <p>Record review of Resident #75's physician order sheet revealed order dated 4/6/24 directions: In house dialysis with <input type="checkbox"/> Dialysis Monday, Wednesday and Friday. Chair time 9:30 AM completion time 1:30 PM. (Resident must go with communication sheet. Every day shift every Monday, Wednesday, Friday related to ESRD).</p> <p>Record review of Resident #75's progress notes revealed no note documentation for 8/22/24 prior to dialysis.</p> <p>On 8/21/24 at 10:14 AM Staff G, RN stated: I am responsible for filling out the Dialysis communication form before a resident is transported to dialysis and I give that form to the whoever picks up the resident. On the form I fill out the resident's name, the Unit, the date, and pre dialysis blood pressure. If I have a concern, I speak directly with the dialysis RN because sometimes the Certified Nursing Assistant takes the resident to dialysis. Today, [Staff H, RN, Supervisor] took [Resident#75] to dialysis this morning and filled out the communication form.</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 - Few</p>	<p>On 8/21/24 at 10:19 AM Staff H, RN, supervisor for 1st floor stated: We fill out the pre blood pressure part of the form; I did not fill out the communication form because the nurse usually does it. I did not give report to the dialysis staff today because there was nothing to report. If the dialysis center has an issue, they call the unit.</p> <p>On 8/22/24 at 2:34 PM, the Director of Nursing reported every resident has a schedule for dialysis so the nurse knows what time the resident has dialysis. The floor nurse assesses the resident before transferring to dialysis, records the vital signs on the communication form, transports the resident to dialysis and gives report to the dialysis nurse.</p> <p>Record review of The Policy and procedure titled: Resident Right- Right to Participate in Planning of Care Issued: 2/2020 Policy: It is the policy of the facility to provide care and services in such a manner to acknowledge and respect resident rights. Exercising rights means that residents have autonomy and choices, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement. Procedure: 1. The resident's right to participate in the development and implementation of his or her person centered plan of care, including but not limited to: d. The right to receive the services and /or items included in the plan of care.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45019</p> <p>Based on observation, record review and interview the facility failed to ensure the facility's protocols and policies and procedures were followed for Enteral Feeding for four residents (Residents #37, #89, #157 and #194) out of four residents observed for tube feedings. As evidenced by incorrect dates and missing start times observed on enteral supplements, water bag flushes and incorrect date on an Enteral Feeding syringe.</p> <p>The findings Included:</p> <p>Resident #37</p> <p>During observation on 08/19/24 at 09:01 AM Resident #37's enteral feeding Glucerna noted running at 70 milliliter per hour (ml/hr.), automatic water flush 50 ml/hr., enteral feeding supplement dated 08/18/2024 with no start time (photo available).</p> <p>Review of the medical records for Resident #37 revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Gastro-Esophageal Reflux Disease without Esophagitis.</p> <p>Review of the Physician's Orders Sheet for August 2024 revealed Resident #37 had orders that included but not limited to: Enteral Feed-two times a day Glucerna 1.5 at 70 ml/hr. x 20 hours via Percutaneous Endoscopic Gastrostomy (PEG), on at 2:00 PM, off at 10:00 AM or until completed (1400 ml total formula volume). Enteral Feed-two times a day auto water flush 50 ml/hr. x 20 hours via PEG, on at 2:00 PM, off at 10:00 AM (1000 ml total auto flush volume).</p> <p>Record review of Resident #37 's Quarterly Minimum Data Set (MDS) dated [DATE] revealed:</p> <p>Section C for Cognitive Patterns documented Brief Interview for Mental Status Score 5, on a 0-15 scale indicating the resident is cognitively impaired. Section GG for Functional Abilities documented dependent for care, substantial assistance required. Section K for Nutritional Status documented no unknown weight loss/gain.</p> <p>Record review of Resident # 37's Care Plans Reference Date 05/05/2024 revealed: Resident is at risk for complications related to tube feeding such as aspiration, infection, intolerance to feeding, fluid overload/deficits .</p> <p>Resident #89</p> <p>During observation on 08/19/24 at 08:25 AM Resident #89 was noted in bed, enteral feeding Jevity 1.5 running at 65 ml/hr., automatic water flush 750ml/hr., enteral feeding syringe dated 8/18/24, (photo available).</p> <p>Record review of the Resident #89's monthly weights revealed resident had a weight loss of 1.60% in 6 months and .79% in one month.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical records for Resident #89 revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Gastrostomy status.</p> <p>Review of the Physician's Orders Sheet for August 2024 revealed Resident #89 had orders that included but not limited to: Enteral Feed-four times a day Jevity 1.5 at 65 ml/hr. x 20 hours via PEG (1200 ml total formula volume in 24 hours), off at 5:00 AM, on at 7: 00 AM. Enteral Feed-four times a day auto water flush 50 ml/hr. x 20 hours (1000 ml total auto flush volume in 24 hours) via PEG, off at 5:00 AM-700 AM and off at 5:00 PM-700 PM.</p> <p>Record review of Resident #89 's Quarterly Minimum Data Set (MDS) dated [DATE] revealed: Section C for Cognitive Patterns unable to be determined. Section GG for Functional Abilities documented dependent for care, substantial assistance required. Section K for Nutritional Status documented no unknown weight loss/gain. Section O for special Treatments documented resident is receiving oxygen therapy, suctioning and tracheostomy care.</p> <p>Record review of Resident # 89's Care Plans Reference Date 07/19/2024 revealed the resident is dependent on enteral feeding for nutrition and hydration with potential for dehydration/ nutrition deficit related to Diagnosis of: Nontraumatic Subdural Hemorrhage; Respiratory Distress; Dysphagia; Anemia.</p> <p>Resident # 157</p> <p>During Observation on 08/19/24 at 09:16 AM Resident #157 was in bed asleep, enteral feeding Glucerna running at 70 ml/hr., automatic water flush at 50 ml/hr. Glucerna supplement dated 08/16/2024 with no start time, water flush dated 08/15/2024 with no start time (Photo available).</p> <p>On 08/19/24 at 09:18 AM Registered Nurse (Staff B) confirmed with the surveyor the dates observed on the water flush and Glucerna supplement, stated she will check to see what is going on with the resident's feeding, left the room and came back with Registered Nurse Supervisor (Staff C)</p> <p>On 08/19/24 at 09:22 AM Registered Nurse Supervisor (Staff C) stated; this date on the feeding and water is probably a mistake, the feeding is changed daily or as it is needed if it runs out.</p> <p>Record review of the Resident #157's monthly weights revealed resident had a weight loss of 5.17% in 6 months and 1.59 % in one month.</p> <p>Review of the medical records for Resident #157 revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Persistent vegetative State and Encounter for attention to Gastrostomy.</p> <p>Review of the Physician's Orders Sheet for August 2024 revealed Resident #157 had orders that included but not limited to: Enteral Feed-two times a day 50 ml/hr., auto flush x 20 hrs (1000 mls daily) Start time: 2:00 PM; End time: 10:00 AM or until complete.</p> <p>Enteral Feed-two times a day Glucerna 1.5 at 70 ml/hr. x 20 hrs (total volume 1400 mls daily) Start time: 2:00 PM; End time: 10:00 AM or until complete.</p> <p>Record review of Resident #157 's Quarterly Minimum Data Set (MDS) dated [DATE] revealed:</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Section C for Cognitive Patterns unable to be determined. Section GG for Functional Abilities documented dependent for care, substantial assistance required.</p> <p>Record review of Resident # 157's Care Plans Reference Date 08/17/2024 revealed the resident requires tube feeding related to Dysphagia. The resident will be free of aspiration and will maintain adequate nutritional and hydration, stable weight, no signs and symptoms of malnutrition or dehydration through review date.</p> <p>Resident #194</p> <p>During observation on 08/19/24 at 08:53 AM Resident #194 was in bed awake, Enteral feeding Glucerna running at 750ml/hr. water flush 750ml/hr. Glucerna supplement dated 08/18/2024 with no start time, water flush dated 08/18/2024, syringe dated 08/19/24 (Photo available).</p> <p>Record review of the Resident #194's monthly weights revealed resident had a weight loss of 3.65 % in one month and a weight gain of 11 pounds in 6 months.</p> <p>Review of the medical records for Resident #194 revealed the resident was admitted to the facility on [DATE]. Clinical diagnoses included but not limited to: Malignant Neoplasm of Larynx, unspecified.</p> <p>Review of the Physician's Orders Sheet for August 2024 revealed Resident #194 had orders that included but not limited to: Enteral Feed-two times a day Glucerna 1.5 at 70 ml/hr. x 20 hours via PEG, on at 2: 00 PM, off at 10:00AM or until completed (1400 ml total formula volume).</p> <p>Enteral Feed-two times a day Auto water flush 50 ml/hr. x 20 hours via PEG, on at 2:00 PM, off at 10:00AM or until completed (1000 ml total auto flush volume).</p> <p>Record review of Resident #194 's Significant Change Minimum Data Set (MDS) dated [DATE] revealed: Section C for Cognitive Patterns documented Brief Interview for Mental Status Score 7, on a 0-15 scale indicating the resident is cognitively impaired. Section GG for Functional Abilities documented dependent for care, partial assistance required. Nutritional Status documented no unknown weight loss/gain.</p> <p>Review of Resident # 194's Care Plans Reference Date 09/13/2024 revealed the Resident is at risk for complications related to tube feeding such as aspiration, infection, intolerance to feeding, fluid overload/deficits, etc. Resident will tolerate tube feeding without signs/symptoms of complications and will have stable weights through next review date.</p> <p>Interview on 08/21/24 at 01:29 PM Registered Nurse (Staff B) 7:00 AM to 3:00 PM shift, 2 South Unit reported regarding enteral feedings: I check the resident's orders to see what supplements they are on and the flow rate order, on the supplement I record the resident's name, room number, date and start time, and the flow rate, on the water we record the same information as the supplement, every morning on the 11:00 AM to 7:00 AM shift a new syringe is placed on the feeding tube poll and dated with the current date. When we the nurses are doing rounds, we are supposed to check the enteral feedings . the pump, make sure the feeding orders are being followed, the flow rate, check the date and start time on the supplements, water and the syringe. The supplements are changed daily, or every 24 hours as ordered.</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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48906</p> <p>Based on observations, interviews, and record review facility failed to store and label medications properly in three medication carts out four sampled as evidenced by one expired eye drop on First floor south front medication cart, one unrefrigerated medication on second floor south back medication cart and one controlled substance count sheet not matching bingo card on the first floor north back medication cart. There were 232 residents residing in the facility at the time of survey.</p> <p>The findings included:</p> <p>1) On [DATE] at 10:47 AM During a medication storage check with Staff D, Licensed Practical Nurse (LPN) on the first-floor South nursing station front medication cart. An eye drop labeled Cosopt for R#28 with an opened date written on bottle of [DATE] and no expiration date written. (see photo). Record review of Medications and eye drops listing located in book in cart stated once opened The Cosopt eye drop expires in 15 days. (see photo). Staff D, LPN stated, I check all the medications for the expiration date and if it is expired, I reorder and discard it. I discard the expired medication because administering it to the resident can cause harm. The expiration date for this eye drop is [DATE]. This is expired.</p> <p>2) On [DATE] at 12:06 PM During a medication storage check with Staff B, Registered Nurse (RN) on the second-floor South nursing station back medication cart, an observation was made of a box labeled sublingual Lorazepam for Resident#470 and refrigerate. (see photo). Staff B, RN stated, This medication was delivered this morning and not placed in the refrigerator. Also stated I check the cart when I come shift and check the narcotics with the previous nurse. Lastly stated I saw that medication this morning and did not place in refrigerator.</p> <p>3) On [DATE] at 1:16 PM During a medication storage check with Staff E, LPN on the first floor North front medication cart a narcotic sheet with a different prescription number was being used to reconcile the Oxycodone 10 milligram tablet bingo card for Resident#160. (see photo). Staff E, LPN stated, I counted with the off going nurse this morning. I don't know how this happened or what happened to the sheet.</p> <p>On [DATE] at 1:55 PM Staff E, LPN and Pharmacy consultant came to conference room and stated, The wrong narcotic sheet was being used for the bingo card, but the count is correct. Pharmacy consultant showed surveyor the correct narcotic sheet for bingo card.</p> <p>On [DATE] at 2:41 PM The Director of Nursing stated, Nurses are to read instructions on labeling of medications pertaining to storage of medication. There is no reason why it should not be stored according to pharmacy instructions. Nurses are to check the expiration date of medications and if the medication and biologicals is expired it should be discarded appropriately. For controlled substances the nurses are required to count with the off going nurse using the narcotic sheet to verify the count is correct. The narcotic sheet and bingo care should match according to resident name, medication, dosage and prescription number.</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 - Few</p>	<p>Record review of The Policy and Procedure entitled, Labeling of Medications Storage of Drugs and Biologicals issued: ,d+[DATE] Policy: It is the policy of this facility to ensure that all medications and biologicals used in the facility will be labeled and stored in accordance with current state, federal regulations. Purpose: The purpose of this procedure is to ensure the accurate labeling of all medications and biologicals to facilitate consideration of precautions and safe administration of medications. Definitions: Storage of Drugs Safe and secure storage (including proper temperature controls, limited access, and mechanisms to minimize loss or diversion) of all medication.</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>31581</p> <p>Based on observations, record review and interview the facility failed to ensure food was prepared under sanitary conditions as evidenced by failure to maintain equipment in the kitchen in a clean sanitary manner. This has the potential to affect one hundred and eighty-nine out of two hundred and seventeen residents who eat orally residing in the facility at the time of the survey.</p> <p>The findings include:</p> <p>Record review of the facility's policy titled Food Safety Requirements (implemented date 2/2020) documented: Policy-It is the policy of the facility to procure food from sources approved or considered satisfactory by federal, state and local authorities. Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety Policy Explanation and Compliance Guidelines: 6) All equipment used in the handling of food shall be cleaned and sanitized and handled in a manner to prevent contamination, a) Staff shall follow facility procedures for cleaning fixed cooking equipment.</p> <p>Review of the facility's policy titled Cleaning Instructions: Ovens (written date 2/2020) documented: Policy-Ovens will be cleaned as needed and according to the cleaning schedule Spills and food particles will be removed after each use; Procedure: 7) Wipe off any loosened grease and particles from inside the oven and the oven door and 10) Remove spills and food particles after each oven use as needed (before re-heating the oven).</p> <p>Review of the facility's policy titled Cleaning Instructions: Ranges/Griddles (written date 2/2020) documented: Policy-The cook/chef on each shift is responsible for keeping the range as clean as possible during the preparation of the meal. The range will be cleaned after each use. Spills and food particles will be wiped as they occur; Procedure: 4) Wipe the outside surfaces of the appliance using a sanitizing solution and 5) Spills should be cleaned up as they occur.</p> <p>Observation of the initial kitchen tour on 8/19/24 at 8:13 AM with the Dietary Supervisor revealed brown like stains on the outside of the convection oven, inside and outside of the convection oven doors, inside the convection oven, on the stove cook top and on the sides of the oven. Photographic evidence submitted.</p> <p>On 8/19/24 at 8:15 AM, interview with the Dietary Supervisor. She stated, We do a deep clean once a week of the oven and it is cleaned daily. She confirmed the brown like stains on the outside of the convection oven, inside and outside of the convection oven doors, inside the convection oven, on the stove cook top and on the sides of the oven.</p> <p>Review of the Cleaning Log for AM and PM August 2024 documented the ovens and convention ovens were cleaned daily.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>34007</p> <p>Based on observations, interview and record review, the facility failed to demonstrate effective plan of actions were implemented to correct identified quality deficiencies in the problem area related to repeated deficient practices for F 656 Develop/Implement Comprehensive Care Plan, F 761 Label/Store Drugs and Biologicals, and F 812 Food Procurement, Store/Prepare/Serve-Sanitary,. These repeated deficiencies have the potential to affect the 217 residents residing in the facility at the time of this survey.</p> <p>The findings included:</p> <p>Record review of the facility's survey history revealed, during a recertification survey with exit dated 04/20/2023, F 656 Develop/Implement Comprehensive Care Plan, F 761 Label/Store Drugs and Biologicals, and F 812 Food Procurement, Store/Prepare/Serve-Sanitary were cited.</p> <p>Review of the Policy and procedures revealed; It is the policy of the facility to develop, Implement, and maintain an effective, comprehensive, data driven QAPI program that focuses on indicators of the outcomes of care and quality of life.</p> <p>The facility will take action aimed at performance improvement as documented in QAA committee meeting minutes and action plan. Performance/success of action will be monitored in subsequent QAA Committee or sub-committee meeting.</p> <p>Corrective action plans should include, but not limited to, the following:</p> <p>A definition of the problem</p> <p>Measurable goals and targets</p> <p>Step by step interventions to correct the problem and achieve established goals.</p> <p>A description of how the QAA committee will monitor to ensure changes yield the expected results.</p> <p>The facility will utilize Root Cause Analysis and the Plan, Do, Study, Act (PDSA) cycle of improvement to improve existing processes. Chosen actions for change will be linked to the root causes and will be designed to effect change at the systems level.</p> <p>To ensure improvements are sustained, the effectiveness of performance improvement activities will be monitored in QAA Committee meetings in accordance with QAPI plan, but no less than annually.</p> <p>On 08/22/2024 at 02:00 PM during an interview with Risk Manager/Administrator, Assistant of Director of Nursing (ADON), and [NAME] President stated that they meet monthly with all department Administrator, DON, infection control, Housekeeping, some people from, MDS, Rehab, Restorative and Medical Director. They review the binder with all the Performance Improvement Project (PIP's) to make sure that they are on track and getting the goals set.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>31581</p> <p>Keep all essential equipment working safely.</p> <p>Based on observation, interview and record review, the facility failed to ensure a convection oven and stove used to prepare food for residents were in good repair and clean. This has the potential to affect one hundred and eighty-nine out of two hundred and seventeen residents who eat orally residing in the facility at the time of the survey.</p> <p>The findings included:</p> <p>Record review of the facility's policy titled Food Safety Requirements (implemented date 2/2020) documented: Policy-It is the policy of the facility to procure food from sources approved or considered satisfactory by federal, state and local authorities. Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety Policy Explanation and Compliance Guidelines: 6) All equipment used in the handling of food shall be cleaned and sanitized and handled in a manner to prevent contamination, a) Staff shall follow facility procedures for cleaning fixed cooking equipment.</p> <p>Review of the facility's policy titled Cleaning Instructions: Ovens (written date 2/2020) documented: Policy-Ovens will be cleaned as needed and according to the cleaning schedule Spills and food particles will be removed after each use; Procedure: 7) Wipe off any loosened grease and particles from inside the oven and the oven door and 10) Remove spills and food particles after each oven use as needed (before re-heating the oven).</p> <p>Review of the facility's policy titled Cleaning Instructions: Ranges/Griddles (written date 2/2020) documented: Policy-The cook/chef on each shift is responsible for keeping the range as clean as possible during the preparation of the meal. The range will be cleaned after each use. Spills and food particles will be wiped as they occur; Procedure: 4) Wipe the outside surfaces of the appliance using a sanitizing solution and 5) Spills should be cleaned up as they occur.</p> <p>Observation of the initial kitchen tour on 8/19/24 at 8:13 AM with the Dietary Supervisor revealed brown like stains on the outside of the convection oven, inside and outside of the convection oven doors, inside the convection oven, on the stove cook top and on the sides of the oven. Photographic evidence submitted.</p> <p>On 8/19/24 at 8:15 AM, interview with the Dietary Supervisor. She stated, We do a deep clean once a week of the oven and it is cleaned daily. She confirmed the brown like stains on the outside of the convection oven, inside and outside of the convection oven doors, inside the convection oven, on the stove cook top and on the sides of the oven.</p> <p>Review of the Cleaning Log for AM and PM August 2024 documented the ovens and convention ovens were cleaned daily.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>39177</p> <p>Based on observations record review and interview, the facility failed to ensure the laundry room is maintained in a safe clean/sanitary manner, as evidenced by washing machines noted soiled and dust laden; wasp nests on ceiling, rusted exhaust fans and floors in disrepair and failed to follow safety and infection control protocol for one out of four Biohazard rooms as evidenced by the the first floor North Biohazard room was not secured.</p> <p>The findings include</p> <p>On 8/20/24 at 9:25 AM during observational tour of the laundry room with the Housekeeping Director, the floors in the soiled utility room noted to be in disrepair, the washing machines noted with rust like stains to the front and sides and dust laden at the top. Further observation revealed two wasp nests on the ceiling. The exhaust fans were rusted, and the outer part of the exhaust fans were in disrepair (Photo evidence). The Housekeeping Director and two Maintenance Staff that entered during the tour acknowledged the findings.</p> <p>Review of the cleaning schedule document revealed staff had signed off daily to indicate the machines were cleaned.</p> <p>On 08/20/24 at 9:31 AM the Housekeeping Director revealed the laundry staff are responsible for the cleaning of the laundry room including the washers and dryers.</p> <p>On 08/20/24 at 9:35 AM the Maintenance Director was apprised of the findings. He did not comment and walked away.</p> <p>On 08/20/24 at 9:40 AM the Laundry Staff revealed they cleaned the washing machines and dryers after each use. The staff proceeded to show where they signed off at the end of each shift to indicate the machines were cleaned.</p> <p>48906</p> <p>On 8/21/24 at 8:33 AM an observation revealed the first floor North nursing station Biohazard room door was open (photo evidence).</p> <p>On 8/21/24 at 9:17 AM Staff F, Floor tech entered The Biohazard room on the first floor North Nursing Station without a code.</p> <p>On 8/21/24 at 9:47 AM Staff F, Floor tech stated, I entered The Biohazard room on the first floor North Nursing Station without code because the door was open; the door should be kept locked with a code.</p> <p>On 8/22/24 at 2:38 PM The Director of Nursing stated, The Biohazard room door is to be kept locked. There are four Biohazard rooms in this facility, and each has a code to enter. The purpose for keeping the door locked is to safety of the resident.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of The Policy and Procedure entitled, Infection Prevention and Control Program issued: 6/2020 revised: 9/29/2021 Policy: It is the policy of the facility to ensure that the Infection Control Program is designed to prevent, identify, report, investigate, and control the spread of infections and communicable disease for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement; provide a safe, sanitary and comfortable environment; and to help prevent the development and transmission of disease and infection, in accordance with State and Federal regulations, and National guidelines. Procedures: 13. Any staff member that suspects a breach in infection prevention and control practice or policy is to report this to the director of nursing as soon as possible.</p>		