

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105686	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Springtree Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4251 Springtree Drive Sunrise, FL 33351	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 01948</p> <p>Based on observation and interview, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary orderly, and comfortable interior for Unit 1, for 7 of 7 observed resident rooms and the community shower, and Unit 2, for 1 of 1 observed resident rooms.</p> <p>The findings included:</p> <p>During the resident screenings performed by the surveyors on 05/20-21/24 and the Environment observation tour conducted on 05/22/24 at 1:00 PM, accompanied with the Administrator and Corporate Director of Procurement, the following findings were noted:</p> <p>1. Unit 1:</p> <p>room [ROOM NUMBER]: A - The overbed light cord was too short (cord extension missing), the bathroom door frame & walls were scuffed and in disrepair, and the privacy curtain stained.</p> <p>room [ROOM NUMBER]: The call bell cord was too short; and bathroom ceiling vent-dust laden.</p> <p>room [ROOM NUMBER]: The room walls were in disrepair with scuff marks, the privacy curtain was stained, and the bathroom toilet was running continuously.</p> <p>room [ROOM NUMBER]: The privacy curtain was stained, the bottom of bathroom door corner had loose lower panels, the room walls had numerous large black scuff marks, and the room's privacy curtain (W-bed) was too short to adequately block visual of the resident for privacy.</p> <p>room [ROOM NUMBER]: The A/C-PTAC unit vents (air conditioner) were dirty, the bedside table had broken corners on the surface of the table, the privacy curtain was stained, and the privacy curtain (W-bed) was too short to adequately block visual of the resident for privacy.</p> <p>room [ROOM NUMBER]: The room dresser had missing a drawer knob, and 3 walls were in disrepair.</p> <p>room [ROOM NUMBER]: The furniture dresser had missing drawer pull knobs, the bathroom call bell cord was too short, and the metal plate beneath door knob on the door entry to room was not secure.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Community Shower: The Emergency call bell cord located in the toilet room was too short, and the entry door was damaged and in disrepair.</p> <p>2. Unit 2:</p> <p>room [ROOM NUMBER]: The B-bed fall-floor mat on floor was in poor condition (torn and ripped), and the room entry door had loose lower panels.</p> <p>Following the 05/22/24 environmental tour, the findings were again confirmed with the Administrator. The Administrator was noted to state that the facility has a computerized TELS system for staff to report maintenance and housekeeping issues via the computer. The Administrator further stated that staff is continuously in-serviced on the use of the TELS system, however staff are not utilizing the system.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36734</p> <p>Based on record review, interview, and observation, the facility failed to address a urine culture and sensitivity result in a timely manner for 1 of 2 sampled residents reviewed for hospitalization s (Resident #103); and failed to maintain a secure catheter tubing for 1 of 1 sampled resident reviewed for urinary catheters (Resident #92).</p> <p>The findings included:</p> <p>Review of the facility's policy, titled, Laboratory Services and Reporting, dated 2/2023 and revised 2/2024, documented, in part: The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the timeliness of the services. Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside the clinical reference range.</p> <p>1. Record review documented Resident #103 was admitted to the facility on [DATE]. Review of the comprehensive assessment dated [DATE] documented the resident was cognitively intact and required substantial / maximum assist with activities of daily living (ADLs).</p> <p>Record review revealed a Progress Note dated 04/03/24 at 11:37 AM that documented Resident #103 was not feeling well and appeared weak and listless. The physician was notified, and orders were received for blood labs to be done. Subsequently, on 04/03/24 at 10:47 PM (2247 hours), an order was received for a urinalysis with reflex to culture in AM (04/04/24).</p> <p>A progress note dated 04/04/24 at 6:39 PM documented the results of Resident #103's urinalysis was read to the physician and no new orders were obtained.</p> <p>A progress note dated 04/05/24 at 9:06 AM documented Resident #103's urinalysis on 04/04/24 was indicative of a Urinary Tract Infection (UTI). The progress note further indicated the urine culture and sensitivity was not available, the physician was notified and no new orders were received.</p> <p>A review of Resident #103's Urinalysis result revealed it was received on 04/04/24 at 12:27 PM, and the results were reported on 04/06/24 at 10:09 AM.</p> <p>A progress note dated 04/08/24 at 12:05 PM documented Resident #103's urine tested was positive for a specific organism, with sensitivities to antibiotics. An order for Cipro (an antibiotic) was received from the physician (2 days after the results were received, 5 days after initial symptoms).</p> <p>An interview was conducted with the Infection Control Preventionist (ICP) on 05/22/24 at 12:00 PM. The ICP stated they generally wait until the culture and sensitivity results are received before antibiotics are prescribed to avoid Multiple Resistant Drug Organisms. The ICP acknowledged the results of Resident # 103's culture and sensitivity came back on 04/06/24, the weekend, and it was not addressed until Monday, 04/08/24 (2 days later).</p> <p>Resident #103 was transferred to the hospital on 04/09/24 for diagnosis of Urinary Tract Infection, weakness, and lower extremities edema.</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>38349</p> <p>2. Review of the facility policy and procedure on 05/22/24 at 11:50 AM, titled, Catheter Care provided by the Assistant Director of Nursing (ADON) revised 03/2024, documented, in part, in the Policy Statement: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use Policy Explanation: 6. Leg bags will be attached to the resident's thigh or calf making sure to have slack on the tubing to minimize pressure and tension. Ensure straps are snug but not tight as appropriate. 7. Leg bags may be stored in a clean, plastic bag when not in use or as per facility policy.</p> <p>Record review documented Resident #92 was readmitted to the facility on [DATE] with diagnoses that included Obstructive and Reflux Uropathy, Atherosclerotic Heart Disease, Sepsis, Hematuria, Urinary Tract Infection, Anxiety Disorder, Anemia, Acute Respiratory Failure with Hypoxia and Hypertension. The record documented a Brief Interview Mental Status (BIMS) score of 15, indicating cognition was intact.</p> <p>On 02/21/24, the Physician's order documented, Leg strap to anchor indwelling catheter in place.</p> <p>During a Foley catheter / Peri-care observation conducted on 05/22/24 at 10:27 AM with Staff B, Certified Nursing Assistant (CNA), it was observed that Resident # 92's peri-area (penis and scrotum) was clean, but with slight redness noted to his upper thigh and penile area. Resident #92 stated, during the Peri-Foley catheter care session, that it felt a little tender and sore there, and he said that is often that way especially when they put on the leg bag which, as it fills up, it pulls, weighs down, moves all around, and hurts him. The resident further stated he told the nurses, but they just adjust or empty the bag. Resident #92 stated, they should have some type of support strap on, but they don't usually. Photographic Evidence Obtained.</p> <p>On 05/22/24 at 10:41 AM, Staff B acknowledged that they use the strap / anchor sometimes, but she also stated that the dirty strap had been directly placed and not bagged into Resident #92's dresser drawer just across from the resident's bed. There was no accompanying anchor portion in place, none in the resident's room, as ordered, and none on the resident today. The ADON obtained the anchor from the Central Supply room and then applied it following Foley/Peri-care.</p> <p>On 05/22/24 at 11:24 AM, an interview was conducted with Staff C, Registered Nurse (RN), who acknowledged that the Foley catheter strap and anchor were not in place per the physician's orders. Staff C stated, ordinarily the CNAs will take care of this and will tell her if there is a problem.</p> <p>During a side-by-side record review conducted with Staff C, of the Treatment Administration Record (TAR) dated 05/22/24, it was revealed that Staff C had initialed that the Foley strap and anchor for Resident #92's Foley catheter were in place, when in fact, it had not been.</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>Record review of Resident #92' care plan dated 03/11/24 revealed that .Focus: Resident #92 has a Foley Catheter related to Urinary Retention, History of Pyelonephritis, has Benign Prostatic Hypertrophy which may impact, and a diagnosis of Obstructive Uropathy. Interventions included: Position catheter bag and tubing below level of the bladder and away from room door. Check tubing for kinks as needed and every shift, monitor for signs and symptoms of discomfort or urination and frequency. Monitor / document for pain / discomfort due to catheter. Monitor / document / report to Doctor signs and symptoms of Urinary Tract Infection: pain / suprapubic tenderness, burning, blood tinged urine, no output, increased pulse, dysuria, Urinary frequency, Urinary urgency fever or Hypothermia, chills, altered mental status, change in eating patterns or decline in function. Goals: Resident will be/remain free from catheter-related trauma through review date.</p> <p>There was no documentation included in the care plan with regard to the resident's Foley strap or anchor.</p> <p>On 05/22/24 at 11:37 AM, during an interview with the ADON regarding the absence of both the Foley leg strap and anchor for Resident #92, he acknowledged that both should have been in place as ordered.</p> <p>Neither the Foley leg strap nor the accompanying anchor had been applied, until after surveyor inquisition/intervention.</p> <p>On 05/22/24 at 11:40 AM, the Director of Nursing (DON) acknowledged the absence of both the Foley leg strap and anchor for Resident #25, that both should have been in place as ordered and this was not done.</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36734</p> <p>Based on observation, interview, and record review, the facility failed to administer pain medicine as ordered for 1 of 4 sampled residents reviewed for pain (Resident #85).</p> <p>The findings included:</p> <p>Record review revealed Resident #85 was admitted to the facility on [DATE]. Review of the comprehensive assessment dated [DATE] documented the resident was cognitively intact and required partial / moderate assistance with activities of daily living (ADLs).</p> <p>Record review documented Resident #85 was care planned for pain and had interventions in place to assess and document pain and monitor effectiveness of interventions.</p> <p>An interview was conducted with Resident #85 on 05/21/24 at 12:00 PM. The resident stated he was only getting Tylenol for pain, and it was not effective.</p> <p>Record review revealed an order of 05/03/24 for Oxycodone 5 milligrams (mg) every 4 hours as needed for acute pain on a scale of 5-10 out of 10. Further review of the resident's orders revealed an order for Extra Strength Tylenol 500 mg every 6 hours as needed for pain level 3-10.</p> <p>A secondary interview was conducted with Resident #85 on 05/22/24 at 12:30 PM. Resident #85 acknowledged he had pain medicine Oxycodone ordered for pain, but stated the medication had not been available for some time. Resident #85 stated the pain medication had to be reordered and had not come from pharmacy.</p> <p>A review of Resident #85's Medication Administration Record (MAR) revealed the last time the resident was medicated with Oxycodone was on 05/17/24. Further review of the MAR revealed the resident was medicated with Tylenol Extra Strength on 05/17/24, 05/18/24, 05/19/24, 05/20/24, and 05/21/24. Prior to 05/17/24, the resident had not received Tylenol Extra Strength.</p> <p>A review of Resident #85's Medication Monitoring / Control Record revealed the resident ran out of Oxycodone medication on 05/17/24.</p> <p>An interview was conducted with Staff Z, Licensed Practical Nurse / LPN, on 05/22/24 at 12:50 PM. Staff Z stated she realized Resident #85 was out of his pain medication Oxycodone on 05/21/24, and had gotten a prescription and was awaiting the medication to be delivered from pharmacy. Staff Z did not have an explanation as to why the resident was without the pain medication since 05/17/24.</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** 38349</p> <p>Based on review of policy and procedure, observation, interview and record review, the facility failed to ensure it secured and locked two (2) over-the-counter (OTC) medications and one (1) prescription medication for 3 of 3 sampled residents observed, Resident #63, Resident #79 and Resident #73; and failed to promptly discard one (1) expired OTC medication and one (1) prescription medication for 2 of 3 sampled residents, Resident #63 and Resident #79.</p> <p>The findings included:</p> <p>Review of the facility policy and procedure on 05/23/24 at 11:23 AM, titled, Storage of Medications, provided by the Assistant Director of Nursing (ADON), reviewed May 2022, documented, in part, in the Policy Statement: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications .Procedures: .B. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) are permitted to access medications. Medication rooms, carts and medication supplies are locked when not attended by persons with authorized access .All expired medications will be removed from active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner.</p> <p>1. Record review revealed Resident # 79 was admitted to the facility on [DATE] with diagnoses that included Syncope and Collapse, Cerebrovascular Disease, Urinary Tract Infection, Hypertension, Gastroesophageal Reflux Disease and Epilepsy. The record documented a Brief Interview Mental Status (BIMS) score of 13, indicating cognition was intact.</p> <p>During an initial observational tour conducted on 05/20/24 at 9:57 AM, Resident # 79's room was noted to have a used expired bottle of prescription 10 ml Bausch & Lomb Neomycin Polymyxin B Sulfate and Hydrocortisone Otic Suspension drops with an expiration date of 04/16, located atop the resident's bedside dresser tabletop. It was visible, unsecured and accessible to other residents, staff members and visitors.</p> <p>During a brief interview conducted on 05/20/24 at 9:59 AM with Resident #79 regarding the Otic drops, she stated that she brought the Otic drops from home. She also stated that she uses them every day, if needed.</p> <p>Photographic Evidence Obtained.</p> <p>On 05/20/24 at 3:11 PM, Resident # 79's room was still noted to have the used expired bottle of prescription 10 ml Bausch & Lomb Neomycin Polymyxin B Sulfate and Hydrocortisone Otic Suspension drops located atop the resident's bedside dresser tabletop.</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>An interview was conducted on 05/22/24 at 12:04 PM with Resident #79's nurse, Staff D, Licensed Practical Nurse (LPN), regarding the prescription Otic drop medication bottle observed on Resident #79's bedside table. Staff D acknowledged the medication Otic drop bottle should not have been there. Staff D added this resident does not self-administer any of her own medications and was not assessed to be able to do so.</p> <p>A side-by-side record review was conducted with Staff D, in which it was noted that neither Resident #79's hard copy chart nor her computerized Point-Click-Care (PCC) medical record indicated that the resident had any self-assessment completed in order for her to be able to administer her own medications.</p> <p>On 05/22/24 at 10:06 AM an interview was conducted with Staff D, in which she stated there are only two (2) individual packet types of House stock barrier cream (Periguard Ointment Skin Protectant with Vitamins A, D, E, Aloe Vera and Zinc) or Derma - Fungal Antifungal Cream with 2% Miconazole Nitrate, that the facility utilizes. Staff D added they are kept in the locked Treatment cart and it is distributed to the Certified Nursing Assistants (CNAs) to apply to the residents who have orders for it. Staff D further stated any unused packets of either barrier cream type would be discarded.</p> <p>There was no order on Resident #79's Medication Administration Record (MAR) or Treatment Administration Record (TAR) for this prescription Otic drop medication to be administered to this resident.</p> <p>2. Record review revealed Resident # 63 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's Disease, Dementia, Malignant Neoplasm of Brain, Nondisplaced Intertrochanteric Fracture of Right Femur and Hypertension. The record documented a Brief Interview Mental Status (BIMS) score of 12, indicating moderate cognitive impairment.</p> <p>During a subsequent observational tour conducted on 05/20/24 at 11:08 AM, Resident # 63's room was noted to have a used expired bottle of OTC Tums with an expiration date of March 2024 located in the second drawer of a small portable rolling cart in her room just across from her bed. It was visible, un-secured and accessible to other residents, staff members and visitors.</p> <p>Photographic Evidence Obtained.</p> <p>On 05/20/24 at 3:29 PM, Resident #63's room was still noted to have the used expired bottle of OTC Tums located in the second drawer of a small portable rolling cart in her room just across from her bed.</p> <p>On 05/21/24 at 11:58 AM, Resident #63's room was still noted to have the used expired bottle of OTC Tums located in the second drawer of a small portable rolling cart in her room just across from her bed.</p> <p>On 05/21/24 at 4:07 PM, Resident #63's room was still noted to have the used expired bottle of OTC Tums located in the second drawer of a small portable rolling cart in her room just across from her bed.</p> <p>During a brief interview conducted on 05/21/24 at 4:15 PM with Resident #63, regarding the Antacid tablets, she stated that she brought the Antacids from home, and she uses them all the time, every day, if needed.</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>An interview was conducted on 05/22/24 at 12:25 PM with the ADON (Assistant Director of Nursing) , regarding both the OTC and prescription medications observed on Resident #79's bedside table. He acknowledged the OTC and prescription medications should not have been there.</p> <p>The jar of House stock OTC medicated cream ointment was not removed from this resident's bedside until after surveyor intervention.</p> <p>On 05/22/24 at 2:28 PM, the Director of Nursing (DON) further acknowledged and recognized that the OTC and prescription medications should not have been left at either of the resident's bedsides. The DON indicated that all expired medications are to be promptly discarded. She further indicated that the medications should be kept locked at all times. This was not done.</p>		

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NAME OF PROVIDER OR SUPPLIER Springtree Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4251 Springtree Drive Sunrise, FL 33351	
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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>01948</p> <p>Based on observation, interview, and record review, the facility failed to prepare food in a pureed form designed to meet the needs of 2 of 4 sampled residents of 7 residents with physician ordered pureed diets, Residents #40 and #58, and that included sampled residents, Residents #20, and #373, who were on pureed diets. The census at the time of survey was 108 residents.</p> <p>The findings included:</p> <p>During the review of the facility's Level 4 Pureed Diet, the following were noted:</p> <p>a. Grains - Recommend Pureed soft-cooked hot cereals smooth with no lumps. Served without excess liquid. Do not serve any cooked cereal that is not pureed and has no lumps.</p> <p>b. Pasta - Recommend Pureed moist pasta without lumps. Liquids / sauces do not separate from food. Do not serve and cooked pasta that is not pureed and has no lumps.</p> <p>1. During the observation of the lunch meal in the main dining room on 05/20/24 at 12:30 PM, it was noted that Resident #40 was served a Pureed Diet. Further observation noted that the pureed Spaghetti was not smooth in texture and there were visible lumps. At the request of the surveyor, a test tray of the pureed lunch meal was requested. The surveyor requested the facility administrator to taste test the pureed meal. The test revealed that the pureed Spaghetti was not smooth in texture and contained numerous lumps and was validated by the Administrator. It was noted that the Administrator went into the kitchen and requested that the pureed spaghetti be prepared to the proper smooth consistency without lumps.</p> <p>2. During the observation of the breakfast meal on 05/22/24 at 8:15 AM, it was noted that the food tray was served to the room of Resident #58. Observation of the pureed tray noted that the Oatmeal was not smooth in consistency and lumps could be observed. At the request of the surveyor, he met the administrator in the main kitchen to taste test the cooked Oatmeal. The tasting was confirmed, by the surveyor and Administrator, that the cooked Oatmeal was not smooth in consistency and lumps could be tasted in the pureed mixture. The Administrator stated to the surveyor the issues would be corrected immediately.</p> <p>During the review of the facility's Diet Census for 05/20/24, it was noted that there were currently 7 facility residents with physician ordered Pureed Diet which included sampled Resident's #20, #40, #58, and #373.</p> <p>50895</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>01948</p> <p>Based on observation and interview, the facility failed to store, prepare, distribute, and served food in accordance with professional standards for food services safety.</p> <p>The findings included:</p> <p>1. During the initial observation tour conducted of the Main Kitchen on 05/20/24 at 9:00 AM and accompanied with the facility cook supervisor (Staff G), the following were noted:</p> <p>(a) A soiled rag was located on the clean food preparation counter next to the commercial toaster. The surveyor informed Staff G that all cleaning cloths must be stored within a chemical sanitizing solution when not in use.</p> <p>(b) The floor area located in front of the commercial toaster and food preparation counter was noted to have numerous missing tiles and holes (3).</p> <p>(c) The ceiling vent located outside of the paper / disposable room was noted to be soiled and dust laden.</p> <p>(d) Observation of the paper / disposable room noted to have freezer jackets that were hanging on shelving and coming into contact with paper / disposable goods. The surveyor informed Staff G that the jackets are soiled and sweaty and are contaminating disposable supplies (cups, bowls napkins, etc.).</p> <p>(e) The ceiling mounted light located in the pantry room was noted to have a broken / cracked cover and could possibly allow pieces of plastic fall into foods stored within the room.</p> <p>(f) The hallway located outside of the walk-in freezer was noted to have cleaning equipment (broom, dust pans, etc.) leaning up against shelving of which potatoes and onions were being stored. The surveyor informed Staff G that soiled cleaning equipment could come into contact with fresh foods.</p> <p>(g) The pot & pan storage racks / shelving were noted to house skillets and pans that were soiled and covered with black carbon. The pans were also noted to have water that was not drained properly after washing. The surveyor requested to Staff G that the food preparation equipment be replaced.</p> <p>(h) Observation of the Artic Aire Reach-in Refrigerator #1 was noted to have 8 internal food storage shelves the were rust laden and had the plastic coating peeling off. The surveyor requested that the shelving be replaced.</p> <p>(i) Observation of the dish machine room noted that soiled water and garbage were backing up and out of the machine into the clean dish run area. The surveyor informed Staff G that the clean dish exiting the machine was becoming contaminated from the waste water from the dish machine.</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>(j) The stainless steel dish runs leading up to the dish machine were noted to have caulking to the walls that had a black mold type matter, The surveyor requested that the molded caulking be removed.</p> <p>(k) Observation of the dish machine room noted to have clean dish racks that were being stored directly on the soiled dish room floor. Further observation noted that the racks were soiled, stained, in disrepair, and in need of replacement.</p> <p>(l) Observation of the commercial meat slicer was noted to have particles of dried food debris around the slicing blade. It was discussed with Staff G that the slicer was not being properly cleaned and sanitized after each use.</p> <p>(m) Observation of the commercial ovens (2) noted that the interior cavity was covered with a black carbon coating. The surveyor informed Staff G that the ovens are not being cleaned and maintained on a regular basis.</p> <p>(n) The kitchen utility cart located in the food preparation area was noted to have metal shelving (3) that was rust laden and in need of replacement.</p> <p>2. During an observation tour of the facility's pantry kitchens conducted on 05/21/24 at 2:00 PM with the Assistant Director of Nursing (ADON), the following were noted:</p> <p>a. The refrigerator located within the 100 Unit pantry was noted to have torn gaskets on both the freezer and refrigerator doors.</p> <p>b. The refrigerator located in the 200 Unit pantry was noted to have a large tear in the freezer door. It was also noted that the carton of portion control milk (8 ounces) was opened for use and placed back into the refrigerator. It was also noted that a bottle of soda was open, partially empty (drank from) and placed back into the refrigerator.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38893</p> <p>Based on observations, interviews and record review, the facility failed to implement Enhanced Barrier Precautions (EBP) per Centers for Disease Control (CDC) guidelines and facility policies and procedures for 10 of 10 sampled residents reviewed for Transmission-based precautions, Residents #18, #20, #33, #60, #77, #85, #92, #327, #334, and #371. The census at the time of survey was 108 residents.</p> <p>The findings included:</p> <p>Review of the Center for Disease Control (CDC) guidance for Enhanced Barrier Precautions (EBP), documented, in part, the following:</p> <p>When implementing Contact Precautions or Enhanced Barrier Precautions, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. To accomplish this:</p> <p>o Make PPE [Personal Protective Equipment], including gowns and gloves, available immediately outside of the resident room.</p> <p>The guidance for the Enhanced Barrier Precautions is located at: CDC_Implementation_Of_Personal_Protective_Equipment_(PPE)_Use_In_Nursing_Homes_To_Prevent_Spread_Of_Multidrug-resistant_Organisms_(MDROs).</p> <p>Review of the facility's policy, titled, Enhanced Barrier Precautions, with a reference date of 04/01/24, documented, in part:</p> <p>Policy:</p> <p>It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>3. Implementation of Enhanced Barrier Precautions:</p> <p>a. Make gowns (may be reusable gowns) and gloves available immediately near or outside of the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray (i.e. wound irrigation, tracheostomy, etc.).</p> <p>b. PPE (Personal Protective Equipment) for enhanced barrier precautions is only necessary when performing high-contact car activities and may not need to be donned prior to entering the resident's room.</p> <p>4. High-contact resident are activities include:</p> <p>a. Dressing</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>b. Bathing</p> <p>c. Transferring</p> <p>d. Providing hygiene</p> <p>e. Changing linens</p> <p>f. Changing briefs or assisting with toileting</p> <p>g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes</p> <p>h. Wound care: any skin opening requiring a dressing.</p> <p>During a unit-by-unit tour of the facility on 05/20/24 at 10:18 AM, it was noted that there was a total of 9 resident rooms that had signage at the entrance to the rooms that informed staff and visitors that the resident / residents in the room were on 'Enhanced Barrier Precautions' (EBP). These rooms were observed to be the resident rooms of Residents #18, #20, #33, #60, #77, #85, #92, #327, #334, and #371. Further observation revealed that there was no personal protective equipment (PPE) at or near the entrance to the rooms.</p> <p>During an interview, on 05/20/24 at 10:20 AM, during the unit-by-unit tour, with Staff D, Licensed Practical Nurse (LPN), when asked about the availability of gowns for the residents on EBP, Staff D replied, they usually bring it out to here (referring to a clean linen cart on the unit). We have masks at the nurse's station and gloves in the residents' rooms.</p> <p>During an interview, on 05/20/24 at 10:30 AM, during the unit by unit tour, with Staff I, Registered Nurse (RN), when asked about the availability of gowns for the residents on EBP, Staff I replied, the gowns are kept on the cart and gloves are on the nurse's carts and in the residents' bathrooms, gowns are on the linen carts (referring to the linen carts that were placed outside in the halls) and by the nurse's station.</p> <p>During the tour, the following observations were made:</p> <p>On the 100 unit:</p> <p>a. The hall that included Rooms #100 to 109, had a linen cart placed outside of room [ROOM NUMBER] that contained no gowns.</p> <p>b. The hall that included Rooms #111 to 119, had a linen cart placed outside of room [ROOM NUMBER] that contained 1 gown.</p> <p>c. The hall that included Rooms #121 to 131, had a linen cart placed outside of room [ROOM NUMBER] that contained no gowns.</p> <p>On the 200 unit</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>d. The hall that included Rooms #201 to 210, had a linen cart placed outside of room [ROOM NUMBER] that contained no gowns.</p> <p>e. The hall that included Rooms #211 to 220, had a linen cart placed outside of room [ROOM NUMBER] that contained no gowns.</p> <p>f. The hall that included Rooms #221 to 230, had a linen cart placed outside of room [ROOM NUMBER] that contained no gowns.</p> <p>During a unit-by-unit tour of the facility, on 05/21/24 at 7:40 AM, the following observations were noted:</p> <p>a. On the 100 unit, the hall that included Rooms 111 to 119, had a linen cart outside of room [ROOM NUMBER] that had one gown. The remaining carts on the other two halls contained no gowns.</p> <p>b. On the 200 unit, the hall that included Rooms #221 to 231, had a linen cart placed outside of room [ROOM NUMBER] that contained an unopened package of ten disposable gowns. The remaining carts on the other two halls contained no gowns.</p> <p>During an interview, on 05/22/24 at 10:36 AM, with Staff J, Certified Nursing Assistant (CNA) when asked about the availability of gowns for residents on EBP, Staff J stated that they were kept at a cart at the nurse's stations. Staff J also stated that there was no other place where the gowns would be stored.</p> <p>During an interview, on 05/22/24 at 12:12 PM, with the Wound Care Nurse, when asked about the facility's policy for PPE, the Wound Care Nurse replied, "if they have a wound they have EBP, we have to wear a yellow gown, when CNAs are providing care and when I am taking care of the wound and residents with a Foley catheter. If they have an IV (intravenous) or a PICC (peripherally inserted central catheter) line and the nurses are hanging the fluids, they have to wear the yellow gown as well. There is a cart by the desk, they put them [gowns] in there. They have the disposable ones and the ones that get washed. The washable and reusable ones are kept in a cart at the nurse's stations.</p> <p>During an interview, on 05/23/24 at 10:51 AM, with the Infection Preventionist (IP), when asked about the facility's policy for providing PPE for residents on EBP, the IP replied, we started them off in the linen carts, the main ones that are on the floor and moved them from the large carts to the small carts on each unit. Housekeeping said that there was not enough room on the big cart so they brought them straight to the small carts that are on the individual units. At the conclusion of the interview, the IP was made aware of the findings and the carts that had been void of gowns during the three tours of the facility.</p>		