

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 03/01/2025  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>106109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>12/19/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Kindred Hospital South Florida Hollywood                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1859 Van Buren St<br>Hollywood, FL 33020 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                 |
| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38893</p> <p>Based on observations and interviews, the facility failed to provide Maintenance and Housekeeping services to provide a clean and home like environment for residents in 14 of 17 rooms, in the corridor, at the nursing station, and the Supply Room.</p> <p>The findings included:</p> <p>During the initial pool process, beginning on 12/16/24 at 10:12 AM, the following were noted:</p> <p>In room [ROOM NUMBER], a portion of the wall, at the left of the air conditioning unit, the surface was missing, exposing the unfinished surface underneath the paint.</p> <p>In room [ROOM NUMBER], a portion of the wall to the right of the entrance inside of the room, the painted surface was missing, exposing the unfinished surfaces underneath the paint.</p> <p>In room [ROOM NUMBER], the painted surface of the door was chipped at the lower right side of the entrance door, exposing the surface underneath, and there was an accumulation of dust on the air conditioning vent inside of the entrance to the room.</p> <p>During a room-by-room tour of the facility, beginning on 12/17/24 at 9:28 AM, the following were noted:</p> <p>In room [ROOM NUMBER], there was an accumulation of dust on the air conditioning vent inside of the room entrance and in the restroom.</p> <p>In room [ROOM NUMBER], there was an accumulation of dust on the air conditioning vent inside of the room entrance.</p> <p>In room [ROOM NUMBER], there was an accumulation of dust on the air conditioning vent inside of the room entrance.</p> <p>In room [ROOM NUMBER], there was an accumulation of dust on the air conditioning vent inside of the room entrance.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                            |
| <hr/>                                                                    |                         |                                      |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>106109 | If continuation sheet<br>Page 1 of 9 |

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| F 0584<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Some                        | <p>In room [ROOM NUMBER], there was an accumulation of dust on the air conditioning vent inside of the room entrance.</p> <p>In room [ROOM NUMBER], the painted surface of the door was chipped on the lower right side of the room entry door.</p> <p>In room [ROOM NUMBER], there was an accumulation of dust on the air conditioning vent inside of the room entrance.</p> <p>In room [ROOM NUMBER], there was an accumulation of dust on the air conditioning vent inside of the room entrance.</p> <p>In room [ROOM NUMBER], there was an accumulation of dust on the air conditioning vent inside of the room entrance.</p> <p>In room [ROOM NUMBER], there was a black moldlike substance on a ceiling tile to the left of the air conditioning vent inside of the room entrance.</p> <p>At the nurse's station, there was an accumulation of dust on the air conditioning vent and several ceiling tiles were stained, indicating that moisture had penetrated the tiles.</p> <p>The handrail between room [ROOM NUMBER] and #224, to the left of an electrical panel was cracked in a manner that created multiple sharp splinters and jagged points.</p> <p>The handrail outside of the Equipment and Supply Storage Room was detached from the wall.</p> <p>During the environmental tour, on 12/18/24 at 11:00 AM, accompanied by the Facility Manager, the Facility Manager acknowledged the findings.</p> <p>During an observation of the Equipment and Supply Storage Room on 12/18/24 at 2:40 PM, it was noted that the paint was chipped on the bases of the two (2) Hoyer lifts that were stored in the room. It was also noted that the covers on the motors of both Hoyer lifts were cracked and damaged.</p> <p>When the concern was brought to the attention of the Maintenance Director on 12/18/24 at 2:51 PM, the Maintenance Director acknowledged the findings and stated that the concerns would be addressed.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38349</p> <p>Based on review of policy and procedure, observation, interview and record review, the facility failed to secure two (2) ordered prescription medications during a Medication Administration Observation for Resident #25, secured two (2) un-ordered prescription eye drop medications during an observational room tour for Resident #4, secure a Wound Care Treatment Cart #2; and, the facility failed to promptly discard nine (9) expired treatment gauze dressings, noted during a Wound Care Treatment Cart storage observation.</p> <p>The findings included:</p> <p>Record review of the facility policy and procedure titled, Storage and Expiration Dating of Medications and Biologicals revised on [DATE], and provided by the Director of Nursing (DON) documented in the Policy Statement: Policy 5.3 sets forth the procedures relating to the storage and expiration dates of medications, biologicals, syringes, and needles. Procedure: .1. Facility should ensure that only authorized facility staff, as defined by facility, should have possession of the keys, access cards, electronic codes, or combinations which open medication storage areas. Authorized staff may include nursing supervisors, charge nurses, licensed nurses, and other personnel authorized to administer medications in compliance with applicable law .5. Facility should ensure all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors .10. Facility should ensure medications and biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separate from other medications until destroyed or returned to the pharmacy or supplier .14. Facility should ensure resident medication and biological storage areas are locked .19.2 Facility should store bedside medications or biologicals in a locked compartment within the resident's room [ROOM NUMBER]. Facility should destroy or return all discontinued, outdated/expired, or deteriorated medications or biologicals in accordance with pharmacy return/destruction guidelines and other applicable law, and in accordance with Policy .</p> <p>1) Resident #25 was admitted to the facility on [DATE] with diagnoses which included Multiple Sclerosis, Fractured Shaft of Left Tibia, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Hypertension. According to the resident's Admission MDS (Minimum Data Set) assessment dated [DATE], he had a BIMS (Brief Interview Mental Status ) score of 14 (cognitively intact).</p> <p>On [DATE] at 9:36 AM, during a Medication Administration Observation for Resident #25, with Staff B, a Registered Nurse (RN), she was observed leaving two (2) prescription pill medications in a cup unattended on the resident's bedside table with the resident. Staff B left the room for almost five (5) minutes or more, to retrieve water for the resident from the nurses' station down the hallway, with the medications out of her line of sight.</p> <p>On [DATE] at 9:38 AM, during interview with Staff B, she acknowledged that the prescription pill medications should not have been left unattended and she said that she should have kept the medication secured, at all times.</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>2) Resident #4 was admitted to the facility on [DATE] with diagnoses which included Periprosthetic Fracture around Prosthetic Hip, Atherosclerotic Heart Disease, Major Depressive Disorder, Hypertension and Inflammation of Eyelid. According to the resident's Admission MDS dated [DATE], she had a BIMS score of 14 (cognitively intact).</p> <p>On [DATE] at 11:30 AM, during an observational room tour for Resident #4, it was noted that there were two (2) prescription eye drops including, 1) Loteprednol Etabonate Ophthalmic Suspension) 0.25% with an expiration date of ,d+[DATE] and 2) Tobramycin 0.3% and Dexamethasone 0.1% with an expiration date of [DATE], both located in a cup atop the resident's overbed table, which were left unattended and accessible to other residents, staff members and visitors (Photographic Evidence Obtained).</p> <p>On [DATE] at 11:42 AM, a brief interview was conducted with Resident #4 regarding the two (2) prescription eye drops observed on her table. She stated that they were both from her home and she uses them when needed if her eyes are tired or for dry eye.</p> <p>On [DATE] at 3:22 PM, [DATE] at 9:50 AM, and [DATE] at 3:28 PM, it was noted that the two (2) prescription eye drops both remained in a cup atop the resident's overbed table.</p> <p>An interview was conducted on [DATE] at 11:05 AM simultaneously with both Staff D and the DON (Director of Nursing), regarding the prescription eye drop medication bottles observed on Resident #4's bedside table. They both acknowledged that the two (2) prescription eye drop medication bottles should not have been left, unsecured at the resident's bedside.</p> <p>During an interview conducted on [DATE] at 11:14 AM, with the DON, she indicated that Resident #4 does not self-administer any of her own medications and neither was she assessed by the Interdisciplinary Team (IDT) to be able to self-administer.</p> <p>A side-by-side record review conducted with the DON, indicated that Resident #4's hard copy chart nor her computerized 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>There was no order on file in Resident #4's Medication Administration Record (MAR), nor any orders on the Treatment Administration Record (TAR) for the two (2) prescription eye drop medications: Loteprednol Etabonate Ophthalmic Suspension) 0.25% and 2) Tobramycin 0.3% and Dexamethasone 0.1%, to be administered to this resident.</p> <p>The bottles of two (2) prescription eye drops were not removed from Resident #4's bedside, until after surveyor inquisition.</p> <p>3) On [DATE] at 9:49 AM, during walking rounds on the North end of the unit, it was observed that there was Wound Care Treatment Cart #2 was left unattended and unsecured in the hallway. (Photographic Evidence Obtained).</p> <p>4) During a Wound Care Treatment Cart #2 Observation conducted on [DATE] at 9:51 AM with Staff C, an RN, it was observed that there were nine (9) expired Skin Integrity Hydrogel Impregnated Gauze packets, all with expiration dates of ,d+[DATE], located in the 3rd drawer, of Wound Care Treatment Cart #2. (Photographic Evidence Obtained).</p> <p>(continued on next page)</p> |                                                                                       |                                                 |

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| F 0761<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>On [DATE] at 10:52 AM, an interview was conducted with Staff C, regarding the unlocked Wound Care Treatment Cart. The nurse quickly locked the Wound Care Treatment Cart, in the presence of the Surveyor, and she acknowledged that the Wound Care Treatment Cart should have been locked and the expired Skin Integrity Hydrogel Impregnated Gauze packets, should all have been promptly discarded.</p> <p>On [DATE] at 12:42 PM, the DON further acknowledged and recognized that the prescription medications should not have been left at either of the resident's bedsides which were unsecured and unattended, the Wound Care Treatment cart should not have been left unlocked and unattended, and the expired gauze treatment dressings should have been discarded. This was not done.</p> |                                                                                       |                                                 |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>38893</p> <p>Based on observations, interviews and record reviews, the facility failed to serve lunch according to the menu and recipe on 12/18/24, with the potential to affect 26 residents that eat by mouth from the kitchen.</p> <p>The findings included:</p> <p>The lunch menu for 12/18/24 documented that residents would be served fried shrimp with waffle fries, and the alternate as baked fish.</p> <p>The recipe for fried shrimp (no reference date), provided by the Culinary Director, documented that one portion of fried shrimp would consist of 6 shrimp that would equal a 4-ounce serving.</p> <p>The recipe for the baked fish (no reference date), provided by the Culinary Director, documented that one portion of the fish would equal a 4-ounce serving.</p> <p>The production sheet for the meal, provided by the Culinary Director, documented that residents would receive 6 fried shrimp for a total weight of 4 ounces or one piece of baked fish that should weigh 4 ounces.</p> <p>During an observation of lunch being assembled in the main kitchen, on 12/18/24 at 11:53 AM, accompanied by the Culinary Director, Staff A, the [NAME] was observed placing 4 pieces of fried shrimp on a plate for staff to cover and place in the cart for the residents in the dining/activity room. Upon the request of the surveyor, Staff A placed 4 pieces that represented a serving of fried shrimp on the calibrated kitchen scale and the shrimp weighed 2 ounces.</p> <p>Staff A then placed one piece of the baked fish on a plate for staff to cover and place in the cart. At the request of the Surveyor, Staff A placed one piece of the baked fish that represented a serving of fish on the calibrated kitchen scale and the fish weighed 2 ounces.</p> <p>Staff A then placed one scoop of mechanically altered shrimp on a plate for staff to cover and place in the cart. At the request of the Surveyor, Staff A placed one scoop of the mechanically altered shrimp that represented one serving on the calibrated kitchen scale and the mechanically altered shrimp weighed 2 ounces.</p> <p>During an interview, on 12/18/24 at approximately 12:30 PM, when the Culinary Director was asked about the amount to be served, she stated that the residents were to be served 4 ounces of the protein for the meal being observed. The Culinary Director acknowledged that the residents were not being served according to the menu, prior to Surveyor intervention.</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>106109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>12/19/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Kindred Hospital South Florida Hollywood                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1859 Van Buren St<br>Hollywood, FL 33020 |                                                 |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38349</b></p> <p>Based on review of policy and procedure, observation, interview and record review, the facility failed to ensure it cleaned and sanitized a multi-use Glucometer machine in-between resident use during a Glucometer Observation, for 1 of 1 sampled resident observed, Resident #18; and failed to promptly discard outdated/expired resident sample laboratory blood/biological specimen tubes left, unaddressed, in the Soiled Utility Room refrigerator.</p> <p>The findings included:</p> <p>1. Record review of the facility policy and procedure, titled, Blood Glucose Monitoring using a NovaStat Strip Glucometer, provided by the Director of Nursing (DON) release date, d+[DATE], documented in the Policy Statement: [NAME] Subacute Units monitors blood glucose monitoring according to Physician's Orders . Rational: Blood glucose tells what the blood glucose level is at any given time and is the main tool to monitor Diabetes control. Good control means that the patient gets as close to normal (non-Diabetic) blood glucose level as possible .Patient Testing: .3. Place cleaned machine on barrier on table/cart 25. Clean the Glucometer using a germicidal wipe between each patient. Allow appropriate contact time according to manufacturer's recommendations for the germicidal wipe being used .</p> <p>Record review revealed Resident #18 was admitted to the facility on [DATE] with a diagnosis which included Diabetes Mellitus Type II. He had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition.</p> <p>Record review of the Resident #18's Care plan reviewed [DATE] indicated Focus: Prone to Alteration in Blood Sugar (Hypoglycemia / Hyperglycemia). Interventions: Fasting Serum Blood Sugar as ordered by Doctor .Goal: Resident #18 will be free from any signs/symptoms of Hypoglycemia through review date</p> <p>During an Accucheck Observation conducted on [DATE] at 11:52 AM, Staff B, Registered Nurse (RN), for Resident #18, Staff B was not observed as having first cleaned and sanitized the Stat Strip Nova Medical Glucometer machine prior to nor after resident use. The non-specific multi-resident use re-usable Glucometer machine, was first observed as visibly smudged, sitting atop Team-two (2)'s medication cart, uncovered, exposed and out of the nurses' field of vision for a period of more than fifteen minutes. The Glucometer machine had been previously left out and accessible to residents, staff members and visitors. Afterwards, Staff B was observed placing the used Glucometer machine directly into the top drawer of the Team two (2) Medication cart, uncovered, and without being cleaned and sanitized.</p> <p>Staff B then sanitized her hands and donned a clean pair of gloves and proceeded to take Resident #18's blood sugar level (BSL) from the right-hand thumb finger. The BSL result was 216 mg/dl. Staff B threw the used lancets into the sharp's container, removed her gloves and washed her hands for approximately , d+[DATE] seconds.</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 - Few</p>                     | <p>Next, Staff B removed those gloves primed the ordered insulin pen coverage for the resident. Resident #18 had Lispro insulin pen three (3) units ordered. Staff B dialed up the correct amount of insulin after first wiping on the top with an alcohol wipe, explained to the resident what she was going to do, wipe the upper right thigh with alcohol, and administered the insulin to the resident after having washed her hands again for 35 40 sec. Staff B then discarded the used syringe into the sharp's container.</p> <p>During an interview conducted on [DATE] at 12:08 PM with Staff B, she was asked about cleaning the Glucometer. Staff B stated the Glucometer was multi-use for other residents as well. She acknowledged and confirmed she had not cleaned the Glucometer before nor after this resident use, when she should have done so. She stated that normally she does clean the Glucometer with the Sani-cloth wipes.</p> <p>The Treatment Administration (TAR) documented, Monitor Blood Glucose as needed.</p> <p>The Glucometer machine was not cleaned and sanitized by nursing staff, at that time, until after surveyor intervention.</p> <p>The DON recognized and acknowledged on [DATE] at 3:40 PM that the Glucometer was to be cleaned and sanitized before and after resident use. This was not done.</p> <p>2. Record review of the facility policy and procedure, titled, Storage and Expiration Dating of .Biologicals, provided by the Director of Nursing (DON), revised [DATE], documented in the Policy Statement: Policy 5.3 sets forth the procedures relating to the storage and expiration dates of .biologicals Procedure: .5. Facility should ensure all .biologicals, . are securely stored .10. Facility should ensure .biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separate .until destroyed or returned to the .supplier .22. Facility should destroy or return all discontinued, outdated/expired, or deteriorated . biologicals in accordance with .destruction guidelines and other applicable law, and in accordance with Policy .</p> <p>An observation was made of the Soiled Utility Room on [DATE] at 11:34 AM with the DON. It was noted that there were four (4) blood / biological specimen laboratory tubes all appearing to be filled with old blood / biological-like samples being stored and kept in the Soiled Utility Room's refrigerator, as follows: 1. Is labeled with the name of former Hemodialysis resident, who had been discharged to the Hospital on [DATE]; with a Hemoglobin (Hbg) level less than &lt;7) and an outdated/expired collection date of [DATE]; 2. The other three (3) blood tubes were not labeled with any specific resident's name, date, nor room#. There was only an accompanying face sheet for the former resident, who had been discharged to the Hospital on [DATE]; with a [NAME] Blood Cell Count (WBC) of 30.4.</p> <p>On [DATE] at 10:10 AM, the surveyor and the DON jointly conducted an interview with Staff E, RN, Director of Outpatient Clinical Services, with the Dialysis Center, who provides in-facility dialysis services to the residents on-site. Staff E was interviewed about the four (4) blood/biological specimen laboratory tubes that had been left in the soiled utility room and unaddressed. Staff E stated these blood / biological sample tubes were placed in the refrigerator by a former staff member. She stated that she was not aware that any of these expired and outdated blood / biological samples tubes had been left in the facility's refrigerator.</p> <p>(continued on next page)</p> |                                                                                       |                                                 |



Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| F 0880<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>The four (4) laboratory blood / biological sample tubes were not promptly discarded, until after surveyor intervention.</p> <p>The DON further recognized on [DATE] at 11:43 AM that all four (4) laboratory blood sample tubes had been previously collected from two (2) former Hemodialysis residents. She acknowledged these four (4) blood/biological specimen tubes were outdated or expired, not properly labeled, dated or secured, and they should have been promptly removed and not left there.</p> |                                                                                       |                                                 |