STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106149	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Ridge Health and Rehabilitation Center	6517 NW 39th Avenue Gainesville, FL 32606

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50123 Based on record review and interview, the facility failed to complete comprehensive assessments for the Admission Minimum Data Set (MDS) for 4 of 9 residents reviewed, Residents #41, #57, #112, and #176. Findings include: 1) Review of Resident #41's admission record documented an admitted [DATE]. Review of Resident #41's MDS Entry assessment dated [DATE] documented a status of accepted. There was no documentation of a completed or accepted Medicare 5-day assessment. Review of Resident #176's admission record documented an admitted [DATE]. Review of Resident #176's MDS Entry assessment dated [DATE] documented a status of accepted. There was no documentation of a completed or accepted Medicare 5-day assessment. Review of Resident #112's admission record showed the resident was admitted on [DATE] and discharged home on 8/16/2024. Review of Resident #112's electronic medical records showed no discharge MDS completed. During an interview on 12/5/2024 at 10:00 AM, the Regional MDS Coordinator stated, The admission assessment should be opened between days one and eight. It was opened this morning. It should be completed by day 14. When asked if Resident #41 and Resident #176's admission assessments were in compliance with date requirements, the MDS Coordinator stated, It was not opened between days one and eight, so no. The Regional MDS Coordinator confirmed that discharge MDS assessment was not completed for Resident #112 and stated, We have 21 days after discharge to complete the Discharge MDS. 50695 2) Review of Resident #57's progress notes showed the resident was discharged home with his daughter on 8/20/2024. (continued on next page)

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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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #57's electronic medical records showed no discharge MDS completed for the discharge on 8/20/2024. During an interview on 12/5/2024 at 10:22 AM, the Regional MDS Coordinator stated, [Resident #57's name] does not have a discharge [MDS Assessment] for 8/20 [2024], but he should have one.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39371 Based on record review and interview, the facility failed to ensure resident assessments were accurate for 2 of 7 residents reviewed, Residents #27, and #90. Findings include: 1) Review of Resident #90's admission record showed the resident was initially admitted on [DATE] and readmitted on [DATE]. Review of Resident #90's Quarterly Minimum Data Set (MDS) assessment dated [DATE] showed the resident is receiving anticoagulant medication under Section N0415- High-Risk Drug Classes: Use and Indication. Review of Resident #90's physician orders showed an order for Eliquis Oral Tablet 2.5 milligram by mouth twice daily for DVT (Deep Vein Thrombosis) with the start date of 9/7/2024 and end date of 10/7/2024. There was no active order for anticoagulant medication. During an interview on 12/5/2024 at 10:36 AM, the Regional Minimum Data Set (MDS) Coordinator confirmed that Resident #90 did not have an active order for anticoagulant. 48708 2) Review of Resident #27's admission record showed the resident was initially admitted on [DATE] and readmitted on [DATE]. Review of Resident #27's Entry MDS dated [DATE] showed the admitted [DATE] under section A1900- admitted . During an interview on 12/5/2024 at 10:45 AM, the Regional MDS Coordinator stated that the admitted on the Entry MDS for Resident #27 was incorrect. The admitted listed was from her previous stay on 5/6/2022.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 50695 Based on observation, interview, and record review, the facility failed to prevent possible aspiration and/or vomiting when staff failed to verify the gastrostomy tube (G-tube) placement prior to water and medication administration for 1 of 8 residents observed for medication administration, Resident #160. Findings include: During an observation on 12/4/2024 at 1:50 PM, Staff B, Licensed Practical Nurse (LPN), administered water into Resident #160's G-tube and allowed it to drain via gravity. Staff B did not aspirate the resident's stomach content to verify for correct G-tube placement prior to the administration of the water. Staff B then administered 10 milliliters (ml) of Guaifenesin Syrup (cough syrup) and allowed it to flow in via gravity and flushed the G-tube with water. During an interview on 12/4/2024 at 1:58 PM, Staff B, LPN, stated, It used to be the standard that we would check for tube placement by aspirating fluid, but we don't do that anymore. During an interview on 12/5/2024 at 2:35 PM, the Director of Nursing (DON) stated, The process for administering medications through the gastrostomy tube, the nurse would crush the medications separately and mix them with water. They would check for placement by putting air through and listening with a stethoscope. If they hear it [air], it is correct. They would also assess for residual; they would pull back with the syringe. They would flush in between each medication [with water] and after the administration. Review of the facility's policy and procedure titled Enteral Feeding Tube: Medication Administration last reviewed in July 2024, read, Purpose: To describe routine care of a gastric feeding tube including tube cleansing, placement verification, residual check and administer medications in an accurate and safe manner . Procedure . 13. Verify placement and patency of feeding tube prior to administering medication. 14. Verification of placement will occur by the following method: Connect piston syringe to end of feeding tube; Slowly pull back on syringe to aspirate gastrointestinal content.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48708 Based on observation, interview, and record review, the facility failed to ensure food products were stored properly in the main kitchen and 1 of 6 nourishment rooms, 700 Hall Nourishment Room. Findings include: During an observation while conducting the initial tour of the main kitchen with the Dietary Assistant on 12/2/2024 at 9:26 AM, there were two unlabeled and undated bags of unidentified patties with one bag being open and unsealed, and one unlabeled and undated bag of mixed vegetables in the reach-in cooler. During an interview on 12/2/2024 at 9:30 AM, the Dietary Assistant stated that the food items should be labeled, dated and the bags needed to be sealed. During an observation on 12/2/2024 at 9:40 AM, the ice machine had a brownish color, soft buildup at the lip of the inside top rim of the maker. During an interview on 12/2/2024 at 9:40 AM, the Dietary Assistant confirmed that the ice machine had a buildup. During an observation of 700 Hall Nourishment Room with the Dietary Assistant on 12/2/2024 at 10:25 AM, there were plastic wrapped burritos and one opened ice cream container in the freezer that were not labeled or dated. During an interview on 12/2/2024 at 10:25 AM, the Dietary Assistant stated the food should be labeled and dated. Review of the facility policy and procedure titled Cleaning Ice Machines and Equipment last reviewed in July 2024 read, Purpose: The ice machine and equipment (scoops) will be cleaned on a regular basis to maintain a clean, sanitary condition. Procedure . 7. The ice scoop and the container will be washed and sanitized at least weekly or as needed in the dishwasher and allowed to air dry. Review of the facility policy and procedure titled Food Storage Overview last reviewed in July 2024 read, Purpose: Food is stored by methods designed to prevent contamination. Procedure . Refrigerator Storage . 14. Refrigeration . c. Foods are to be covered, labeled and dated including month, day, and year . Freezer Storage . 15. Frozen Foods . c. All foods should be covered, labeled and dated including month, day and year. Discard frozen leftovers after 6 months. Review of the facility policy and procedure titled Resident's Food Storage last reviewed in July 2024 read, Purpose: Food or beverage brought in from outside sources for storage in facility pantries, refrigeration units, or personal room refrigeration units will be monitored. Procedure: 1. Food or beverages brought into the facility for individual consumption will be labeled and dated.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50695 Based on observation, interview, and record review, the facility failed to ensure staff followed appropriate infection prevention and control practices and used appropriate personal protective equipment (PPE) during medication administration via gastrostomy (G-tube) to prevent the possible spread of infection and communicable diseases. Findings include: During an observation on 12/4/2024 at 8:30 AM, Staff A, Registered Nurse (RN), placed liquid medication, oral medications, and an inhaler on the overbed table for Resident #162. There was a urinal, which was half full of a dark yellow liquid, on the overbed table. Staff A did not remove the urinal or provide a barrier or clean surface between the urinal and the medications. During an interview on 12/4/2024 at 8:35 AM, Staff A, RN, stated, I should have emptied the urinal. During an interview on 12/4/2024 at 11:47 AM, the Director of Nursing (DON) stated, I would advise the nurse not to use a surface where there were bodily fluids, such as urine, to store medications for administration. I would consider it an infection control issue. If they chose to use that surface, I would advise them to get rid of the fluid and sanitize the surface first. During an observation on 12/4/2024 at 3:08 PM, Staff C, LPN, administered a bolus dose of an enteral feeding via Resident #7's G-tube. Staff C was wearing gloves. Staff C did not use any other PPE. Review of Resident #7's physician order dated 6/11/2024 read, Enhanced Barrier Precautions for G-tube every shift for prophylaxis. During an interview on 12/5/2024 at 2:35 PM, the DON stated, Residents with a G-tube would be on enhanced barrier precautions. Nurses should wear gloves and a gown, and depending on the situation, goggles or a face shield for splashing. Review of the facility policy and procedure titled Isolation - Precautions Overview; SNF [Skilled Nursing Facility] & ALF [Assisted Living Facility] last revised in July 2024, read, Purpose: To provide a system of isolation precautions to prevent the transmission of infection; To prevent the transmission of infectious diseases . Procedure . Enhanced Barrier Precautions [EBP]- refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDROs] that employs targeted gown and glove use during high contact resident care activities . EBP are indicated for residents with any of the following . Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Center for Diesase Control and Prevention (CDC) website for Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) at https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html showed it read, Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, Wound care: any skin opening requiring a dressing.