STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115585	A. Building B. Wing	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Transitional Care & Rehabilitation	460 Auburn Avenue N.E. Atlanta, GA 30312

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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50526 Based on observations, resident and staff interviews, record review, and review of the facility policy titled, Administration of Medications, the facility failed to ensure one of 60 sampled residents (R) (R684) was assessed to safely self-administer medications. The deficient practice had the potential to allow access to medications otherwise not prescribed by a physician to other residents. Findings include: Review of the policy titled Administration of Medications reviewed October 2024 revealed under Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed. Revealed under Procedure: All medications are administered accurately and safely, and free of errors. 1. Only licensed nurse or person permitted by the state to prepare, administer, and document the administration of medications may do so.14. Patient may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely. A self-administration assessment will be completed. Review of the electronic medical record (EMR) revealed R684 was admitted to the facility with diagnoses including but was not limited to surgical amputation right leg, gangrene, diabetes mellitus type two and chronic kidney disease. Review of R684 quarterly/annual/significant change Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates R684 was cognitively intact. Section GG, functional status, revealed R684 required moderate assistance for activities of daily living (ADLs) with one or more-person assistance. Review of R684's care plan dated 10/24/2024 indicated a problem of mood, problem related to adjustment to placement. Goals included but not limited to will have improved mood state happier, calmer appearance, no signs or symptoms of depression, anxiety, or sadness, through the review date during adjustment process. Interventions included but not limited to administer medications as ordered. Monitor/document for side effects and effectiveness. Behavioral health consults as needed (psycho-geriatric team, psychiatrist etc.) Monitor/record mood to determine if problems seem to be related to external causes, i.e. medications, treatments, concern over diagnosis. (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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician's Orders for R684 included but was not limited to order dated 10/22/2024 for metformin oral tablet 500 milligrams (mg) give one tablet by mouth one time a day for diabetes. Order dated 10/24/2024 for NovoLog injection solution 100 units per milliliter (ml) as per sliding scale. Review R684's of clinical assessments revealed no assessment for self-medication administration was completed. Observation and interview on 11/5/2024 at 11:05 am with R684 revealed he was awake and alert, lying in bed, bed in low position, call light within reach. Medicine cup noted on overbed table with white tablet in the cup. R684 stated he forgot it was there adding they leave my pills, and I just take them, but I forgot that one. R684 was unable to state what this medication was for. An interview on 11/05/2024 at 11:10 am with Licensed Practical Nurse (LPN) BB at R684's bedside confirmed medication cup was present with a white pill in the cup on the overbed table. LPN BB further confirmed no residents were assessed for self-medication administration and she will talk with the medication aide. An interview on 11/5/2024 at 11:30 am with LPN BB revealed the tablet was a metformin, diabetes medication, and the Certified Medication Aide (CMAT) thought he swallowed it. LPN BB did talk with her about the requirement to watch medication being taken before leaving the room. An interview on 11/5/2024 at 2:36 pm with CMAT GGG revealed R684 had the pills in his mouth and thought he had swallowed them. CMAT GGG stated they never left medication with him or anyone else. An interview on 11/7/2024 at 3:00 pm with the Director of Nursing (DON) confirmed the facility did not do self-med administration assessment. No medication should ever be left or kept at the bedside, this included over the counter items. The DON had expectations that the nursing supervisors should research and find a nurse or a medication tech to provide education and if appropriate move forward with corrective action and notify the DON. The DON also confirmed she was notified of this incident by the supervisor.

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

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50803 Based on record reviews, staff and resident interviews, and review of the facility's policy titled, Advance Beneficiary Notice Policy, the facility failed to appropriately provide the Notice of Medicare Non-Coverage (NOMNC) and Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN) to one of 60 sampled residents (R) (R125). This failure had the potential for R125 not to be able to express her right to make an informed choice about Medicare services as well as being provided with appeal instructions. Findings include: Review of the facility's policy titled Advance Beneficiary Notice Policy revised May 2018 revealed under Policy Statement: It is the policy of this facility to issue Advance Beneficiary Notices (ABN) per CMS Guidelines to inform Medicare Beneficiaries of items or services that Medicare may not pay. Review of the electronic medical record (EMR) for R125 revealed she was admitted to the facility with diagnoses of but not limited to orthopedic aftercare following surgical amputation. Review of the initial Minimum Data Set (MDS) assessment dated [DATE] documented that R125 had a Brief Interview for Mental Status (BIMS) score of 8, indicating R125 had moderately impaired cognition. Section GG (Functional Abilities) documented that R125 requires maximal assistance with mobility and personal hygiene. Review of the NOMNC for R125 revealed no resident signature indicating acceptance and understanding of the notice. Review of the SNF ABN for R125 revealed a signature not R125's name in the signature field indicating acceptance and understanding of the notice. According to the NOMNC and SNF ABN, the Medicare Part A start date was 9/17/2024 and the last covered day of Part A service was 10/23/2024. Interview on 11/7/2024 at 1:05 pm with R125, she stated about a week or two ago, she was verbally notified by the facility that her Medicare Part A coverage was ending. When showed the NOMNC form and SNF ABN form, R125 stated that she has never seen the forms and that the facility had not asked her to sign anything regarding the Medicare non-coverage. R125 indicated she was upset regarding her Medicare benefit running out. R125 stated, the facility is not helping me regarding this matter. They only verbally told me that my benefits were ending but did not give me a number to call for an appeal or provide any further instructions. Telephone Interview on 11/7/2024 at 2:48 pm with a family member of R125 revealed that she did not handle any finances for R125 and stated that the resident handled everything herself. She stated that she was unaware of R125's Medicare Part A coverage expiring. (continued on next page)

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 11/8/2024 at 10:34 am with the Social Services Director (SSD) confirmed that she was responsible for providing the NOMNC and SNF ABN to the residents. She stated that if a resident cannot sign or refused to sign the forms, she documented it on the form. When asked about R125's NOMNC and SNF ABN forms, the SSD confirmed the resident's signature line on the NOMNC was blank and the SNF ABN form contained the signatures of herself and an assistant. The SSD further stated, I probably need to be more consistent about documenting if the residents cannot sign for themselves.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50169 Based on observations and staff interviews, the facility failed to maintain a safe, clean, comfortable, homelike environment for two rooms (room [ROOM NUMBER] and room [ROOM NUMBER]) on two of four units. Specifically, room [ROOM NUMBER] contained a circulating fan with gray substances on its blades and a privacy curtain caught in the fan blades, and room [ROOM NUMBER] had a dirty, damaged bathroom ceiling with black stains. The facility census was 181 residents. Findings include: 1. Observations during initial screening on 11/5/2024 at 11:05 am and on 11/6/2024 at 3:28 pm revealed a personal circulating fan blowing towards bed A in room [ROOM NUMBER], with thick, gray substances on its blades and a privacy curtain caught in the fan blades. Interview and observations during walking rounds on 11/8/2024 at 12:30 pm and 2:30 pm with the Maintenance Director (MD) and Administrator confirmed a circulating fan with gray substances on its blades and a privacy curtain caught in the fan blades in room [ROOM NUMBER], and a dirty, damaged bathroom ceiling with black stains in room [ROOM NUMBER]'s shared bathroom. The Administrator mentioned the MD will immediately correct and address the removal of personal circulating fan, and the damaged/stained items in each room. The Administrator confirmed the facility does not have an Environmental Maintenance policy. 50170 2. Interview on 11/5/2024 at 10:30 am with R60 revealed that R60 mentioned that staff didn't clean the bathroom or the room. R60 stated that they will come in and take the trash out but that's it. R60 stated that they rarely mop in his room or bathroom. R60 said that they need to do something about the mold in the bathroom. R60 said a couple of months ago they sprayed bleach on the ceiling to treat the mold, but it didn't help. Observation on 11/5/2024 at 10:30 am revealed the bathroom had a urine like smell. On the ceiling there was a black, brown substance, and a distinctive, musty smell, a smell similar to mildew.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 37650 Based on record review and staff interview, the facility failed to attempt to obtain fingerprint checks for four of 10 files reviewed and reference checks for two of 10 employee files reviewed. Findings include: Review of the employee files on 11/7/2024 at 1:00 pm with the Assistant Nursing Home Administrator and the Assistant Director of Nursing (ADON) revealed that there were no fingerprint results for staff who required completion of the GCHEXS (Georgia Criminal History Check System) (fingerprint background check). In addition, there were also no reference checks completed for staff who did not require GCHEXS fingerprint of the 10 staff reviewed. 1. The Administrator was hired on 9/18/2023, no evidence of reference checks performed. 2. Certified Medication Aide (CMA) GGG was hired on 1/16/2024, no evidence of GCHEXS fingerprint results and no references checked. 3. Certified Medication Aide (CMA) HHH was hired on 8/9/2024, no evidence of GCHEXS fingerprint results and no references checked. 4. Certified Nursing Assistant (CNA) III was hired on 7/16/2024, no evidence of GCHEXS fingerprint results and no references checked. 5. Dietary Manager (DM) NN was hired on 7/24/2024, no evidence of GCHEXS fingerprint results and no references checked. 6. The DON was hired on 10/11/2022, no evidence of reference checks performed. During an interview on 11/7/2024 at 1:45 pm, the Administrator revealed the Human Resources Representative was recently terminated and she was not aware of the missing information in the employee files.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50170 Based on observations, record review, resident and staff interviews, and review of the facility policy titled, Preadmission Screening and Annual Resident Review (PASRR) (Preadmission Screening and Resident Review), the facility failed to refer a Level II PASRR to the appropriate state-designated authority for evaluation and determination of specialized services for one of 60 sampled residents (R) R171) reviewed with serious mental illness. The deficient practice had the potential to affect the appropriate level of care and services provided for R171. Findings include: Review of the facility's policy titled, Preadmission Screening and Annual Resident Review (PASRR), revised November 2017 states that Annually and with any significant change of status, the facility will complete the PASRR Level I screen for those individuals identified per the Level II screen requiring specialized services. The facility will report any changes as identified via the screen to the state mental health authority or state intellectual disability authority promptly. In subsection titled, Definitions Applicable to the PASRR Process, number 1 states that an individual is considered to have a serious mental illness if the individual meets a diagnosis of schizophrenic, mood, paranoid, panic or other severe anxiety disorder. Review of the electronic medical record (EMR) for R171revealed diagnoses that included but not limited to post traumatic stress disorder (PTSD). Review of the most recent quarterly Minimum Data Set (MDS) dated [DATE] documented that R171 had a Brief Interview for Mental Status (BIMS) score of 15, indicating R171 had intact cognition. Section N (Medications) documented that R171 is taking an antidepressant medication. Section I (Active Diagnoses) coded yes for PTSD. There was no documented Level 2 PASRR following the diagnosis. R171 had a Level 1 PASRR completed on 08/19/2024. Review of physician orders revealed R171 was on Cymbalta (duloxetine HCl) (an anti-depressant), oral capsule delayed release particles 30 mg (milligrams). Review of the care plan dated 9/4/2024 revealed R171 uses psychotropic medications R171 will be/remain free of drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment through review date. Interview on 11/8/2024 at 11:17 am with R171 revealed she had been shot, stabbed, etc. She stated she had been through a lot growing up in the projects. She said that when she first arrived here, she had anger issues and would yell at people. She mentioned she was diagnosed with PTSD prior to admission. When she was at the hospital, her primary doctor gave her medication to help her with her mental health. She believed that she was still taking that medication. She says that the facility wasn't doing anything to address her mental health concerns. She said that she was doing better. She said most of the guys she plays cards talked to her. She found comfort in talking to some of the residents that have been through some of the same things she's been through. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 11/8/2024 at 10:38 am with the Social Services Director revealed she was responsible for making the PASRR referrals. She reviewed them within the first 72 hours of admission. If the PASRR didn't seem consistent with the resident or if the diagnosis changed while the resident was here, she notified the state authority for PASRR 2 on admission, diagnosis change, quarterly or comprehensive assessment change, and looked at the mental illness diagnosis to see if a level 2 was needed. Bipolar, anxiety, schizophrenia, and major depression were the major diagnoses that she looked at. She further stated that for the admission process, Nursing and Admissions review the hospital documents. She stated she gets the PASRR prior to admission from the hospital. She stated that the hospital was not always honest about their time at the hospital. The facility staff would question if something did not seem right from the hospital. She went on to state that they would look at the situations of the residents if there was a change in daily behaviors, sometimes a resident needed grief counseling. She stated there were behavior management binders on each floor. When asked if she agreed that the resident would need a PASRR 2, she stated she didn't have a history of knowing if PTSD would require a level 2 PASRR.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37650 Based on observations, staff and resident interviews, record review, and review of the facility policy titled, Activities of Daily Living (ADLs), the facility failed to ensure that ADLs were provided for two of 60 sampled residents (R) (R65 and R154) related to nail care. Specifically, nail care was not provided for R65 and R154. Findings include: Review of the policy titled Activities of Daily Living (ADLs) dated November 2022, the intent of policy indicated based on the comprehensive assessment of a resident and consistent with resident's needs and choices this facility will provide necessary care and services to ensure that a resident's ability in activities of daily living will not diminish unless the circumstances of the individual's clinical and medical condition demonstrate that such diminution was unavoidable. Also, the bath will be given for cleanliness, increased circulation, and comfort of the residents at least weekly, the skin will be observed during bath. 1. Review of the electronic medical record (EMR) revealed R65 was admitted to the facility diagnoses of but not limited to atrial fibrillation, intracardiac thrombosis, type 2 diabetes mellitus with unspecified complications, muscle weakness, hemiplegia and hemiparesis following cerebral infarction affecting left dominant side. Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed R65 had a Brief Interview for Mental Status (BIMS) score of 12, indicating the resident had moderate cognitive impairment. Section GG (Functional Status) revealed R65 had impairment on one side, assistance needed is partial to moderate for toileting, maximum with showering, and dressing. Section J (Pain Assessment) revealed R65 was on a pain management regiment and received scheduled pain medication. Review of the care plan for R65 revealed R65 has an ADL Self Care Performance Deficit and required participation from staff with bathing. Record review revealed no shower logs to indicate nail care was provided. Observation on 11/5/2024 at 11:38 am with R65 revealed resident sitting up in bed watching television, with long fingernails with a dark substance underneath. Observation and interview on 11/7/2024 at 1:45 pm with Licensed Practical Nurse (LPN) CC revealed R65 sitting up in bed, alert, watching television, with fingernails long and jagged with a dark substance underneath. LPN CC confirmed that R65's fingernails were dirty and jagged with a dark substance underneath. 50526 2. Review of the EMR revealed R154 was admitted to the facility with diagnoses including but not limited to peripheral vascular disease, chronic congestive heart failure, coronary artery disease, unspecified open wound left leg, pressure ulcer left heal. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R154's quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, which indicates intact cognition. Section GG (Functional Status) revealed R154 has one side impairment and uses wheelchair, assistance needed is partial to moderate for toileting, maximum with showering, and dressing. Transfer substantial max assistance. Section J (Pain Assessment) revealed average pain rating of three. Review of R154's care plan dated 6/14/2024 documented focus related to ADLs requiring full staff assistance. Observation and interview on 11/5/2024 at 11:14 am with R154 revealed resident lying in bed, bed in low position, responding to verbal stimuli, bandage noted to left lower leg dated for 11/4/2024. R154 asked about his toenails, stated they had been needing to be cut since he was admitted to the facility, adding he had not seen a podiatrist. The toenails were extremely overgrown, especially both great toes. The great toenail on the right foot was extremely thick and twisted laterally. Record review revealed no consultation notes from Podiatry for R154. Review of a Nursing skin assessment dated [DATE] for R154 indicated that a foot assessment was not competed. Review of a Nursing skin assessment dated [DATE] for R154 indicated that a foot assessment was not completed. Interview 11/7/2024 11:24 am with Certified Nursing Assistant (CNA) AA revealed that for those who can, he would hand residents a washcloth and see what they could do. CNA AA confirmed shower sheets were completed and if they noted any skin abnormalities such as bruising or possible injuries, they brought them to the attention of the nurse. Nail care was also provided currently. CNA AA revealed if a resident refused a shower, we waited and asked again and if the resident still refused, the nurse would ask, and then a bed bath would be offered. An interview on 11/7/2024 at 2:30 pm with LPN BB confirmed she had not seen R154's feet recently. LPN BB reviewed R154's EMR for the presence of a Podiatry visit and none was found. LPN BB placed a call to Social Services to have him added to the list for a Podiatry visit. LPN BB stated that the CNAs gave bed baths daily unless it was on shower days, CNAs should tell the nurse if any issues came up, including nails being overgrown. LPN BB confirmed staff should complete shower sheets with skin and nail evaluation each time the resident has a shower. Review of R154's shower sheet dated 10/12/2024 revealed no indication of nail concerns. Interview on 11/7/2024 at 3:03 pm with the Director of Nursing (DON) revealed the facility provided nail care during ADL care and several residents refused and if so, they were care planned. Toenails were cut by nurses unless the nurses felt they were too overgrown, then we would refer them to Podiatry. She revealed her expectation of the CNAs was that they should notify the nurse if nails were overgrown, then the nurse would notify Social Services to get podiatry to see the resident. The DON also added, when nurses did skin assessments, nail condition should be noted.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50374 Based on observations, staff interviews, and review of the facility's policy titled Dating, Labeling, and Discarding Food, the facility failed to discard food items by the expiration or use-by date, failed to discard food items with a fuzzy green substance on it, and failed to ensure dietary staff wore beard coverings while in the kitchen. The deficient practice had the potential to place the 176 residents who received an oral diet from the kitchen at risk of contracting a foodborne illness. Findings include: Review of the facility's policy titled Dating, Labeling, and Discarding Food, revised January 2023, included Dating, labeling, food stored in the coolers, dry storage and freezers ensure the safety of the food that will be served to the residents. According to the 2022 Food Code, food that is RTE (Ready to Eat), Refrigerated and/or Time/Temp Control Food (food that contains ingredients that may cause food poisoning) MUST have an OPEN (or Prepared) Date and a USED BY (or DISCARD) date on each of these foods. The USED BY date that the FOOD CODE is referring to is not the use by or expiration date from the manufacturer, rather, how soon the facility must either use or throw away before it becomes unsafe to eat. All boxes, packages, containers must be dated with the delivery date that the food was delivered to the facility. This ensures food is being used and rotated out quickly and safely. During the initial walk-through of the kitchen on 11/5/2025 at 9:00 am, observation revealed Kitchen Aid (KA) CCC was not wearing a beard net. Observation on 11/5/2024 at 9:12 am of the walk-in cooler revealed a pan of salad (lettuce mixture) was not discarded by the used-by date and had brown discoloration. Observation on 11/7/2024 at 1:45 pm of packaged bread revealed a green fuzzy substance on the bread. In an interview on 11/5/2024 at 10:01 am, the Dietary Manager (DM) confirmed she did not know why there were no dates on the identified food items. In an interview on 11/8/2024 at 2:32 pm, the Administrator revealed she expected the DM to be aware of the responsibilities and duties in the dietary department. She explained improper food handling is a concern and food items should have a three-day lifespan. The Administrator continued to confirm the dietary staff was responsible for ensuring items were properly stored and discarded in the kitchen storage areas.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 50374 Based on observations and staff interviews, the facility failed to ensure the dumpster area was maintained in sanitary conditions. The deficient practice had the potential to attract pests and rodents and transfer harmful microorganisms to food, leading to foodborne illness. Findings include: During the initial observation on 11/5/2024 at 8:15 am, the dumpster area had discarded items such as gloves, plastic forks, cardboard, a chair, and combs on the ground surrounding the two dumpsters. In an interview on 11/5/2024 at 9:15 am, during the observational walk-through with the Dietary Manager (DM), the DM confirmed the dumpster area had discarded items on the ground. The DM stated that everyone used the dumpsters, but the maintenance department was responsible for overseeing the site to make sure the area was maintained in a sanitary manner. In an interview on 11/8/2024 at 9:07 am, the Maintenance Director stated everyone shared the responsibility of ensuring the dumpster area was clean and maintained in sanitary conditions. He stated no one department or person was responsible for overseeing the dumpster site.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Transitional Care & Rehabilitation	460 Auburn Avenue N.E. Atlanta, GA 30312

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50526 Based on observations and staff interviews, the facility failed to ensure reusable medical equipment was cleaned between use for residents. The deficient practice had the potential lead to the spread of infection and illness. The facility census was 181 residents. Findings include: Observation on 11/6/2024 at 8:05 am during medication administration revealed Certified Medication Aid (CMA) DD obtained a blood pressure machine from the hallway, checked a resident's blood pressure with the machine, and returned the blood pressure machine to the hallway without cleaning the cuff or equipment. Observation on 11/6/2024 at 8:44 am during medication administration revealed CMA EE checked a resident's blood pressure with the unit blood pressure cuff and returned the blood pressure cuff to the medication cart drawer without cleaning the equipment. Continued observation revealed CMA EE used the same blood pressure cuff to check another resident's blood pressure without cleaning the equipment. In an interview on 11/6/2024 at 8:05 am, CMA DD revealed all reusable medical equipment should be cleaned between use on different residents. In an interview on 11/6/2024 at 8:05 am, CMA EE confirmed infection prevention includes the cleaning of shared medical equipment. In an interview on 11/7/2024 at 2:45 pm, the Director of Nursing (DON) confirmed all infection prevention policies were to be followed when passing out medications, including cleaning reusable medical equipment cleaning.