

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Fort Valley Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Bluebird Boulevard Fort Valley, GA 31030	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41914</p> <p>Based on staff interviews, record review, document review, and review of the facility policy titled Advanced Directives, the facility failed to obtain a concurring Physician's signature for a Physician Order for Life Sustaining Treatment (POLST) for Do Not Resuscitate (DNR) document for two of five residents (R) (R1 and R10). Specifically, the facility failed to ensure R1 was cognitively intact before signing the POLST document indicating DNR status and failed to ensure the Power of Attorney (POA) documents were obtained during the implementation of the POLST document for R10.</p> <p>Findings include:</p> <p>Review of the facility policy titled Advanced Directives, review date ,d+[DATE], revealed under Guidance: 2. If the resident is incapacitated at the time of admission and is unable to receive information, the social worker will convey such information to the resident representative in accordance with state law.</p> <p>Review of the undated POLST form revealed the section titled Guidance for Completing the POLST Form stated number 5. If a patient lacks decision-making capacity, the pulsed form may be signed by an authorized person, which includes, in the following order of priority:</p> <ol style="list-style-type: none"> a. the agent named on the patient's durable power of attorney for healthcare, or a healthcare agent named on the patient's advanced directive for healthcare. b. A spouse c. a court-appointed guardian d. son or daughter (age 18 or older) e. parent f. brother or sister (age 18 or older) <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Fort Valley Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Bluebird Boulevard Fort Valley, GA 31030	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of the POLST document revealed the section titled Additional Guidance for Health Care Professionals, stated number III. When a POLST form is signed by an authorized person (other than the patient's Health Care Agent) and attending physician: i. If section A indicates allow natural death - Do not Attempt Resuscitation, this order may be implemented when the patient is a candidate for non-resuscitation as defined in Georgia Code Section [DATE](4). A concurring physician signature is required per Georgia Code section [DATE](c).</p> <p>1. Record review for R1 revealed the resident was admitted to the facility with diagnoses including, but not limited to, unspecified convulsions, Alzheimer's disease, anxiety disorder, glaucoma, depression, generalized muscle weakness, and altered mental status.</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE] revealed section C (cognitive patterns) documented a Brief Interview for Mental Status (BIMS) score of two (indicating severe cognitive impairment).</p> <p>Review of R1's care plan with a start date of [DATE] revealed under focus: I have Alzheimer's disease and am I at risk for delirium or an acute confusional episode related to my recent change in environment, sepsis diagnosis, and medication side effects from Seroquel, amitriptyline, and hydroxyzine. Goal: I will be free from signs or symptoms of delirium (changes in behavior, mood, cognitive function, communication, level of consciousness, restlessness) through the review date. Intervention: Monitor/record/report to MD new onset s/sx [signs and symptoms] of delirium: changing behavior, alterations, variation in cognitive function through the day, communication decline, disorientation, lethargy, restlessness, and agitation. Altered sleep cycle, dehydration, infection, delusions, hallucinations.</p> <p>Review of the POLST form for R1 dated [DATE] revealed the document was signed by R1 indicating in section A (code status) to allow natural death and not attempt resuscitation. There was only one physician's signature.</p> <p>2. Record review for R10 revealed resident was admitted to the facility with diagnoses including, but not limited to, Alzheimer's disease, paranoid schizophrenia, and major depressive disorder.</p> <p>Review of the quarterly MDS dated [DATE] revealed section C (cognitive patterns) documented a BIMS score was not indicated.</p> <p>Review of R10's care plan revealed under focus: Resident is a DNR, and her family has requested that NO CPR be performed.</p> <p>Review of R10's POLST form dated [DATE] revealed it was signed by the resident's bother-in-law, indicating they were the Power of Attorney (POA) for the resident and one physician's signature. There was no documentation in the resident's medical record that indicated there was a POA on file.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Fort Valley Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Bluebird Boulevard Fort Valley, GA 31030	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on [DATE] at 10:46 am with the Social Services Director (SSD) revealed when a resident is admitted to the facility the POLST form is explained to them in detail for them to make the decision for their code status. If the resident is not cognitive the resident's family member or responsible party will be given the information for the resident. Further interview also revealed that SSD was unable to verbalize the process for when two physician signatures were required when completing the POLST documentation. During the interview, the SSD confirmed that R1 did sign his own POLST form and that the resident had a BIMS score of two, indicating severe cognitive impairment, at the time of signing for his code status to be DNR, and that the POLST should have been signed by the resident's responsible party and two physicians. The SSD also confirmed that the POA documentation for R10 was not at the facility, and she would contact the family for the needed document.</p> <p>An interview on [DATE] at 10:56 am with the Director of Nursing (DON) revealed that when residents are admitted to the facility, they are automatically considered a full code until further documentation is implemented, such as a DNR or POLST document that indicates their preference in the case of an emergency. The DON stated when the POLST document is completed by a resident who has no cognitive impairment or the resident has a Power of Attorney (POA) for health on file, only one physician's signature is required. The DON further stated if a family member is signing the document for them, it should have the family member's signature and the resident's physician's signature in addition to a concurring physician's signature for the document to be initiated. Further interview also revealed that she expects the POLST documents to be completed with the required signatures and implemented appropriately. She stated that she would ensure the SSD was educated on what is required when completing the POLST documents for the residents.</p> <p>An interview on [DATE] at 12:30 pm with the Administrator revealed that the POLST documents were completed by the social services department and should have all needed documentation that would ensure the residents' preferences were honored. During the interview, the Administrator confirmed that R1's BIMS score was a two, which indicated severe cognitive impairment, and stated R1 should not have been allowed to complete the POLST document that indicated to Allow Natural Death. The Administrator further indicated that education would be provided to staff in reference to the POLST form.</p> <p>An interview on [DATE] at 1:35 pm with the MDS Clinical Reimbursement Coordinator (CRC) revealed that she completed section C (Cognitive Patterns) of the MDS, and during the assessment, the resident is asked to repeat three words, the day of the week, and the year. The MDS CRC stated that she completed the annual MDS Assessment for R1, and the resident was unable to comprehend what was being asked, which indicated a BIMS score of 99. The MDS CRC stated that R1 was not cognitive enough to understand any document that would be read to him and would not be able to sign the document with full understanding.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Fort Valley Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Bluebird Boulevard Fort Valley, GA 31030	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41165</p> <p>Based on staff interviews, record review, and a review of the facility policy titled Preadmission Screening and Resident Review (PASARR), the facility failed to submit for a PASARR Level II for one of five residents (R) (R29) reviewed after a new qualifying mental illness diagnosis was added. This deficient practice had the potential to affect the appropriate level of care and services provided for R29.</p> <p>Findings included:</p> <p>A review of the facility policy titled Preadmission Screening and Resident Review (PASARR), revealed the Policy Statement: This community will coordinate assessments with the preadmission screening and resident review (PASARR) program.</p> <p>Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. Upon admission, the Social Worker or designee will, within the context of the established assessment process, the recommendations of the PASARR level II and the PASARR evaluation report will be incorporated into the resident's assessment, care planning, and transitions of care. 2. Residents with Level II PASARRs will be referred to appropriate services specific to their needs. 3. Residents with newly evident or possible serious mental disorders will be referred for appropriate services based upon their assessed needs. 4. Notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of the resident who has a mental disorder or intellectual disability for resident review. 5. The Level II will be re-evaluated with change of condition related to newly evident or possible serious mental disorders. <p>A review of the clinical record revealed that R29 was admitted to the facility on [DATE] with diagnoses including, but not limited to, anxiety disorder and depression. On 1/4/2023, a diagnosis of schizophrenia was added.</p> <p>A review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. Section I (Active Diagnoses) revealed schizophrenia and anxiety disorder were checked.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Fort Valley Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Bluebird Boulevard Fort Valley, GA 31030	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Social Service Director (SSD) on 8/17/2024 at 8:58 am revealed she was responsible for the submission of PASARRs. She confirmed that R29 had a diagnosis of schizophrenia and stated R29 should have a Level II PASARR. The SSD stated that if a resident received a new qualifying diagnosis, she would prepare the PASSAR Level II paperwork, give the paperwork to the doctor for his signature, and upload it to the computer to make it official.</p> <p>An interview with the Administrator on 8/17/2024 at 9:30 am revealed his expectation from the staff was if a resident developed a qualifying diagnosis after admission, they would consult with the doctor and follow up with PASARR Level II submission. He stated that the failure to submit for a PASARR Level II for R29 appeared to be an oversight.</p> <p>An interview with the Director of Nursing (DON) on 8/17/2024 at 10:56 am revealed that R29 should have a PASSAR Level II based on her diagnosis of schizophrenia.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Fort Valley Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Bluebird Boulevard Fort Valley, GA 31030	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42463</p> <p>Based on observations, staff interviews, record review, and review of the facility's policies titled Oxygen Administration and Cleaning and Disinfection of Resident-Care Items and Equipment, the facility failed to obtain a physician's order for the administration of oxygen (O2) and failed to prevent the spread of infections by not cleaning the O2 concentrator for one of three residents (R) (R47) receiving O2 therapy. The deficient practice had the potential to place R47 at risk for medical complications, unmet needs, and a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Oxygen Administration, dated 4/2023, revealed the section titled Purpose stated, The purpose of this procedure is to provide guidelines for safe oxygen administration. The section titled Preparation stated, 1. Verify that there is a physician's order for this procedure. Review the physician's order or facility protocol for oxygen administration.</p> <p>Review of the facility's policy titled Cleaning and Disinfection of Resident-Care Items and Equipment, dated 9/2023, revealed the Policy Statement stated, Resident-Care equipment, including reusable items and durable medical equipment, will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. The section titled Policy Interpretation and Implementation included, 1(b) Semi-critical items consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible.</p> <p>Review of R47's Admission Record revealed diagnoses including, but not limited to, Covid-19, other pulmonary embolism without acute cor pulmonale, and chronic obstructive pulmonary disease (COPD).</p> <p>Review of R47's admission Minimum Data Set (MDS) assessment dated [DATE] revealed section O (Special Treatments and Programs) documented that R47 received oxygen while a resident at the facility.</p> <p>Review of R47's Orders revealed an order dated 6/26/2024 with a discontinue date of 7/23/2024 for O2 at 2 L (liters)/min (minute) via N/C (Nasal Cannula) as needed for SOB (shortness of breath). Please indicate when O2 has been applied. Further review revealed there were no active orders for O2 administration.</p> <p>Review of R47's Clinical Census revealed the resident was on hospital leave from 7/18/2024 to 8/8/2024, returning to the facility on [DATE].</p> <p>Review of R47's Hospital Discharge Orders dated 8/8/2024 revealed there were no orders for oxygen administration.</p> <p>Review of R47's Nursing Notes during the time period of 8/8/2024 through 8/16/2024 revealed R47 received oxygen administration while at the facility.</p> <p>Observations on 8/16/2024 at 9:07 am and 11:59 am revealed R47 receiving oxygen therapy via nasal cannula at 1.5 L/min from a dirty O2 concentrator covered with dust.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Fort Valley Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Bluebird Boulevard Fort Valley, GA 31030	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 8/17/2024 at 8:28 am with the Assistant Director of Nursing (ADON) confirmed R47 received oxygen therapy. She revealed that the resident received O2 at 2 L/min but would need to double check the resident's physician orders. During the interview, a review of R47's orders with the ADON revealed there were no active orders for oxygen to be administered. The ADON was shown a picture of R47's oxygen concentrator setting infusing at 1.5 L/min and the dirty concentrator. She verified R47's oxygen setting at 1.5 L/min and the dirty oxygen concentrator. She stated the oxygen orders were discontinued after the resident was hospitalized and should have been written upon the resident's return from the hospital. She further stated the nurses were responsible for cleaning the oxygen concentrators weekly and as needed.</p> <p>An interview on 8/17/2024 at 8:40 am with the Director of Nursing (DON) revealed nurses were primarily responsible for making sure physician orders were followed and for ensuring oxygen concentrators were kept clean. During the interview, R47's hospital discharge orders were reviewed, and the DON verified there were no orders for oxygen to be administered. She revealed that her expectations were for the admitting nurse to complete a medication reconciliation when a resident returned from the hospital to ensure accuracy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Fort Valley Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Bluebird Boulevard Fort Valley, GA 31030	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>41914</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, staff interviews, review of facility documents, and review of the facility policy titled Food Preparation and Service, the facility failed to ensure recipes for the puree diet were followed to preserve its nutritional value during processing. The facility also failed to ensure residents consuming a puree diet were served the recommended amount of protein and vegetables during meal service. This deficient practice placed the ten residents who received a puree diet from the kitchen at risk for decreased nutritional intake.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Preparation and Service, review date of 10/2023, revealed under Policy: Residents are provided with meals that are prepared by methods that conserve value, flavor, and appearance.</p> <p>Review of the recipe for PUR Chicken Stir Fry revealed the section titled Scratch Method stated 1. Remove portions required from regular prepared recipe and place in food processor. 2. Process until fine in consistency. 3. Add commercial thickener and process until smooth. 4. Scrape down sides of the processor with a rubber spatula and process for 30 seconds.</p> <p>Observation on 8/17/2024 at 11:30 am of puree food preparation revealed [NAME] AA removed a large silver pan of beef and broccoli from the oven. A dietary staff member proceeded to scoop out unmeasured amounts of pieces of beef and broccoli from the steam table pan. The Dietary Manager (DM) then poured the food items, along with an unmeasured amount of beef broth, into the blender and proceeded to process the food item. During the processing of the food items, the DM added an unmeasured amount of beef and broccoli to the blender for processing, along with additional beef broth. After processing was completed, the DM placed the blended food into a medium-sized steam table pan and placed the item on the steam table.</p> <p>An interview on 8/17/2024 at 11:35 am with the DM revealed the facility had nine residents who received a puree diet and one who received pureed meats. During the interview, it was determined that the DM could not verbalize the correct portion size for each resident receiving a puree diet or for residents on a regular diet. Further interview revealed that the DM lacked the knowledge of which scoop was to be used during meal service to ensure adequate food portion sizes were provided to ensure the nutritional needs of the residents were being met. The DM confirmed the pureed chicken stir fry recipe was not followed.</p> <p>An interview on 8/17/2024 at 11:45 am revealed [NAME] AA was unaware of what any of the scoop sizes utilized in the kitchen for meal service were. Further interview revealed [NAME] AA was unaware of how much protein or vegetables each resident was to receive with each meal or of the nutritional value of each food item served to the residents.</p> <p>An interview on 8/17/2024 at 2:00 pm with the Administrator revealed that the expectation is for the dietary staff to know the portion sizes for the meals served to ensure that the nutritional needs of the residents are met. The Administrator stated the DM should know all aspects of the dietary department, including serving sizes and the equipment used in the kitchen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Fort Valley Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Bluebird Boulevard Fort Valley, GA 31030	
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 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>41165</p> <p>Based on observation, staff interviews, and a review of the facility policy titled Installation of Eye Drops, the facility failed to ensure infection control practices were followed during the administration of ophthalmic drops for one of three residents (R) (R12) observed for medication administration. This deficient practice placed R12 at risk of infection due to cross-contamination.</p> <p>Findings include:</p> <p>A review of the facility policy titled Installation of Eye Drops, dated 11/2017, revealed the Procedure section stated . 2. Wash and dry your hands through. 3. Put on gloves. 13. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.</p> <p>An observation on 8/17/2024 at 9:42 am, during observation of medication pass, revealed Licensed Practical Nurse (LPN) AA removed a bottle of ophthalmic drops from the medication cart and placed the bottle on R12's bedside table. LPN AA did not sanitize the table or put a barrier between the table and the bottle of ophthalmic drops. She washed her hands with soap and water in R12's bathroom and instilled one drop of the ophthalmic drops into each eye of R12. LPN AA did not don (put on) gloves before instilling the ophthalmic drops. LPN AA exited the room, placed the bottle of ophthalmic drops back in the medication cart, and proceeded with the medication pass. She did not wash or sanitize her hands after administering the ophthalmic drops.</p> <p>In an interview on 8/17/2024 at 9:55 am, LPN AA stated that she did not wear gloves to administer the ophthalmic drops because sometimes residents have a reaction to the gloves.</p> <p>In an interview on 8/17/2024 at 10:59 am, the Director of Nursing (DON) stated when administering ophthalmic drops, the process was to wash or sanitize your hands and wear gloves to prevent cross-contamination. The DON stated that she would educate the nurse on infection control.</p>		