| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115680 | A. Building<br>B. Wing | 08/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Carlyle Place | 5300 Zebulon Road<br>Macon, GA 31210 |

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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42463<br><br>Based on observations, staff interviews, record review, and review of the facility's policy titled, Oxygen Concentrator-Work Instruction-[Facility Name], the facility failed to ensure humidification was provided for one of six residents (R) (R11) receiving oxygen (O2) therapy. The deficient practice had the potential to place the resident at risk for medical complications, unmet needs and a diminished quality of life.<br><br>Findings Include:<br><br>Review of the facility's policy titled Oxygen Concentrator-Work Instruction-[Facility Name] dated 10/27/2023 under the section titled Purpose revealed, To establish responsibilities for the care and use of oxygen concentrators. Under the section titled Explanation and Compliance Guidelines revealed, 4. (e) Fill the humidifier container to the correct level with distilled water and attach to concentrator or use a disposable humidifier. 5.(c) Nurse responsibilities: (ii) Change humidifier bottle when empty, every seventy-two hours, or as recommended by the manufacturer.<br><br>Review of R11's Profile Face Sheet revealed, diagnoses that included but not limited to chronic obstructive pulmonary disease (COPD), anemia, heart failure, unstable angina, and atherosclerotic heart disease.<br><br>Review of R11's Physician's Order dated 4/29/2024 revealed, an order for oxygen at 2-5 LPM/NC (liters per minute/nasal cannula) continuously, check O2 sat (saturation) q (every) shift for diagnoses of COPD and emphysema.<br><br>Review of R11's Quarterly Minimum Data Set, dated dated dated [DATE] for Section O (Special Treatments, Procedures, and Programs) revealed, R11 received oxygen while a resident.<br><br>Observation on 8/23/2024 at 9:45 am and at 2:30 pm revealed, R11 receiving O2 at 2 LPM via NC from an O2 concentrator that did not have a humidifier container, or a disposable humidifier attached to it.<br><br>Observation on 8/24/2024 at 8:29 am revealed R11 receiving O2 at 2 LPM via NC from an O2 concentrator that remained without a humidifier container or disposable humidifier.<br><br>(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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observation and interview on 8/24/2024 at 9:05 am with Licensed Practical Nurse (LPN) AA confirmed R11 was receiving O2 at 2 LPM via NC from the O2 concentrator without a humidifier container or disposable humidifier.<br><br>LPN AA acknowledged there should be a humidifier bottle attached to the concentrator with O2 delivery. LPN AA revealed that the nurses on night shift were responsible for making sure humidifier bottles were attached when they change out the O2 tubing. She reported all nurses were responsible for replacing it as needed.<br><br>Interview on 8/24/2024 at 9:20 am with the Director of Nursing (DON) revealed her expectations of nurses were to follow policy procedures for O2 administration and make sure O2 concentrators have humidifier bottles attached with the delivery of O2. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>33548<br><br>Based on observations, staff interviews, and review of facility policy titled, C-26 Marking Ready to Eat TCS/PHF Foods the facility failed to remove ice build-up on top of food items to prevent contamination in the walk-in freezer; failed to ensure dietary staff label and date opened food items; and failed to ensure no wet nesting with stacks of steam table pans to prevent bacteria growth. The facility census was 32 residents, and all residents were consuming an oral diet.<br><br>Findings include:<br><br>1. Observation on 8/23/2024 at 8:40 am of the walk-in freezer revealed the fan housing to the air condenser was covered with a layer of ice and frost. Icicles were formed on the pipes at the back of the air condenser. Continued observation revealed a case of frozen peaches on the food storage shelf under the right side of the air condenser. The top of the peaches had a layer of ice as well as a mound ice that was three inches in height and three inches in diameter. Further observation revealed a white plastic type pan covered with clear plastic labeled diced mango to the left of the case of peaches. The entire white plastic pan was covered with frost and ice. The top of the diced mango was a mound of ice that was two inches in height and one inch in diameter.<br><br>During an interview on 8/23/2024 at 8:40 am the Dining General Manager (DGM) confirmed that there was ice on the top of the case of peaches as well as ice/frost on the white pan of diced mango. The DGM revealed that maintenance has been notified by work order that air condenser in the walk-in freezer has ice build-up. The DGM revealed that dietary staff should not have been storing food items directly under the air condenser due to the ice.<br><br>Observation on 8/25/2024 at 8:05 am of the walk-in freezer revealed the fan housing to the ice condenser continued to be covered by ice/frost. Continued observation revealed a large pan had been placed directly under the air condenser towards the right side. To the left side of this large pan was a case of frozen tart cherries and the sides and top of the case were covered with ice. A mound of ice one inch in height and two inches in diameter was noted on the case of cherries.<br><br>During an interview on 8/25/2024 at 8:05 am the Healthcare Dining Manager (HDM) confirmed that there was ice on the case of tart cherries. The HDM revealed that dietary staff should have placed additional pans under the entire air condenser to prevent ice from forming on the cases of food. The HDM also revealed that dietary staff should have removed food items directly under the air condenser.<br><br>2. Review of the facility policy titled C-26 Marking Ready to Eat TCS/PHF Foods revealed: Refrigerated, ready to eat TCS/PHF (Time/Temperature Control for Safety/Potentially Hazardous Foods) food prepared and packaged by a food processing plant shall be clearly marked at the time the original container is opened.<br><br>Observation on 8/23/2024 at 8:45 am of the dry storage area revealed the following food items had been opened and stored with no open date.<br><br>penne pasta<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | spaghetti noodles<br><br>rainbow pasta<br><br>Macaroni pasta<br><br>gallon container of teriyaki sauce<br><br>gallon container of soy sauce<br><br>gallon container of hot sauce<br><br>gallon container of salsa<br><br>gallon container of apple cider vinegar<br><br>24-ounce glass jar of dijon mustard<br><br>During an interview on 8/23/3024 at 8:45 am the HDM confirmed that the opened food items identified in the dry storage area did not have an open date. The HDM revealed that dietary staff are expected to label, and date opened food items prior to placing on storage shelf in the dry storage area.<br><br>Observation on 8/23/2024 at 8:50 am of the two-door reach-in refrigerator located in the corner of the kitchen revealed the following food items had been opened and being stored with no open date.<br><br>sliced ham wrapped in plastic wrap<br><br>gallon container of blue cheese salad dressing<br><br>gallon container of honey mustard salad dressing<br><br>gallon container of ranch salad dressing<br><br>gallon container of 1000 salad<br><br>gallon container of Greek vinaigrette<br><br>gallon container of balsamic Vinaigrette<br><br>24-ounce glass jar of Dijon mustard<br><br>During an interview on 8/23/2024 at 8:50 am the HDM and DGM both confirmed that the food items identified in the reach-in refrigerator did not have open date. The HDM revealed that dietary staff should be using either a sticker type label to date opened items or to mark directly on the container with a marker.<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Observation on 8/23/2024 at 8:55 am of the storage shelf under the food preparation table in the dessert area of the kitchen revealed an 11-pound plastic container of chocolate fudge icing and an 11-pound plastic container of vanilla creme icing. Both icing containers had been opened and stored with no open date.<br><br>During an interview on 8/23/2024 at 8:55 am, the DGM confirmed that both icing containers had been opened and had no open date. The DGM revealed that all dietary staff need to date food items after opening.<br><br>Observation on 8/25/2024 at 8:15 am of the shelf under the food preparation table revealed that the plastic containers of chocolate fudge icing and vanilla creme icing continue to not be dated after opening.<br><br>During an interview on 8/25/3034 at 8:15 am the HDM confirmed that both icing containers did not have an open date and expects dietary staff to place open date before storing on shelf.<br><br>3. Observation on 8/23/2024 at 9:10 am of the pot and pan storage rack revealed multiple stacks of steam table pan of various sizes. A stack of four small square pans was pulled apart and the inside of the top two pans had moisture. Continued observation revealed a stack of five medium sized square steam table pans were pulled apart and the inside of the top three pans had moisture. Further observation of a stack of large rectangle steam table pans revealed the top two pans were pulled apart and the inside had moisture.<br><br>During an interview on 8/23/2024 at 9:10 am the DGM and HDM both confirmed that the steam table pan pulled apart from the stacks all had moisture inside. The HDM revealed that dietary staff are expected to air dry pans completely before stacking and storing.<br><br>During an interview on 8/23/2024 at 2:15 pm the HDM revealed that the facility does not have a policy regarding air drying pot/pans before stacking and storage. The HDM revealed that dietary staff are expected to follow manufacturer's recommendations which indicates to air dry dishware before storing. |