STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48308 Based on observation, interview, and record review the facility failed to provide necessary supplies in order to preserve a resident's dignity and privacy needs. This applies to 1 of 30 residents (R40) reviewed for dignity in the sample of 30. The findings include: R40's face sheet showed R40 was admitted to the facility on [DATE], with multiple diagnoses including, chronic diastolic heart failure, chronic obstructive pulmonary disease, peripheral vascular disease, and unspecified dementia, without behavioral disturbance. R40's MDS (Minimum Data Set) dated May 15, 2024, showed R40 was severely cognitively impaired, and required staff assistance with ADLs (Activities of Daily Living) including set up assistance with eating and oral hygiene and partial assistance with bed mobility, transfer, toilet hygiene, bathing, and dressing. R40's care plan initiated on January 30, 2023, interventions for incontinence included .Use adult incontinence products as needed . and provide dignity related to the use of incontinence products. On June 10, 2024, at 10:50 AM, R40 was sitting in the hallway in the second floor Medicare unit, without wearing pants, with his genitals exposed. There was another resident in the hallway sitting in a wheelchair nearby, the maintenance staff was in R40's room, and a housekeeping staff was cleaning the adjacent room. Staff did not respond until the surveyor pointed out the concern to V12 (Restorative Nurse) who was at the nurse's station across the hall from R40's room. On June 10, 2024, at 11:06 AM, V11 (CNA) stated she last saw R40 at 10:00 AM in his room and R40 must have wheeled himself into the hallway. V11 stated there were no pull up briefs in R40's room at that time, for R40 to wear, which is the only incontinence product R40 will use. V11 stated the pull up incontinence product was not available because the family did not bring in more supply. V11 then went to the facility's supply room to retrieve the pull up style of incontinence product and put the package of pull up briefs in R40's room. On June 12, 2024, at 12:20 PM, R40 was observed sitting in his room with V21 (CNA) not wearing any pants, with the room door open. R40 took a brief out of the bedside drawer and put it on himself. V21 assisted R40 by locking the brakes to R40's wheelchair while R40 stood up to pull up the brief. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	V1 (Administrator) provided a copy of Residents' Rights for people in Long-term Care Facilities from the Illinois Department on Aging, when asked for the facility's policy regarding resident dignity. On page 2 of the undated document, showed .safe and good care .Your facility must provide services to keep your physical and mental health, and sense of satisfaction .and .your medical and personal care are private.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48308 Based on interview and record review, the facility failed to follow its policy regarding grievances/complaints and failed to inform the Administrator/designee upon receipt of the grievance and failed to inform the resident of the results of the investigation. This applies to 1 of 1 resident (R138) reviewed for grievances in the sample of 30. The findings include: R138's face sheet showed R138 was admitted to the facility on [DATE], with multiple diagnoses including end stage renal disease with hemodialysis, diabetes mellitus type 2, monoplegia of upper limb following cerebral infarction affecting the right dominant side, and vascular dementia. R138's MDS (Minimum Data Set) showed R138 with moderate cognitive impairment and required assistance with ADLs (Activities of Daily Living) including supervision with eating, oral hygiene, toilet hygiene and bed mobility, set up assistance with upper body dressing and personal hygiene, and transfer, substantial assistance with bathing and dependence on staff for lower body dressing and putting on/taking off footwear. On June 12, 2024, at 9:15 AM, R138 stated he had a concern because 3 days ago he had reported a concern regarding his wallet was missing with forty dollars in it, and his black pants were missing. He stated he is not sure which staff member he reported it to, but he hasn't heard anything about the concern since he reported it. R138's concern was reported to V4 (Nurse) R138's progress note dated June 8, 2024, at 7:10 PM, showed R138 was found walking back and forth in his room looking for his wallet and R138 stated he was unable to find his wallet since he returned from dialysis at 4:30 PM that day. The progress note also stated that V22 (scheduler) was informed regarding the missing wallet. The nurse who authored the note was unable to be contacted during the survey, there was no answer to the phone call. A review of the June 2024 Grievance forms showed two completed concern forms one dated June 5, 2024, and one dated June 6, 2024, neither regarding R138. On June 12, 2024, at 10:55 AM, V1 (Administrator) stated there were no additional grievance forms for the month of June 2024. On June 12, 2024, at 12:00 PM, V1 stated it is her expectation that the manager or supervisor who receives a complaint/grievance or concern to complete the concern form at the time it is received if a resolution has not been found. V1 stated she thought V22 (scheduler) was the manager on duty on June 8, 2024. On June 12, 2024, at 12:34 PM, V22 stated she was not the manager on duty on June 8, 2024, and did not receive a notification regarding R138's missing wallet, and pants. V22 stated V23 (Social Services Director) was the Manager on duty on June 8, 2024. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On June 12, 2024, at 12:40 PM, V23 stated she was the manager on duty on June 8, 2024, but did not receive a complaint regarding R138's missing wallet. V23 stated she was made aware of R138's concern on the morning of June 12, 2024, when V1 reported the concern to her. V23 stated she has not followed up with R138 regarding his concern of June 8, 2024. On June 12, 2024, at 3:15 PM, V1 stated she was not made aware of R138's concern regarding the missing items until the morning of June 12, 2024, when V23 told her. V1 also stated she did not have a completed concern form, regarding R138 but she could make one out now. The facility's policy titled Grievance/Complaints dated January 2017, showed .3. Grievances and/or complaints can be submitted verbally or in writing and signed by the resident or the person filing the grievance or complaint on behalf of the resident. The grievance or complaint can be written on the concern from .4. The grievance Official will be the Administrator of the facility and will be responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion the Administrator will provide his or her contact information .in the event an Administrator is not present the Administrator will appoint an interim Grievance official .7. The resident or person filing the grievance or complaint will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems. Such report will be made in a timely fashion of the filing of the grievance .

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50501 Based on observation, interview, and record review the facility failed to assess and provide appropriate splints and therapy services to maintain and/or prevent further progression of deformities or reduction in range of motion. This applies to 3 of 5 residents (R2, R23, R102) reviewed for Range of Motion (ROM) in the sample of 30. The findings include: 1. R2 has multiple diagnoses including rheumatoid arthritis, unspecified, generalized Osteo Arthritis, and Neuralgia according to the face sheet. R2's MDS (Minimum Data Set) dated March 12, 2024, identifies R2 as cognitively intact. R2 has functional limitations of ROM (Range of Motion) to one side of both upper and lower extremities. The same MDS shows R2 requires maximum to total assistance for most ADLs (Activities of daily living). On June 10, 2024 at 12:32 PM, R2 had contractures to the right hand and no splinting device was noted. R2 stated he uses his left hand to assist his right hand to perform basic tasks. R2 stated he is willing to be evaluated for therapy. On June 11, 2024 at 11:30 AM, V8 (Occupational Therapist) was at the bedside and assessed R2's ROM and determined it appropriate to have Occupational Therapy (O/T) department evaluate efficacy of splinting or other therapeutic options, to maintain or increase R2's use of that hand and fingers. R2's OT evaluation and plan of care dated June 12, 2024, written by V9 shows [R2] is below baseline and would benefit from skilled OT. Based on assessment resident's right hand demonstrates claw hand deformity indicating ulnar nerve injury. [R2] also demonstrates deformities in digits one thru (through) three due to Arthritis. In order to prevent further deformities a figure 8 anti-claw splint is recommended 1 time per day, initially for 30 minutes, and an oval 8 finger splint is recommended three times per day initially for 20 minutes. Both splint times being increased as tolerated. On June 12 2024 at 11:45 AM, V9 stated she noted ulnar nerve damage causing right claw-hand deformity of ring and pinky finger (fingers 4 & 5) and based on her evaluation she will recommend an oval 8 anti-claw splint to be applied daily for 30 minutes per day initially then increasing it to 2 hours over the next 4 weeks to prevent further deformity and move fingers into proper alignment. V9 further stated she will also recommend an oval 8 finger splint to the right pointer and index fingers (fingers 2 & 3) three times per day initially for 20 minutes per day and gradually increasing to 1 hour per day to prevent further deformity and move fingers into proper alignment. V9 stated both splints could be applied simultaneously. V9 also recommended OT three times per week for four weeks. 16746 2. R102 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and aphasia following cerebral infarction, based on the face sheet. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R102's significant change MDS dated [DATE] showed that the resident was cognitively impaired. R102 had impairment/functional limitations in range of motion to one side of both upper and lower extremities. The same MDS showed that R102 required moderate to total assistance from the staff with most of her ADLs (activities of daily living). On June 10, 2024 at 12:58 PM, R102 was in bed, alert but nonverbal. R102 uses signs, gestures and sounds to communicate. R102 was eating independently using her left hand while in bed. R102 had weakness on her right arm and right hand. R102 was asked to raise her right arm and to open her right hand, but the resident was not able to perform as requested. R102 kept on pointing to her right arm and hand using her left fingers, while moving her head from side to side to indicate that she cannot move her right upper extremity. On June 11, 2024 at 11:17 AM, R102 was in bed, alert but nonverbal. R102 uses signs, gestures and sounds to communicate. V8 (Registered Nurse/wound care nurse) requested R102 to raise her right arm and to open her right hand but the resident was not able to perform as requested. V8 stated that R102 had weakness to the right arm and right hand. V8 was prompted to request the therapy department to screen and/or evaluate R102 for the need for any splint or device to the right arm/hand and any therapy services. R102's OT (occupational therapy) evaluation and plan of treatment dated June 11, 2024 created by V9 (Occupational Therapist) showed that the resident had right sided paralysis and her right upper extremity was flaccid. The same OT evaluation showed that in order to prevent contracture to R102's right hand, a resting hand splint was recommended to be used daily for one to two hours with frequent skin checks for redness, swelling, discomfort or pain. On June 12, 2024 at 9:40 AM, V9 stated that she had evaluated R102 on June 11, 2024 after lunch, per nursing request. V9 stated that R102 had right upper extremity paralysis (flaccid) and her right hand was in a fisted position, and because of this the resident had increase potential to decline due to rigidity of the right upper extremity. According to V9, based on her evaluation of R102, the resident would benefit from the use of the right resting hand splint daily for one to two hours as tolerated to prevent contracture. V9 added that she also recommended for R102 to receive occupational therapy services three times a week for three weeks. 3. R23 had multiple diagnoses including hemiplegia and hemiparesis following cerebrovascular disease affecting right dominant side and polyarthritis, based on the face sheet. R23's quarterly MDS dated [DATE] showed that the resident was severely impaired with cognition. The MDS showed that R23 had impairment/functional limitations in range of motion to both sides of her upper and lower extremities. The same MDS showed that R23 required maximum to total assistance from the staff with most of her ADLs. On June 10, 2024 at 10:41 AM, R23 was in bed, alert, verbally responsive but confused. R23's fingers (left and right hands) were deformed, and some fingers were hyperextended without any splint or device in place. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On June 11, 2024 at 11:42 AM, R23 was in bed, alert, verbally responsive but confused. V8 who was in the room acknowledged that the resident's fingers were deformed, and some were hyperextended. V8 also acknowledged that R23 had no splint/device in place. V8 was prompted to have the therapy department evaluate or screen the resident for possible use of splint/device and/or therapy services. R23's OT evaluation and plan of treatment dated June 12, 2024, created by V9 (Occupational Therapist) showed in-part under impressions, Based on assessment, [patient's] [left] hand demonstrate swan neck deformity, PIP (proximal interphalangeal) joints are hyperextended, and DIP (distal interphalangeal) joints are in flexion. [Right] hand is showing signs of deformity occurring PIP joints of the 3rd and 4th digits are hyper extending. In order to prevent further deformity of [left/right] hand, a hand-based thumb spica orthosis and oval-8 finger splints are recommended. Thumb spica orthosis is recommended 1 x a day for 30 minutes and gradually increasing the time to 2 hours. Oval-8 finger splints is recommended 3 x a day for 20 minutes and gradually increasing the time to 1 hour. On June 12, 2024 at 1:05 PM, V9 stated that she had evaluated R23 that morning per nursing request. V9 stated that based on her evaluation of R23, the resident had arthritis of her fingers (both hands) with lots of deformities. V9 stated that she was recommending for R23 to use a right thumb spica splint to immobilize the joints of the right hand to prevent further progression of the deformities and to maintain current motion of the fingers. V9 stated that for R23's left hand she had recommended the use of an oval-8 splint due to the hyperextension of the middle and ring fingers. The oval-8 splint will help prevent further hyperextension of the fingers and prevent further progression of the deformities. According to V9, the right thumb spica splint and the left hand oval-8 splint could be applied at the same time. The right thumb spica splint is recommended to be applied once daily for 30 minutes and gradually increased to two hours as tolerated and the left hand oval-8 splint is recommended to be applied three times a day for 20 minutes and gradually increased to one hour as tolerated by the resident. V9 added that she also had recommended for R23 to receive occupational therapy services three times a week for four weeks.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41855 Based on observation, interview, and record review, the facility failed to ensure that gastric tube (g-tube) placement was checked prior to flushing the tube and administering medication. The facility also failed to administer g-tube flushes and medications using the proper technique. This applied to 1 of 1 resident (R147) reviewed for g-tube medication administration. The finding included: R147's EMR (Electronic Medical Record) showed R147 was admitted to the facility on [DATE], with diagnoses that included pneumonitis due to inhalation of food/vomit, dysphagia, major depressive disorder, anxiety, protein-calorie malnutrition, Right lung malignant neoplasm, Clostridium Difficile (C-diff) and adult failure to thrive. R147's MDS (Minimum Data Set) dated, May 27, 2024, showed R147 was cognitively intact and had history of coughing or choking during meals when swallowing. R147's care plan showed R147 required tube feeding and stoma site care due to dysphagia (difficulty swallowing). Interventions included . check placement and patency of feeding tube prior to administering medications, feedings, and flushes. On June 11, 2024 at 3:28 PM, V3 (LPN/Licensed Practical Nurse) prepared R147's 4:00 PM medications for administration. There were two pills scheduled to be administered. V3 crushed the first pill in a plastic sleeve and then placed the crushed pill into a plastic medication cup. V3 repeated the same process with the second medication. V3 poured 15 ml of water into each medication with the crushed pill. V3 filled two additional medication cups with 30 ml of water, V3 said she will be using it to flush the g-tube. V3 donned PPE (Personal Protective Equipment) before entering the room due to R147 being in contact isolation for Clostridium Difficile (C-diff). V3 explained to R147 what she was going to do. V3 turned off the tube feeding that was currently running. V3 disconnected the tube feeding from the port and then palpated the abdomen around the insertion site and asked R147 if there was any pain. R147 denied pain and V3 said ok good, I was checking placement. V3 used 30 ml of water and administered a water flush by pushing the water into the tube. V3 said she was making sure the tube was patent. V3 proceeded to administer one medication with 15 ml of water by pushing/injecting the medication into the tube, added another 15 ml of water into the medication cup to get the medication residual still in cup and then administered by pushing/injecting the medication into the tube. Second medication was administered by pushing/injecting the medication with 15 ml of water into tube and finished with 15 ml water flush which she pushed through the tube. On June 12, 2024 at 10:20 AM, V10 (Regional Nurse Consultant) said when administering g-tube medication the nurse needs to check for placement by aspirating for gastric content. Medications and flushes should be administered by gravity, and a 30 ml flush before administrating a medication and after administrating medications. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility provided their policy titled Medication Pass Guidelines dated September 2022. Their policy showed . 10. Preparing Medication or Feedings for GT, NGT, or J-tube Administration, check placement before administering medications (or feedings), flush with 30 ml of water before and after each resident's med pass (the gravity method is recommended) . Always rinse/flush the tube after administering each medication, with a sufficient amount of water to clear it .

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 36567 Based on observation, interview and record review, the facility failed to provide pureed and mechanically altered meatballs with sauce for the lunch meal. This applies to 18 of 18 residents (R1, R9, R10, R12, R16, R23, R39, R47, R65, R68, R84, R92, R94, R102, R118, R145, R452, R455) reviewed for dining in the sample of 30. The findings include: 1. On June 10, 2024 at 9:40 AM, V18 (Cook) was seen putting pureed ground meat with spaghetti sauce that was processed in a blender into serving pans. V18 stated that there are around 13 residents that are on pureed consistency. V18 stated that the item was ready for service after reheating the same. When taste tested the product, there was small lumps of fat and meat particles that were unable to be swallowed without further chewing. V16 (Dietary Supervisor) who was in the vicinity was requested to taste test the same and agreed that the item needs to be processed more. On June 12, 2024 at 9:20 AM, V17 (Dietitian) stated that the pureed foods should have the consistency of mashed potatoes or pudding. Facility Policy titled Puree (dated July 2023) included as follows: Purpose: The puree diet texture consists of pureed, homogenous, and cohesive foods in pudding like consistency. Any foods that require bolus formation, controlled manipulation, or mastication are excluded. Facility Diet Type Report printed on June 10, 2024 showed that R1, R9, R10, R16, R39, R65, R84, R92, R94, R145, R455 were on pureed consistency diets. 2. Facility lunch menu spread sheet for June 10, 2024 (Cycle day 9) included ground meatballs served with #8 scoop (4 ounce) and 1/2 cup of green beans for the residents on mechanical soft diet. On June 10, 2024 at 12:32 PM, the lunch meal service was observed in the 1st floor dining room. V20 (Dietary Aide) was plating the food and noted to serve three whole meatballs to residents on mechanical soft diet and R12, R23, R47, R68, R102, R118,and R452 received the same. V15 (Executive chef) who was in the vicinity stated Our menu spread sheets call for the same. When V15 was shown the menu spreadsheet, he agreed that the residents on mechanical soft diet should have received ground meat as shown on the menu. R452 also received regular consistency romaine lettuce salad and a side order of mixed vegetables that included corn. R452 took only a few bites of the salad and mixed vegetables and stated that he is unable to chew the same. On June 10, 2024 at 12:51 PM, V16 (Dietary Supervisor) stated that R452 should have not received corn and should have received shredded lettuce or mechanically altered coleslaw (steamed) instead of the salad. (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On June 12,2024 at 9:21 AM, V17 (Dietitian) stated that the facility should follow the spread sheet to serve consistency as shown. V17 stated that residents on mechanical soft diet should not receive raw vegetables. V17 added that hard cooked vegetables like corn should also be avoided for mechanical soft diets and creamed corn served instead. Facility Policy titled Regular Ground/Mechanical Soft (dated July 2023) included as follows: Purpose: The regular mechanical soft diet is for adults who have difficulty chewing. This diet is similar to the regular diet with some modifications to hard to chew foods. Rationale: Foods that are difficult to chew are replaced with foods that have been altered into a form that can be easily swallowed. Food that maybe modified because they are tough and difficult to chew include meats, poultry, fish, raw vegetables, and other fibrous foods. Menu guidelines: Meat, Fish, Nuts -Allow all ground meats . Vegetables-Allow cooked vegetables and moist shredded/chopped lettuce. Avoid hard raw vegetables. Facility Diet Type Report printed on June 10, 2024 showed that R12, R23, R47, R68, R102, R118, R452 were on mechanical soft diet consistency.

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. 36567 Based on observation, interview and record review, the facility failed to store resident's foods in a safe and sanitary manner in a resident's personal refrigerator. This applies to 1 of 1 resident (R106) reviewed for foods brought in from outside in the sample of 30. The findings include: R106's face sheet included diagnoses of malignant neoplasm of head of pancreas, type 2 diabetes mellitus without complications, alcohol dependence with unspecified alcohol-induced disorder, encounter for palliative care, adult failure to thrive. R106's quarterly MDS (minimum data set) dated June 4, 2024 showed that R106 is cognitively intact. On June 10, 2024 at 11:51 AM, R106 stated that he orders in own Indian food from outside as he does not care for food here. There was a small refrigerator at bedside but the same was not checked as R106 was having visitors. On June 12, 2024 at 9:53 AM, R106's refrigerator was checked with resident's permission and noted to have 5 clear plastic containers of cooked food items and another item wrapped in silver foil placed over excessive spills and food debris and miscellaneous brownish black particles. These food items were not labeled or dated. R106 stated that "a man" brings the food to the front desk and either that person or the CNAs (Certified Nursing Assistant) place it in the refrigerator. No thermometer was found in the refrigerator, but a temperature monitoring log was found on top of the refrigerator with logs from June 01-June 10, 2024. On June 12, 2024 at 9:55 AM, the refrigerator with its contents were showed to V19 (Licensed Practical Nurse) who stated that R106 orders food from an Indian man from outside the facility. V19 stated that the food items are supposed to be labeled and dated and that there should be a thermometer in the refrigerator. V19 stated that usually it's the night shift nursing staff that checks the refrigerator and monitors and logs the temperatures as well. Facility Policy and Procedure titled Food Safety Information for Families and Visitors Tips to Keeping Food Safe included as follows: Chill food to prevent food poisoning: Keep food in your refrigerator at 41 degrees Fahrenheit or below . Holding Foods: Resident food maybe stored in the refrigerator for 3-5 days. Resident food should be in a tight container labeled with name, food item and date it was prepared.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 48308 Based on interview and record review, the facility failed to ensure that the QAPI (Quality Assurance and Performance Improvement) committee met quarterly and the required QAPI committee members attended the meetings. This applies to all 151 residents residing in the facility. The findings include: The census roster dated June 10, 2024 showed 151 residents residing in the facility. The facility presented committee meeting attendance records since the last annual survey date of August 30, 2023. The facility provided attendance records dated December 7, 2023, March 14, 2024, and an undated attendance record. The attendance record dated December 7, 2023, did not include the signature of the Infection Preventionist, nor the Medical Director. The attendance record dated March 14, 2024, did not include the signature of the Infection Preventionist, or the Medical Director. The undated attendance record did not contain the signature of the Director of Nursing, the Medical Director, or the Infection Preventionist. On June 12, 2024, at 12:00 PM, V1 (Administrator) stated that the Medical Director has not attended a QAPI meeting since last year. V1 also stated there is no representatives from the Pharmacy and the Laboratory, just quarterly reports submitted to be reviewed. The attendance documents do not support quarterly meetings of the QAPI committee have occurred since the last annual survey. The facility's QAPI Plan dated October of 2019, showed .Authority .2. The Administrator is responsible for assuring that this facility's QAPI program complies with federal, state, and local regulatory agency requirements.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	06/13/2024

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41855 Based on observation, interview, and record review the facility failed to follow the proper infection control practice when caring for a resident in contact isolation. This applies to 1 of 1 resident (R147) in sample of 30. The finding included: R147's EMR (Electronic Medical Record) showed R147 was admitted to the facility on [DATE], with diagnoses that included pneumonitis due to inhalation of food/vomit, dysphagia, major depressive disorder, anxiety, protein-calorie malnutrition, Right lung malignant neoplasm, Clostridium Difficile (C-diff) and adult failure to thrive. R147's MDS (Minimum Data Set) dated, May 27, 2024, showed R147 was cognitively intact. R147's care plan showed R147 was in a single room, in contact isolation related to C-Diff. Interventions included educate resident and responsible party on isolation precautions. On June 10, 2024 at 8:14 AM, V7 (LPN/Licensed Practical Nurse) was in R147's room with the door open, From the hallway V7 was seen standing next to R147's bed wearing gloves but had no gown on. R147 was on isolation for C-diff. The contact isolation sign and the isolation cart stocked with PPE (Personal Protective Equipment) including gowns and gloves were present outside the entry into R147's room. V7 came out of the R147's room wearing the same gloves, closed the room door, went to the nurses' station where he removed his gloves, threw them in the garbage, and picked up a cup and took a drink. V7 stated R147 was on isolation for C-diff and staff need to wear gown and gloves when in the room. V7 also said that before leaving the room, hands are to be washed with soap. On June 12, 2024 at 10:20 AM, V10 (Regional Nurse Consultant) said when a resident is in isolation for C-diff, the staff must wear the proper PPE and remove it before leaving the room. The staff are also to wash hands with soap and water. V10 said these precautions are in place to protect not only the residents but also the staff from getting C-diff. Facility provided their policy dated 2020 and titled, Infection Prevention and Control Manual Antibiotic Stewardship & MDROs. The policy shows, It is the policy of this facility that appropriate measures will be utilized for the prevention and control of Clostridium Difficile Infections (CDI) . Procedure: Clostridioides difficile (previously known as Clostridium difficile or C.diff) is considered by the Centers for Disease Control and Prevention as an Urgent Threat in the United States. Clostridioides Difficile is a bacterium that will cause inflammation of the colon and causes life-threatening diarrhea . V. Isolation Precautions: A. Contact precautions should be used for CDI residents with diarrhea. B. Hands should frequently be washed with soap and water. An alcohol-based waterless hand cleaner is not effective against CDI spores.