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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145625 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/09/2024 |
| NAME OF PROVIDER OR SUPPLIER California Terrace | | STREET ADDRESS, CITY, STATE, ZIP CODE 2829 South California Blvd Chicago, IL 60608 | |

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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>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.</p> <p>43351</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide a homelike environment to 8 (R71, R73, R104, R172, R178, R179, R193, and R202) residents reviewed for home-like environment in the total sample of 67 residents.</p> <p>Findings include:</p> <p>1. The (10/06/2024) midnight census documented the following number of residents by floor:</p> <p>1st floor = 56 residents</p> <p>2nd floor = 68 residents</p> <p>3rd floor = 64 residents</p> <p>4th floor = 65 residents</p> <p>On 10/06/24 at 10:58 AM, R202 stated I shower every day, sometimes I don't get to dry myself because there's no available towel to use. I ask the CNA (Certified Nursing Assistant) to bring me towels; sometimes they bring me towels and sometimes they don't. They (staff) said because there's none available. The same with the linens; sometimes they do bring them and sometimes they don't because the linens are not available. Of course, it is upsetting if the linens and towels are not available.</p> <p>On 10/06/24 at 11:58 AM, R193 was lying on bed; R193's pillowcase was only covering half of R193's pillow. The pillow and pillowcase had dark brown discoloration where R193 head was resting. R193 stated they do change my sheets but plenty of times, they had none. I told the staff to change my sheets and pillowcase after lunch. My pillow and pillowcase are dirty.</p> <p>On 10/07/2024 at 10:45am, R193's was lying on bed; R193's pillow and pillowcase still noted with dark brown discoloration. R193 stated the staff told me yesterday that they did not have anything available to change my pillowcase.</p> <p>On 10/07/2024 at 10:47am, this surveyor requested V28 , CNA, to check on R193 pillow and pillowcase.</p> <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 |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/07/2024 at 10:50am, V28 stated he (R193) needed a new pillow and a new pillowcase, these are dirty.</p> <p>On 10/09/2024 at 10:23am, V40, CNA, stated (R193)'s pillowcases are really dirty. (R193)'s pillow is big. (V28) put 2 pillowcases on his pillow. I changed (R193)'s pillowcase with two pillowcases on Monday.</p> <p>On 10/07/2024 at 10:32am inside the laundry room with V27 (Housekeeping/Laundry) the linen racks against the wall had few linens. V27 stated during 1st shift I bring 20 pieces of face towels and big towels, 15 gowns, 12 pads, 10 blankets, 15 flat and 15 fitted sheets on each floor. The floor got more if staff are dropping the soiled linens in the chute right after they changed the linens. Each floor has 30 rooms; some rooms have 4 residents, 3 residents, 2 residents and one resident. I know what I bring to the floor is not enough for the residents. The residents should get more supplies, but I don't have enough to give them. This room (referring to the laundry room) used to be filled with supplies with the previous owner of the facility. But the new owner was cheap. This surveyor inquired if there are documentations of how many linens were brought on the floor. V27 stated we do have a form where we list the number of linens I bring to the floors.</p> <p>The (10/5/24) untitled form documented, in part Floor:2Fl. Washcloths: 20, Towels: 16, Fitted Sheets: 4, Flat Sheets: 14, Pillow cases: 3, Pads: 4, Blankets: 6. Floor: 3Fl. Washcloths: 20, Towels: 8, Fitted Sheets: 9, Flat Sheets: 10, Pillow cases: 0, Pads: 4, Blankets: 6. Floor: 1Fl, Washcloths: 20, Towels: 8, Fitted Sheets: 4, Flat Sheets: 5, Pillow cases: 1, Pads: 2, Blankets: 4. Date: 10/04/24, Floor: 4Fl, Washcloths: 15 + 16, Towels: 6, Fitted Sheets: 4, Flat Sheets: 5+2, Pillow cases: 1, Pads: 2, Blankets: 3+5.</p> <p>The (10/6/24) untitled form documented, in part Time: 4:20am, Floor: 1Fl. Washcloths: 12, Towels: 5, Fitted Sheets: 2, Flat Sheets: 5, Pillow cases: 0, Pads: 3, Blankets: 3. Time: 4:23am, Floor: 3Fl. Washcloths: 12, Towels: 5, Fitted Sheets: 2, Flat Sheets: 6, Pillow cases: 0, Pads: 2, Blankets: 3. Time: 4:32am, Floor: 4Fl, Washcloths: 12, Towels: 5, Fitted Sheets: 3, Flat Sheets: 6, Pillow cases: 0, Pads: 2, Blankets: 3. Floor: 2nd, Washcloths: 12, Towels: 5, Fitted Sheets: 2, Flat Sheets: 5, Pillow cases: 0, Pads: 3, Blankets: 3.</p> <p>The (10/6/24) untitled form documented, in part Floor:2Fl. Washcloths: 24, Towels: 9, Fitted Sheets: 7, Flat Sheets: 9, Pillow cases: 0, Pads: 1, Blankets: 5. Floor: 3Fl. Washcloths: 24, Towels: 10, Fitted Sheets: 9, Flat Sheets: 12, Pillow cases: 1, Pads: 5, Blankets: 7. Floor: 1Fl, Washcloths: 30, Towels: 3, Fitted Sheets: 10, Flat Sheets: 8, Pillow cases: 6, Pads: 6, Blankets: 4. Floor: 4Fl, Washcloths: 30, Towels: (no entry), Fitted Sheets: 12, Flat Sheets: (no entry), Pillow cases: 10, Pads: 6, Blankets: (no entry).</p> <p>The (10/7/24) untitled form documented, in part Time: 4:15am, Floor: 1Fl. Washcloths: 15, Towels: 2, Fitted Sheets: 4, Flat Sheets: 5, Pillow cases: 1, Pads: 3, Blankets: 3. Time: 4:20am, Floor: 2nd, Washcloths: 15, Towels: 2, Fitted Sheets: 5, Flat Sheets: 5, Pillow cases: 1, Pads: 4, Blankets: 3. Time: 4:30am, Floor: 3rd, Washcloths: 15, Towels: 3, Fitted Sheets: 5, Flat Sheets: 5, Pillow cases: 2, Pads: 4, Blankets: 4. Time: 4:35am, Floor: 4th, Washcloths: 15, Towels: 3, Fitted Sheets: 5, Flat Sheets: 4, Pillow cases: 2, Pads: 4, Blankets: 4.</p> <p>(continued on next page)</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The (10/7/24) untitled form documented, in part Time: 7:41am, Floor: 1st, Washcloths: 20, Towels: 15, Fitted Sheets: 9, Flat Sheets: 15, Pillow cases: 8, Pads: 8, Blankets: 6. Time: __, Floor: 2nd, Washcloths: 20, Towels: 15, Fitted Sheets: 8, Flat Sheets: 11, Pillow cases: 2, Pads: 8, Blankets: 6.</p> <p>On 10/08/2024 at 2:26pm, V41 (Housekeeping/Laundry/Floor Tech) stated when I work the Laundry on the first shift, I do 4 trips; one trip on each floor. We have four residents' floors.</p> <p>On 10/07/2024 at 12:37pm, this surveyor showed to V20 (Laundry/Housekeeping Director) the untitled laundry form provided by V27 to this surveyor and inquired if the numbers written on the forms were correct. V20 stated yes these are correct. My staff have to split the linens among the floors. We are supposed to change their pillowcases, flat sheets, fitted sheets, and blankets every day. I know the supplies that we have are not enough for the number of residents we have. We should have enough linens. When I take a shower, I should have at least two washclothes and a towel to dry. That is how I would like to treat myself at home. We are not providing a homelike environment to our residents.</p> <p>On 10/08/2024 at 2:39am, V2 (Director of Nursing) stated we have 60 -67 residents on each floor. This surveyor showed the untitled laundry form that V27 provided this surveyor and inquired if the supplies provided by the laundry department were enough for all the residents at the facility. V2 stated it's not enough for the whole facility. We are not providing a homelike environment to the residents.</p> <p>R193's (10/07/24) Medication Review Report documented, in part Diagnoses: (include but not limited to) neoplasm of testis and weakness.</p> <p>R193's (09/23/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) summary Score: 13 Indicating R193's mental status as cognitively intact.</p> <p>R202's (10/07/2024) medication Review Report documented, in part Diagnoses: (include but not limited to) inflammatory disorder of scrotum and type 2 diabetes mellitus.</p> <p>R202's (08/07/24) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS summary Score: 15. Indicating R202's mental status as cognitively intact.</p> <p>The (undated) Laundry Supervisor Job descriptions documented, in part Purpose of your job position. To assure that our facility is maintained in a clean, safe, and sanitary manner, and that an adequate supply of laundry/linen is on hand at all times to meet the needs of the residents. Equipment and supply functions: ensure that an adequate supply of clean linen is maintained in linen closets.</p> <p>The (5/24) Resident Care Standards documented, in part Policy: the following standards are to be practiced by all nursing employees in the performance of direct and indirect care procedures for or with the resident, whether using equipment for technical procedures or when assisting residents to carry out self-care activities standards will not be repeated again in the individual procedures unless significance warrants repetition. Procedure: Resident environment will be maintained in a manner that protects the resident, is pleasing to the resident, and as much as possible in a home like environment.</p> <p>(continued on next page)</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The (11/18) Residents's Rights for People in Long-Term Care Facilities documented, in part As a long-term care resident in the State, you are guaranteed certain rights, protections and privileges according to state and federal laws. Your rights to safety. Your facility must be homelike.</p> <p>41611</p> <p>2. On 10/06/2024 at 10:58am surveyor observed R172's privacy curtain with a large brown stain on it.</p> <p>On 10/06/2024 at 11:06am surveyor observed that R178 did not have a privacy curtain. R178 stated that he would not mind having a privacy curtain.</p> <p>On 10/08/2024 at 2:29pm V20 (Housekeeping/Laundry Director) stated that a walk through is done of the resident's rooms at least 2-3 times a day to see what needs to be cleaned or replace and he was not aware that R172 was dirty and R178 needed a curtain. If curtains are laundered it normally takes about 2-3 hours for them to be washed, dried and rehung.</p> <p>Undated policy titled Housekeeping Guidelines, documents, in part, to provide guidelines to maintain a safe and sanitary environment for residents and cleaning of curtains will be cleaned when dust or soiling is visible.</p> <p>On 10/06/2024 at 12:04pm V44 (Certified Nursing Assistant-CNA) stated no, we don't have enough towels and linen for the residents and when we run out we have to go down to laundry to get more. Yes, when there is no linen than we have to wait to provide patient care to the resident.</p> <p>49572</p> <p>3. On 10/6/2024, this surveyor observed no window curtains in R71, R73, R104 and R179's rooms (R73, R104 and R179 are roommates).</p> <p>On 10/6/24 at 11:11am, R73 replied, This place is tore up. Nothing works. It's filthy. Be nice to have some curtains cause that light be bright sometimes. Too bright. It's hard to get a nap in.</p> <p>R73's face sheet, documents, in part, medical diagnosis including, but not limited to: schizoaffective disorder, bipolar type, unspecified psychosis not due to a substance or known physiological condition and schizophrenia, unspecified.</p> <p>R73's BIMS summary score, dated 9/17/24, is 8 which indicates R73's cognition is moderately impaired.</p> <p>On 10/6/24 at 11:19am, R179 replied, They haven't had curtains since I been here. Not only is there already no privacy with everyone in here but everyone outside can look up and see what we're doing. I told you. I just wanna go home.</p> <p>R179's Face sheet, documents, in part, medical diagnosis including, but not limited to: schizophrenia and unspecified dementia. R179's BIMS summary Score, dated 8/26/24, is 11 which indicates R179's cognition is moderately impaired.</p> <p>(continued on next page)</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R104's face sheet, documents, in part, medical diagnosis including, but not limited to: schizoaffective disorder, vascular dementia and major depressive disorder. R104's BIMS summary score, dated 8/18/24, is 8 which indicates R104's cognition is moderately impaired.</p> <p>On 10/06/24 at 11:37am, R71 said They (staff) don't care that we don't have curtains. Wish I had some and maybe this place would look more like bedroom.</p> <p>R71's face sheet, documents, in part, medical diagnosis including, but not limited to: unspecified dementia and suicidal ideations. R71's BIMS summary score, dated 8/20/24, is 12 which indicates R71's cognition is moderately impaired.</p> <p>On 10/7/24 at 11:45am, V24 (Maintenance Director) said, All rooms are supposed to have them (curtains). My department is responsible for replacing. I'm not sure if rooms don't have them because nobody says nothing. Purpose of the curtains are to cover the sun for the residents.</p> <p>On 10/09/24 at 11:11am, V1 (Administrator) said, All residents' rooms should have curtains on the windows. It's for privacy, residents' rights, and dignity. Not sure why there are rooms that do not have them.</p> <p>Facility job description titled, Maintenance Supervisor, dated 2003, documents, in part, The primary purpose of your job position is to assist in supervising the day-to-day activities of the Maintenance Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Director of Maintenance, to assure that our facility is maintained in a safe and comfortable manner . Ensure that assigned work areas are maintained in a safe and attractive manner . Conduct daily inspections of assigned work areas to assure that cleanliness and sani conditions are maintained .</p> <p>Facility job description titled, Administrator, dated 2003, documents, in part, The primary purpose of your job position is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times . Consult with department directors concerning the operation of their departments to assist in eliminating/correcting problem areas, and/or improvement of services . Ensure that the resident's rights to fair and equitable treatment, self detennination, individuality, privacy, property and civil rights, including the right to wage complaints, are well established and maintained at all times.</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>41611</p> <p>Based on observation, interview, and record review the facility failed to ensure nail care is provided for one resident (R75). This failure has the potential to affect all residents in the sample size of 67.</p> <p>Findings include:</p> <p>R75 has a diagnosis of but not limited to Chronic Obstructive Pulmonary Disease, Vascular Dementia, Major Depressive Disorder, Metabolic Encephalopathy and Lack of Coordination.</p> <p>R75 has a Brief Interview of Mental Status score of 03. A score of 03 indicates severe cognitive impairment.</p> <p>On 10/06/2024 at 11:31am surveyor observed R75's fingernails to have a greyish black substance under the fingernails on both hands.</p> <p>On 10/06/2024 at 11:32am R75 stated he would like his fingernails cleaned.</p> <p>On 10/06/2024 at 11:34am V39 (Licensed Practical Nurse-LPN) stated I would think it (nailcare) should be done daily.</p> <p>On 10/08/2024 at 9:20am V2 (Director of Nursing-DON) stated the nursing staff are responsible for providing nail care when ADL care is done and when showers (twice a week) are given. V2 also stated for independent residents' staff should be offering assistance with grooming.</p> <p>On 10/08/2024 at 9:56am V38 (Certified Nursing Assistant-CNA) stated nailcare is provided as often as needed especially if the fingernails are dirty and or need to be cut.</p> <p>Policy titled Bath and or Showering Unit dated 4/14 documents, in part, to cleanse and refresh the resident and 1. Resident's nails are to be kept short, smooth and clean.</p> <p>Job Description titled Certified Nursing Assistant documents, in part, assist residents with nail care (i.e. clipping, trimming, and cleaning the fingernails/toenails).</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45196</p> <p>Based on observation, interview, and record review the facility failed to ensure that the environment was free from hazards for one resident (R189). This failure has the potential to affect all 64 residents on the third-floor unit.</p> <p>Findings include:</p> <p>On 10/06/24 V2 (Director of Nursing, DON) presented a facility census of 64 residents on the third-floor unit.</p> <p>R189's face sheet shows that R189 has a diagnosis which includes but not limited chronic obstructive pulmonary disease and acute respiratory failure with hypoxia.</p> <p>R189's Brief Interview for Mental Status (BIMS) dated 09/08/24 shows that R189 has a BIMS score of 7 which indicates that R189 has some cognitive impairments.</p> <p>On 10/06/24 at 11:02 am, R189 was observed in bed, awake, with a portable oxygen tank on the floor not in a holder, next to R189 dresser. R189 stated that R189 uses oxygen continuously to help R189 to breathe. R189 stated that R189's portable oxygen tank had been on the floor in R189's room for several days.</p> <p>On 10/06/24 at 11:07 am, Surveyor brought this observation to V18 (Registered Nurse, RN) and V18 stated, (R189) uses his portable oxygen when he leaves his room. The portable oxygen should be on the back of his wheelchair for safety. If it (referring to R189's portable oxygen tank) tips over, It can bust and blow up the place and we (referring to staff and residents on the third floor) can die.</p> <p>On 10/07/24 at 10:08 am, V2 (Director of Nursing, DON) was asked regarding storage of oxygen tanks and V2 stated that oxygen tanks should not be free standing and should be stored in the oxygen room or in a cylinder holder. When V2 was asked regarding the importance of oxygen tanks being stored in a oxygen holder V2 stated, If oxygen is not in holder it has the potential to fall, diffuse, set off and combust.</p> <p>R189 Physician Order Sheet dated 11/07/22 shows that R189 has orders for continuous oxygen 4 liters (L) per NC (Nasal Cannular).</p> <p>R189's care plan documents, in part: Focus: R189 has oxygen therapy (continuous O2 (oxygen) r/t (related to) ineffective gas exchange. Secondary to his diagnosis of COPD (Chronic Obstructive Pulmonary Disease).</p> <p>(continued on next page)</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The facility's document dated 11/2022 and titled Oxygen Administration and Storage documents, in part: Purpose: To ensure staff follow safety guidelines and regulations for storage and use of oxygen. Storage: Oxygen cylinder must be stored in racks with chains, sturdy portable carts and/or approved stands in designated areas: May not be stored in resident's room or living area when not in use: May not be left free standing . Empty and full cylinders must be segregated in the designated storage area.</p> <p>The facility's document undated titled Supervision and Safety documents, in part: Policy: Our policy strives to make the environment as free from hazards as possible. Resident safety and supervision are facility wide priorities.</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>45644</p> <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, interviews, and record review, the facility failed to properly label and date oxygen equipment (humidifier bottled, and nebulizer mask) and failed to properly contain oxygen equipment (nebulizer mask) per the facility policy. These failures affected four residents (R48, R78, R135 and R205) reviewed for respiratory care in a sample of 67 residents.</p> <p>Findings include:</p> <p>1. R78's diagnoses include but not limited to asthma, atherosclerotic heart disease, and epilepsy.</p> <p>R78's Brief Interview for Mental Status (BIMS) dated 9/3/24 shows R78 has a BIMS score of 13, which indicates R78 is cognitively intact.</p> <p>On 10/6/24 at 12:02 pm, surveyor observed R78's nebulizer mask laying on back of the oxygen machine not contained and dated 8/17/24. Humidify bottle dated 6/24/24.</p> <p>R78's (Active orders as of 10/08/24) Order summary Report documents in part, Ipratropium-Albuterol Inhalation Solution (3) MG/3ML(Milligram/Milliliter) 1 vial inhale orally every 6 hours for short of Breath.</p> <p>R135's diagnoses include but not limited to COPD (Chronic Obstructive Pulmonary Disease), atrial fibrillation, congestive heart failure, acute embolism, and thrombosis.</p> <p>R135's BIMS dated 9/3/24 shows R135 has a BIMS score of 12, which indicates R135 has moderately impaired.</p> <p>On 10/6/24 at 12:15 pm, surveyor observed R135's nebulizer mask observed laying over the nebulizer machine touching the wall uncontained.</p> <p>R135's (Active orders as of 10/08/24) Order summary Report documents in part, Albuterol Sulfate Nebulization Solution (2.5 MG/3ML) 0.083% 3 milliliter inhale orally via nebulizer every 6 hours as needed for Shortness of Breath.</p> <p>On 10/6/24 at 1:00 pm V29 Registered Nurse (RN) stated that oxygen tubing and mask is changed weekly. Surveyor inquired to V29 RN, what is the date on R78's mask and humidifier bottle? V29 looked at the humidifier bottle and stated 6/24/24. V29 looked at the mask and stated 8/17/24. V29 stated that R78 does not really use the oxygen. Surveyor inquired to V29 if the oxygen mask and humidifier bottle should still be changed if R78 still have access to use as needed. V29 stated, Yes, it should still be changed. Surveyor inquired to V29 if the oxygen mask should be laying on top of the oxygen machine touching the wall not covered? V29 stated that the oxygen tubing and mask should be covered to prevent the accumulation of dusk and prevent bacteria.</p> <p>Facility policy titled Oxygen Equipment dated 8/14, documents in part, Procedure: 3. Humidifier Bottle: prefilled bottles will be changed and dated when empty. Other bottles will be changed and dated weekly and prn (as needed).</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>45346</p> <p>2. On 10/06/2024 at 10:45am observed R48 with an oxygen concentrator machine located next to R48's bed, the humidifier bottle attached to the oxygen concentrator machine did not have a date indicating when the humidifier bottle was last changed.</p> <p>On 10/06/2024 at 11:00am V18, RN, stated the humidifier bottle is changed once a month. V18 stated the humidifier bottle is supposed to be dated, the staff is supposed to use a black marker to place the date on the humidifier bottle when it is changed. V18 stated the humidifier bottle is to be dated with the date and time the bottle was changed. V18 stated the night shift nurse is responsible for changing the humidifier bottle.</p> <p>On 10/08/2024 at 10:07am V2(DON/Director of Nursing) stated the humidifier bottle is changed weekly. V2 stated the humidifier bottle should be dated when it is changed. It is my expectation that the nursing staff are to change the humidifier bottle weekly and date the humidifier bottle with the date when the humidifier bottle was changed. V2 stated there is the possibility that infection can spread if the humidifier bottle is not changed according to policy and procedure.</p> <p>R48's face sheet indicates that R48 has diagnosis which includes but are not limited, chronic obstructive pulmonary disease, unspecified, chronic combined systolic (congestive) and diastolic (congestive) heart failure, cerebrovascular disease, unspecified, and essential (primary) hypertension.</p> <p>R48's BIMS dated 08/15/2024 documents R48 has a BIMS score of 03, which indicates R48's cognition is severely impaired.</p> <p>R48's Physician Order Sheet (POS) with active orders as of 10/08/2024 documents in part, PRN (as needed) Oxygen at 2 liters/per nasal cannula.</p> <p>R48's care plan documents in part, R48 has Oxygen Therapy related to CHF (Congestive Heart Failure), ineffective gas exchange. Intervention: Administer oxygen per MD (medical doctor's) orders.</p> <p>45196</p> <p>3. R205's face sheet shows that R205 has a diagnosis which includes but not limited chronic obstructive pulmonary disease, shortness of breath, and acute respiratory failure with hypoxia.</p> <p>R205's BIMS dated 09/27/24 shows that R205 has a BIMS score of 14 which indicates that R205 is cognitively intact.</p> <p>10/06/24 at 11:41 am, R205 was observed in bed resting with an oxygen tank next to R205's bed that had an oxygen nebulizer mask dated 06/10/24 and uncontained. R205 stated that R205's uses R205's oxygen when R205 can't breathe.</p> <p>On 10/06/24 at 11:49 am, this observation was brought to the attention of V17 (Licensed Practical Nurse, LPN) and V17 stated, That is dated June. Let me change it now. The 11-7 shift nurse is responsible for changing that (referring to oxygen tubing and mask) once a week on Sundays. When V17 was asked regarding the importance of changing and containing oxygen equipment V17 stated, For germs, sanitation, and cleanliness. The mask should be in a bag for the same reason, germs, and sanitation.</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/07/24 at 10:08 am, V2, DON, stated that the night shift floor nurses are responsible for changing out the oxygen tubing and nebulizer mask every Sunday night at the facility. V2 also explained that if oxygen tubing and mask are not in use it (referring to oxygen tubing and nebulizer mask) should be stored in a bag. When V2 was asked regarding the importance of storing oxygen tubing and mask in a bag V2 stated, For Infection Control.</p> <p>R205's Physicians Order Sheet (POS) dated 9/20/2024 shows that R205 has orders for oxygen 2-3 liters (L) per NC (Nasal Cannular).</p> <p>The facility's policy dated 08/14 and titled Oxygen Equipment documents, in part: Objective: To administer oxygen in conditions in which infection control is maintained . Procedure: 2. Facility will use disposable nasal Cannular and facemask. Equipment will be changed weekly and prn (as needed) on date of facility's choice ad dated . 4. Oxygen tubing /nebulizer masks will be changed and dated weekly and prn. 5. Oxygen tubing/nebulizer masks will be covered when not in use.</p> | | |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45644</p> <p>Based on observations, interviews, and record review, the facility failed to maintain an accurate account of the controlled substance record and failed to dispose expired medication. These failures affected four residents (R165, R202, R203, and 456) reviewed for controlled substance and medication storage in a sample of 67 residents.</p> <p>Findings include:</p> <p>On 10/7/24 at 10:30 am, Surveyor reviewed the 1st floor medication cart for rooms 101-114 with V32 License Practical Nurse (LPN).</p> <p>On 10/7/24 at 10:40 am, R202's Controlled Drug Receipt/Record/Disposition Form documents in part, Lorazepam Tablet 1 mg (milligram) document a total of 26 left, but actual count was 25 on the medication dispensing card.</p> <p>On 10/7/24 at 10:50 am, V33 (LPN) reviewed 1st floor medication cart 2 for rooms 115-129.</p> <p>On 10/7/24 at 10:55 am, R203's Controlled Drug Receipt/Record/Disposition Form documents in part, Lacosamide tablet 100 mg documents a total of 24 left, but actual count was 23 on the medication dispensing card.</p> <p>On 10/7/24 at 10:56 am, R456's Controlled Drug Receipt/Record/Disposition Form for Hydromorphone Tab 4 mg documents a total of 21 left, but actual count was 20 on the medication dispensing card.</p> <p>On 10/7/24 at 11:20 am, Surveyor reviewed 3rd floor medication cart 2 for rooms 316-330 with V31 LPN.</p> <p>On 10/7/24 at 11:22 am R165 had a bottle of Lantus Insulin in the medication cart with an expiration date of 10/01/24.</p> <p>On 10/7/24 at 10:42 am, V21(1st floor manager, LPN) sitting at nurse's station observing V32 count with surveyor. V21 stated that the narcotic accountability sheet should be signed with incoming and outgoing nurses at change of each shift. V21 stated that the nurses should sign out their narcotics when they administer them to the residents.</p> <p>On 10/7/24 at 11:00 am, V33 (LPN) stated, I gave the medications with the morning medications. I didn't sign it out because I rushed to another resident's room that was in pain. Surveyor inquired to V33 when should the medication be signed out. V33 stated, When I give it.</p> <p>On 10/7/24 at 10:45 am, V31 (LPN) stated that insulin should be dated with an open and expiration date when opened. V31 stated that expired medications should be sent back to pharmacy or discarded.</p> <p>(continued on next page)</p> | | |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R202's admission diagnoses include but not limited to psychosis, suicidal ideations, and psychoactive substance abuse.</p> <p>R202's physician order set documents in part, Lorazepam 1mg give 1 tablet by mouth two times a day for anxiety.</p> <p>R203's admission diagnoses include but not limited epilepsy.</p> <p>R203's physician order set documents in part, Lacosamide oral Tablet 100 mg, give 1 tablet by mouth two times a day related to epilepsy.</p> <p>R456's admission diagnoses include but not limited Displaced supracondylar fracture without intercondylar fracture of right humerus, multiple fractures of ribs, and hypertension.</p> <p>R456's physician order set documents in part, Hydromorphone 4 mg give four times a day for acute pain related to trauma related to unspecified fracture of lower end of right ulna, closed fracture.</p> <p>R165 admission diagnoses include but not limited diabetes.</p> <p>R165 physician order set documents in part, Insulin Glargine (Lantus) subcutaneous solution 100 units/ml give 45 units subcutaneous in the evening for DM (Diabetes Mellitus).</p> <p>Facility policy titled, Narcotics undated documents in part, Guideline: 2. When a narcotic medication is administered, it should be signed out in the narcotic sign out sheet and MAR (Medication Administration Record). 5. Two nurses must count narcotics at the beginning and end of each shift, initiating the narcotic count record. Two nurses counting should be the incoming and outgoing nurses.</p> <p>Facility policy titled Storage of Medication dated 10/25/24, documents in part, Expiration Dating: F. The nurse will check the expiration date of each medication before administering. G. No expired medications will be administered to a resident. H. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner.</p> <p>Facility job description titled Charge Nurse, documented in part, Drug Administration Function: Ensure that narcotic records are accurate for your shift. Dispose of drugs and narcotics as required, and in accordance with established procedures.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43351</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure the temperature of the walk-in cooler and walk in freezer were checked daily, failed to ensure the scoop for dry food was contained, failed to ensure Dietary staff wore appropriate beard guard, and failed to ensure facility staff used unexpired test strips in checking the concentration of chemical used to sanitize kitchen utensils in an effort to prevent food borne illnesses. These failures have the potential to affect all residents at the facility.</p> <p>Findings include:</p> <p>On [DATE] at 9:18am with V9 (Dietary Aide) during the initial tour of the Kitchen, V9 has a beard and was not wearing a beard guard.</p> <p>On [DATE] at 9:18am, the walk-in freezer and walk in cooler temperature log had missing entries. These were pointed out to V9. V9 stated the temperature for whole day of ,d+[DATE] are missing.</p> <p>On [DATE] at 9:25am inside the dry storage room with V9, a scoop was lying on the lid of the OATS bin. V9 stated we use the scoop to get sugar, oats, or breadcrumbs from the bin. The scoop should be by the Chef's area and not touching the lid to prevent cross contamination.</p> <p>On [DATE] at 9:30am, V9 stated I had a beard guard, but I took it off. The purpose of wearing a beard guard is to prevent hair from getting in to the resident's food.</p> <p>On [DATE] at 9:32am, V9 stated we use Quat to sanitize our utensils. This surveyor requested V9 to do the strip test of the 'sanitize sink' of the 3-sink compartment. The test strip did not change color. Further inspection of the container of the test strip, the expiration date was ,d+[DATE]. V9 stated I did not notice it was expired.</p> <p>On [DATE] at 9:39am, went to a room inside the Kitchen and searched the room. V9 stated I can't find new testing strips in the Manager's office.</p> <p>On [DATE] at 9:43am, V12 (Dietary Aide) was by the Dish Machine area. V12 has a beard and was not wearing a beard guard. V12 stated I don't have to wear a beard guard if I am on the Dish machine area.</p> <p>On [DATE] at 9:59am, V25 (Consultant Dietary Manager) stated the walk in cooler's and freezer's temperature should be checked daily to make sure the temperatures are not out of range to prevent food borne illness.</p> <p>On [DATE] at 10:01am, V25 stated all hair, including beard, has to be restrained or covered so we don't have foreign objects on the food we serve and to make sure food is safe. All staff who have beard, including staff working on the dish machine area, are expected to wear a beard guard.</p> <p>ON [DATE] at 10:02am, V25 stated scoop should be contained to prevent cross contamination.</p> <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On [DATE] at 10:04am, V25 stated staff are expected to use unexpired testing strips so we know the concentration of the chemical we use to sanitize our utensils is within the range.</p> <p>The (,d+[DATE]) Food Safety and Sanitation Policy Three Compartment Sink documented, in part Policy: the facility will clean and sanitize food service equipment, utensils, dishes and tableware using the proper procedure. Procedure: A test kit will be available and used to accurately measure the sanitizer concentrations and water temperature per chemical manufacturer's recommendations.</p> <p>The (,d+[DATE]) Food Safety and Sanitation Policy Sanitizing Buckets documented, in part Procedure: Sanitizer concentration will be checked using a test kit. The following sanitizer concentrations are recommended and use of test strips to monitor accuracy of the sanitizer. Quats: Sanitizer concentration range: ,d+[DATE]ppm (part per million).</p> <p>The (,d+[DATE]) Food Safety and Sanitation Policy Storage Of Refrigerated/Frozen Foods documented, in part Policy: the facility will follow safe handling and storage of refrigerated and frozen foods. Procedure: Frozen foods will be maintained at a temperature to keep food frozen solid. Monitoring of food temperatures and functioning of the refrigeration/freezer units will be in place.</p> <p>The (,d+[DATE]) Food Safety and Sanitation Policy Storage of Dry Foods/Supplies documented, in part Policy: the facility will follow safe handling and storage of dry foods and supplies. Procedure: Dry foods stored in bins will be removed from the original packaging. Storage bins will be kept clean, labeled, and dated. Scoops will not be stored in the food bins.</p> <p>The (,d+[DATE]) Food Safety and Sanitation Policy Employee Health and Personal Hygiene documented, in part Policy: Food Service employees shall maintain good personal hygiene and free from communicable illnesses and infections while working in the facility. Procedure: Hair restraints will be worn at all times. Beards should well-trimmed and covered with an appropriate hair restraint when employees are handling food.</p> | | |

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| <p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45196</p> <p>Based on observation, interview, and record review the facility failed to monitor personal refrigerator temperature logs for two residents (R98 and R174). This failure affected two residents (R98, R174) out of 67 residents in the total sample.</p> <p>Findings include:</p> <p>R98 has a diagnosis which includes but not limited to dysphagia following cerebral infarction, aphasia, dysphagia, muscle wasting, and mixed hyperlipidemia.</p> <p>R98 Brief Interview for Mental Status (BIMS) dated [DATE] documents that R98 has a BIMS score of 15 which indicates that R98 is cognitively intact.</p> <p>R174 has a diagnosis which includes but not limited to type 2 diabetes mellitus with other specified complication, dysphagia oropharyngeal phase, end stage renal disease and essential hypertension.</p> <p>R174 BIMS dated [DATE] documents that R174 has a BIMS score of 8 which indicates that R174 has some cognitive impairments.</p> <p>On [DATE] at 10:58 am, Surveyor observed R174's personal room refrigerator with a temperature log sheet dated [DATE]. R174 was not able to answer surveyor regarding how often R174's personal refrigerator is checked by staff.</p> <p>On [DATE] at 11:05 am, Surveyor questioned V18 (Registered Nurse, RN) regarding R174's personal refrigerator log dated [DATE] and V18 stated that the floor nurses are responsible for checking the residents personal refrigerators every shift. V18 explained that the nurses check the personal refrigerator temperatures to ensure the personal refrigerator temperatures are between 36 degrees Fahrenheit (F) and 42 degrees (F). V18 also explained that the importance of checking the residents personal refrigerators is to make sure that food is not spoiled and that there is no expired food kept in the residents refrigerator that can harm the resident.</p> <p>On [DATE] at 11:10 am, Surveyor observed R98's personal room refrigerator with a temperature log sheet last log dated [DATE]. R98 stated They (referring to staff) check my (R98) refrigerator maybe once a week.</p> <p>On [DATE] at 11:34 am, Surveyor questioned V17 (Licensed Practical Nurse, LPN) regarding R98's personal refrigerator log dated [DATE], and V17 stated that the night shift nurses are responsible for checking the residents personal refrigerators every night. V17 explained that the nurses check the personal refrigerator temperatures to ensure the personal refrigerator do not have spoiled or expired food. V17 explained that if a resident eats spoiled or expired food the resident can possibly become sick.</p> <p>(continued on next page)</p> | | |

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| <p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On [DATE] at 9:07 am, V2 (Director of Nursing, DON) stated that the residents personal refrigerators temperature should be checked by the night shift nurses daily. V2 stated that the purpose of the residents personal refrigerators being checked daily is to make sure no contaminates or potential harm from food is exposed to the residents. V2 also explained that residents personal refrigerators are checked for expired food and for foods to be at the proper temperature. When V2 was asked regarding the importance of residents personal refrigerators being checked daily V2 stated, If a resident refrigerator goes uncheck they may come in contact with food that's not any good and the resident can become ill.</p> <p>The facility's document dated [DATE] and titled Food Brought into the facility by Friends/Family/Others (Outside Sources) for Residents Policy documents, in part: . Foods or beverages brought in from the outside will be monitored by nursing staff or spoilage, contamination and safety . 6. All refrigerators in use in the facility have an internal thermometer to monitor temperature. All refrigerators have their internal temps (temperature) recorded daily. Any refrigerators found to have an internal temperature that is outside of the accepted safe parameters the temperature will be immediately addressed by maintenance and will be taken out of service if the internal temperature cannot be corrected within a reasonable time frame to maintain food safety. Any affected food beverages will be discarded.</p> <p>The facility's document dated October and titled Temperature Log shows that R98 has a temperature log for [DATE].</p> <p>The facility's document dated [DATE] and titled Temperature Log shows that R174 has a temperature log sheet for [DATE].</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>43351</p> <p>Based on observation, interview, and record review the facility failed to ensure that four residents (R5, R118, R174, and R556) was placed on Enhanced Barrier Precautions (EBP); failed to ensure staff appropriately [NAME] and Doff gloves and change wash clothes during ADL (Activities of Daily Living) care for one resident (R61). These failures affected one resident (R61) and has the potential to affect all 56 residents on the first floor, all 68 residents on the second floor and 64 residents on the third-floor unit.</p> <p>Findings include:</p> <p>1. On 10/08/2024 at 10:13am, V36 (Certified Nursing Assistant) donned gloves. V36 washed and towel dried R61's whole body in sections starting from R61's face, then to R61's torso and lower abdomen, then to R61's bilateral upper extremities, then to R61's bilateral lower extremities and between thighs, then to R61's back and buttock including R61's anus with only one wet wash cloth and one dry washcloth without doffing and donning new gloves.</p> <p>On 10/08/2024 at 10:25am, this surveyor inquired how many times V36 changed her gloves while performing ADL care to R61. V36 stated I put one pair of gloves and that's it. I should have changed my gloves each time I dried his (R61) body to prevent bacteria or germs to pass on to myself or to the resident.</p> <p>On 10/08/2024 at 10:30am, this surveyor inquired how many washclothes she (V36) used to wash and dry R61's body. V36 stated I used one washcloth to wash (R61)'s whole body and one washcloth to dry his whole body.</p> <p>On 10/08/2024 at 2:36pm, V2 (Director of Nursing) stated I expect the staff to get a new to washcloth to wash other parts of the body to avoid cross contamination. The staff is expected to use one wash cloth for the face then discard; use another washcloth for the upper body then discard; another washcloth for the lower body then discard; use another washcloth for the back then discard; and use another washcloth for the peri area then discard. The purpose of using different washclothes to different sites of the body is to prevent cross contamination. The staff is also expected to use a washcloth to dry the upper body, a different washcloth to dry the lower extremities, and another washcloth to dry the peri area to prevent cross contamination.</p> <p>On 10/08/2024 at 2:38pm, V2 stated I expect the staff to change gloves after washing the face, after washing the upper body, and after washing the peri area to prevent cross contamination.</p> <p>R61's (10/08/2024) Order Summary report documented, in part Diagnoses: (include but not limited to) malignant neoplasm of lower lung and type 2 diabetes mellitus.</p> <p>R61's (08/12/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: (no entry). C0700. Short-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem. Section GG. Functional abilities. GG0130. E. Shoer/bathe self: 1 - Dependent.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The (4/14) Bathing or showering Unit documented, in part Equipment: towels and wash clothes. Bed bath. 6. Wash face, neck and ears. Rinse and dry well. 7. Wash upper extremities. Rinse and dry well. 8. Wash chest and abdomen. Rinse and dry well. 9. Wash lower extremities and feet. Rinse and dry well. 10. Turn Resident on his/her face and wash back and buttocks. Rinse and dry well. 10. Wash genitals. Rinse and dry well.</p> <p>The (5/24) Policy and Procedure titled Gloves documented, in part All Employees who may come in contact with blood, body fluids, or potentially infected materials wear gloves as part of standard precautions. Guideline: 1. Wear gloves when it can reasonably anticipate(d) that hands will be in contact with mucous membranes, non -intact skin, any moist body substances (urine, feces or items/surfaces soiled with these substance). 2. Gloves must be changed between contacts with different body sites of the same resident.</p> <p>45196</p> <p>2. On 10/06/24 V2 (Director of Nursing, DON) presented a facility census of 56 residents on the first floor, 68 residents on the second floor and 64 residents on the third-floor unit.</p> <p>R5's face sheet shows that R5 has diagnosis which include but not limited to obstructive and reflux uropathy and functional quadriplegia.</p> <p>R5's BIMS dated 09/03/24 shows that R5 has a BIMS score of 9 which indicates that R5 has some cognitive impairments.</p> <p>R118's face sheet shows that R118 has diagnosis which include but not limited to pressure ulcer of sacral region and paraplegia.</p> <p>R118's BIMS dated 09/05/24 shows that R118 has a BIMS score of 15 which indicates that R118 is cognitively intact.</p> <p>R174 has a diagnosis which includes but not limited to type end stage renal disease and dependence on renal dialysis.</p> <p>R174 BIMS dated 07/07/24 documents that R174 has a BIMS score of 8 which indicates that R174 has some cognitive impairments.</p> <p>R556 has a BIMS dated 10/02/24 with a score of 14 which indicates that R556 is cognitively intact.</p> <p>R556 has a diagnosis which includes but not limited to partial traumatic amputation at level between knee and ankle, right lower leg, initial encounter, and traumatic amputation at level between knee and ankle, left lower leg, initial encounter</p> <p>On 10/06/24 at 9:52 am, Surveyors toured the facility's first, second, third and fourth floor units and did not observe any Personal Protective Equipment (PPE) bins or EBP signs near or on R5, R118, R174, or R556 doors or rooms on the first, second, or third floor units in the facility.</p> <p>On 10/06/24 at 11:00 am, V18 (Registered Nurse, RN) stated that R174 was not on EBP, has a dialysis site and receives hemodialysis Tuesday, Thursday, and Saturdays.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 10/07/24 at 9:28 am, V21 (Licensed Practical Nurse, LPN) stated that R118 was not on EBP and has a sacral wound that requires a dressing.</p> <p>On 10/07/24 at 9:32 am, V22 (RN) stated that R5 was not on EBP and has an indwelling catheter.</p> <p>On 10/07/24 at 1:50 pm, V3 (Infection Preventionist (IP), RN) stated that R118 and R556 has wounds that require a dressing and are not on EBP.</p> <p>On 10/07/24 at 10:13 am, V3 (IP, RN) was asked regarding residents who require EBP and V3 stated, Everyone (referring to residents) in the building require EBP. When V3 was asked what precautions should staff take for residents who require EBP and V3 stated, EBP means that staff should wash their hands and use hand sanitizer. When V3 was asked if staff should be wearing a gown and gloves when caring for residents who require EBP, V3 then stated, Only residents who are on isolation precautions should be wearing a mask and gown during patient care. EBP residents do not require a gown.</p> <p>On 10/07/24 at 10:15 am, Surveyor requested a list of EBP resident in the facility and V3 stated, All residents in the facility are on EBP.</p> <p>On 10/08/24 at 9:04 am, Surveyor questioned V2 (DON) regarding EBP and V2 stated, EBP is required for high contact resident care or residents with wounds, bathing and a list of things. V2 was asked regarding how staff is made aware of residents who require EBP and V2 stated, A sign that states EBP is placed on the residents room door and staff are required to wear a gown and gloves when doing high risk services. The resident should also have an order for EBP. When V2 was asked regarding what could happen if a resident who requires EBP is not placed on EBP, no sign is placed on the residents room door, no isolation Personal Protective Equipment (PPE) is provided for staff and no order for EBP is in the residents orders and V2 stated, There is a risk for staff to spread infections.</p> <p>The facility's document dated 08/15/24 and titled Policy and Procedure Enhanced Barrier Precautions documents, in part: Purpose: reduce the transmission of novel or targeted multi-drug resistant organisms (MDRO). Procedure: 1. Enhanced Barrier Precautions EBP require the use of gown and gloves during high contact resident care activities: High contact resident care activities include: Dressing, Bathing/Showering, Transferring, Providing hygiene, Changing linens, Changing Briefs or assisting with toileting, Device care or use of indwelling medical device such as urinary catheter, feeding tube, central line ((e.g.) example hemodialysis catheter, PICC (peripheral inserted central catheter) line, tracheostomy, or ventilator. Wound Care: Any skin opening requiring a dressing (focusing on wound at high risk of acquiring an MDRO such as: Pressure ulcer diabetic foot ulcers unhealed surgical wounds and chronic wounds such as chronic venous stasis ulcers). Note: Gowns and gloves are the minimum level of PPE. Additional PPE may be required depending on the situation resident. 3. Enhanced barrier precautions apply to residents with a wound or indwelling medical device, even if the resident is known to be infected or colonized with an MDRO (e.g., central line, urinary catheter, feeding tube, tracheostomy ventilator).</p> <p>The facility's undated document presented on 10/07/24 and titled Foley (Indwelling Catheter) documents, in part that R5 has and indwelling catheter.</p> <p>The facility's undated document presented on 10/07/24 and titled HD documents, in part that R174 has and hemodialysis catheter.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The facility's document dated 09/24/24-10/01/25 presented on 10/07/24 and untitled, documents, in part that R118 has and a wound to R118's sacrum, left ischium, and right ischium area.</p> <p>The facility's undated document presented on 10/07/24 and untitled, documents, in part that R556 has and a wound to R556's right foot amputation, left foot amputation, and left plantar.</p> <p>R556's Physician Order Sheet (POS) presented on 10/07/24 shows that R556 has orders for Right foot Metatarsal amputation. Cleanse with normal saline (NS) wound cleanser, apply xeroform cover with a dry dressing.</p> <p>R556's POS presented on 10/07/24 does not show an orders for R556 for Enhanced Barrier Precautions (EBP).</p> <p>R556's care plan dated 9/28/24 documents, in part: Focus: Resident has surgical wound to the right foot and left foot.</p> <p>R5's POS dated 09/12/23 shows that R5 has orders for indwelling catheter for a dx (diagnosis) of Obstructive Uropathy.</p> <p>R5's POS dated presented on 10/07/24 does not show an order for R5 for Enhanced Barrier Precautions (EBP).</p> <p>R5's care plan dated 9/12/23 documents, in part: Focus: R5 has an indwelling catheter related to obstructive uropathy 08/07/24.</p> <p>R174's POS 06/22/22 shows that R174 has orders dialysis: check access site for bruit and thrill, record/report abnormalities immediately. Dialysis: May reinforce dressing to dialysis site as needed.</p> <p>R174's POS dated presented on 10/07/24 does not show an order for R174 for Enhanced Barrier Precautions (EBP).</p> <p>R174's care plan presented on 10/7/24 documents, in part: Focus: R174 receives dialysis per MD (Medical Doctor) orders.</p> <p>R118's POS dated 09/18/24 shows that R118 has orders sacrum: cleanse with normal saline solution (nss) wound cleanser and apply alginate and cover with a dry dressing. Right ischium: cleanse with nss/ wound cleanser and apply alginate and cover with dressing. Left ischium: cleanse with nss/ wound cleanser and apply alginate and cover with a dry dressing.</p> <p>R118's POS presented on 10/07/24 does not show an order for R118 for Enhanced Barrier Precautions (EBP).</p> <p>R118's care plan dated 10/3/24 documents, in part: Focus: R118 has an alteration in skin integrity and is at risk for additional and/or worsening of skin integrity issues related to: Incontinence of bladder.</p> | | |

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| <p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43351</p> <p>Based on observation, interview and record review, the facility failed to ensure that resident's call device was functioning to allow resident to call for staff assistance. This failure affected 1 resident (R250) reviewed for functioning resident call device in a total sample of 67 residents.</p> <p>Findings include:</p> <p>On 10/06/24 at 11:07am, this surveyor requested R250 to activate his (R250) call device. R250 stated what for, it does not work anyway.</p> <p>On 10/06/2024 at 11:09am, this surveyor requested V13 (Social Service Director) to activate R250's call device; no light on the box of R250's call device and on overhead call device indicator outside of R250's room were noted. V13 stated it is not working.</p> <p>On 10/07/2024 at 10:54am, R80 stated the call light (referring to R250 call light) has been broken the day I came in this room. I got here 4 months ago.</p> <p>On 10/07/2024 at 10:55am, R250 stated I got here the first week of September and my call light has been broken.</p> <p>On 10/08/2024 at 2:44pm, V2 (Director of Nursing) stated resident's call light should be functioning. The purpose of the call light is for the resident to let the staff know of their need or that they may have a need for assistance.</p> <p>R80's (09/24/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13. Indicating R80's mental status as cognitively intact.</p> <p>R80's census list documented that R80 was in his current room since 6/17/24.</p> <p>R250's (10/07/24) Medication Review Report documented that R250's diagnoses include but not limited to acute respiratory failure with hypoxia and primary hypertension.</p> <p>R250's census list documented that R250 was admitted on [DATE] and was R80's roommate.</p> <p>R250's (09/26/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS Summary Score: 13 Indicating R250's mental status as cognitively intact.</p> <p>R250's (09/05/2024) Careplan documented, in part is at risk for falls R/T (related to) Co-Morbidities. Be sure call light is within reach and encourage the resident to use it for assistance as needed. Staff to respond promptly to all requests for assistance.</p> <p>The (undated) Call light policy and procedure documented, in part Purpose: To respond to residents' requests and needs in a timely and courteous manner. Equipment: Functioning nurse call system. Standards: 1. All residents shall have the nurse call light system available.</p> | | |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>49572</p> <p>Based on observation, interview and record review, the facility failed to ensure the fourth floor resident pantry was clean and sanitary. This has the potential to affect the 65 residents residing on the fourth floor.</p> <p>Findings include:</p> <p>Facility document titled, (Facility) Midnight Census Report 10/6/2024, shows that 65 residents are currently residing on the fourth floor.</p> <p>On 10/6/24 at 11:25am, while on the 4th floor, this surveyor observed the following in the fourth floor resident pantry:</p> <ol style="list-style-type: none"> 1. There was multiple areas of a brown substance on the base and the walls of the inside of the microwave and multiple areas brown, green and white substances on the walls of the outside of the microwave. 2. The garbage was overflowing with trash and the trash was observed on the floor surrounding the garbage can. 3. Dried brown substances on the walls of the residents' pantry. 4. Dried brown substances on the floor of the residents' pantry. <p>On 10/6/24 at 11:29am, this surveyor inquired about the fourth floor resident pantry and V4 (Nursing Supervisor) said, All the residents on the fourth floor use this room. And the employees too. The residents use the microwave and the vending machines in here. It should be kept clean. Yes, I (V4) see the garbage on the floor and the dirty microwave. It should be kept clean. Let me go get housekeeping to clean this up. It's their responsibility. Not sure how often housekeeping cleans it but it's a few times day.</p> <p>10/7/24 at 11:18am, V20 (Housekeeping/Laundry Director) said, Fourth floor pantry? We're (housekeeping) in charge of the upkeep of that. We call the residents' pantries, Centers, because they run from one side of the floor to another. It's not supposed to be like. It's supposed to be clean. Outside microwave cleaned in and out. Residents use it. Not supposed to be like that. Purpose is gotta stay clean cause residents use it. They have their food and coffee and tea heat it up. They use the vending machines. It's for their use. We clean it a few times a day. It should never look like that.</p> <p>(continued on next page)</p> |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Facility job description titled, Housekeeper, dated 2003, documents, is part, The primary purpose of your job position is to perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, and/or the Director of Housekeeping, to assure that our facility is maintained in a clean, safe, and comfortable manner . Ensure that work/cleaning schedules are followed as closely as practical. Coordinate daily housekeeping services with nursing services when performing routine cleaning assignments in resident living and/or recreational areas . Ensure that assigned work areas are maintained in a clean, safe, comfortable, and attractive manner . Dispose of refuse daily in accordance with our established sanitation . Clean/polish furnishings, fixtures, ledges, room heating/cooling units, etc., in resident rooms, recreational areas, etc., daily as instructed. Clean, wash, sanitize, and/or polish bathroom fixtures. Ensure that water marks are removed from fixtures. Clean windows/mirrors in resident rooms, recreational areas, bathrooms, and entrance/exit ways. Clean floors, to include sweeping, dusting, damp/wet mopping, stripping, waxing, buffing, disinfecting, etc. (NOTE: Ensure that appropriate caution/safety signs are properly set up prior to performing such duties.) Clean carpets, to include vacuuming, shampooing, deodorizing, and disinfecting. Clean walls and ceilings by washing, wiping, dusting, spot cleaning, disinfecting, deodorizing, etc. Remove dirt, dust, grease, film, etc., from surfaces using proper cleaning/disinfecting solutions. Clean hallways, stairways, and elevators . Discard waste/trash into proper containers and reline trash receptacle with plastic liner. Clean vacant rooms as assigned. Ensure that work/assignment areas are clean and that equipment, tools, supplies, etc., are properly stored at all times, as well as before leaving such areas for breaks, mealtimes, and end of the work day.</p> <p>(State) Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities, revised date 7/2015, documents, in part, .Program strives to protect and promote the rights and quality of life for those who reside in long-term care facilities.</p> | | |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>43351</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure the dumpsters were not overflowing with trash, failed to ensure the dumpster lids were close, and failed to ensure there was no gap between the two doors which led to the loading dock of the facility in an effort to maintain an effective pest control program. These failures have the potential to affect all the residents at the facility.</p> <p>Findings include:</p> <p>On 10/06/2024 at 9:45am with V11 (Dietary Aide) during the initial tour of the dumpster area. Each of the 2 big dumpsters have 3 lids and each of the big dumpsters have one open lid. V11 stated the lids should not be open to prevent the animals from migrating to the dumpsters.</p> <p>On 10/06/2024 at 9:48am on the way back to the Kitchen area and upon closing the door that led to the loading dock noted a gap between the two doors. V11 stated that's maintenance.</p> <p>On 10/07/2024 at 10:21am with V23 (Assistant Maintenance) by the loading dock area, pointed out to V23 the hole between the doors. V23 stated there is a gap on the door. There should be no gap on these two doors. These doors are about 3 years old.</p> <p>On 10/07/2024 at 10:22am by the facility dumpster area, the 2 dumpsters were overflowing with trash and the lids were open. V23 stated housekeeping or whoever is throwing the trash in the dumpster is supposed to close the lids of the dumpsters to prevent animals from going to the dumpster. These people know better. The purpose of making sure the dumpster lids are closed is to prevent migration of mice and cockroach into the dumpster and to prevent them from going inside the facility. Mice and cockroach can enter through the gap on the doors by the loading dock.</p> <p>The (undated) Food and Nutrition Services Sanitation and Safety, Safe Food Handling - Dumpster documented, in part Policy: All food will be handled safely and disposed of in a safe manner. Procedure: Dietary trash will be disposed of in sealed plastic trash bags. The sealed bags will be disposed of in the outside dumpster. The dumpster will be securely covered.</p> <p>The (11/2022) Pest Control policy documented, in part Purpose: To prevent or control insects and rodents from spreading disease. Standards: 8. Outside openings shall be protected against the entrance of insects by tight-fitting self-closing doors. 9. All building openings shall be tight-fitting and free of breaks. 10. The facility shall be kept in such condition and cleaning procedures used to prevent the harborage or feeding of insects or rodents. 11. Floors and wall finishes in the food preparation, storage, and utensil washing areas may be washed and cleaned. 16. Outside dumpsters shall be of sufficient size that the lead can be tightly closed.</p> | | |