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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145710 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/27/2024 |
| NAME OF PROVIDER OR SUPPLIER Meadowbrook Manor | | STREET ADDRESS, CITY, STATE, ZIP CODE 431 West Remington Boulevard Bolingbrook, IL 60440 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41855</p> <p>Based on interview and record review, the facility failed to notify in writing the resident/resident's representatives that their Medicare Part A services were ending. This applies to 4 of 4 residents (R18, R103, R142, R231) reviewed for SNF ABN (Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage) in the sample of 35.</p> <p>The findings include:</p> <p>1. R18's face sheet showed R18 was admitted to the facility on [DATE], and continues to reside in the facility. R18's MDS (Minimum Data Set) dated April 30, 2024, showed R18 had moderately impaired cognition.</p> <p>R18's SNF (Skilled Nursing Facility) Beneficiary Notification Review showed R18's Medicare Part A services episode start date was March 13, 2024, and last covered day of services was April 30, 2024. The SNF ABN CMS (Central Management Services) form 10055 showed V38 (Social Services) filled out the form showing verbal notice was provided to R18's guardian.</p> <p>R18's progress notes were reviewed from April 28, 2024, to May 1, 2024, and there was no documentation that R18's Medicare Part A services were ending and no documentation showing resident/resident representative were notified, how they were notified, or that paper copy of ABN was provided.</p> <p>2. R103's face sheet showed R103 was admitted to the facility on [DATE], and continues to reside in the facility. R103's MDS dated [DATE], showed R103 was cognitively impaired. R103's SNF Beneficiary Notification Review showed R103's Medicare Part A Services started on May 25, 2024, and last covered day of Part A services was June 23, 2024. The SNF ABN CMS (Central Management Services) form 10055 showed V38 (Social Services) filled out the form showing verbal notice was provided to R103's guardian.</p> <p>R103's progress notes from June 21, 2024, to June 25, 2024, were reviewed and there was no documentation that R103's Medicare Part A services were ending and no documentation showing resident/resident representative were notified, how they were notified, or that paper copy of ABN would be provided.</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.

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| <p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p> | <p>3. R142's face sheet showed R142 was admitted to the facility on [DATE], and continues to reside in the facility. R142's MDS dated [DATE], showed R142 was cognitively intact. R142's SNF Beneficiary Notification Review showed R142's Medicare Part A Services started on May 5, 2024, and last covered day of Part A services was June 8, 2024. The SNF ABN CMS form 10055 showed V38 (Social Services) filled out the form showing verbal notice was provided to R142's emergency contact and not R142.</p> <p>R142's progress notes from May 3, 2024, to June 10, 2024, were reviewed and there was no documentation that R142's Medicare Part A services were ending and no documentation showing resident was notified, how they were notified, or that paper copy of ABN would be provided.</p> <p>4. R231's face sheet showed R231 was admitted to the facility on [DATE], and continues to reside in the facility. R231's MDS dated [DATE], showed R231's cognition was cognitively impaired. R231's SNF Beneficiary Notification Review showed R231's Medicare Part A Services started on April 9, 2024, and last covered day of Part A services was June 5, 2024. The SNF ABN CMS form 10055 showed V38 (Social Services) filled out the form showing verbal notice was provided to R142's family member.</p> <p>R231's progress notes from April 7, 2024, to June 7, 2024, were reviewed and there was no documentation that R231's Medicare Part A services were ending and no documentation showing resident/resident representative were notified, how they were notified, or that paper copy of ABN would be provided.</p> <p>On June 26, 2024, at 3:25 PM, V1 (Administrator) said when social services notify the family over the phone that their family member's Medicare Part A benefits are ending, they do not mail/provide them with a certified copy of the information.</p> | | |

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| <p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48308</p> <p>Based on observation and interview the facility failed to ensure a residents health care information was protected from view by unauthorized individuals.</p> <p>This applies to 1 of 35 residents (R123) reviewed for privacy in the sample of 35.</p> <p>The findings include:</p> <p>On June 26, 2024, at 9:29 AM, R123's MAR (Medication Administration Record) laptop screen, including identifying information, picture, and medication orders, was opened in view of the 200 hallway. The laptop computer screen was unlocked and there was no Nurse working at the cart.</p> <p>At the same time, R40 was sitting in her room doorway and was able to view the computer screen that was on top of the medication cart, that was parked across from R40's doorway. R40 asked for the nurse requesting medication. There was no nurse near the medication cart.</p> <p>V20 (Laundry Aide) was passing clothing to the rooms around the medication cart. R123's screen was in view of V20 as she passed by the medication cart numerous times on June 26, 2024, at 9:30 AM.</p> <p>On June 26, 2024, at 9:35 AM, V21 (Restorative Aide) walked out of the room next to where the medication cart was parked, stopped in front of the medication cart, stared at the laptop screen and used the hand sanitizer that was on top of the medication cart.</p> <p>On June 26, 2024, at 9:39 AM, V19 (Licensed Practical Nurse-LPN) returned to the medication cart, noticed R123's MAR was open in view on the laptop screen. V19 stated I'm guilty, I don't know how to cover the screen, there's a button to push, that hides the screen, but I don't know how to do it. R123's healthcare information was visible on the screen for anyone to see for ten minutes.</p> <p>R123 was admitted to the facility on [DATE], with multiple diagnoses including myasthenia gravis, type 2 diabetes, chronic obstructive pulmonary disease, schizophrenia and Alzheimer's disease according to R123's face sheet.</p> <p>R123's MDS (Minimum Data Set) dated April 18, 2024, showed R123 was moderately cognitively impaired and was dependent on staff assistance for bathing, toileting, lower body dressing, and personal hygiene, extensive assistance for oral hygiene, bed mobility and transfer. R123 was not interviewable.</p> <p>R40 was admitted to the facility on [DATE], with multiple diagnoses including bipolar disorder, asthma, schizoaffective disorder, polyneuropathy and generalized osteoarthritis.</p> <p>R40'2 MDS, dated [DATE], showed R40 was cognitively intact, and required supervision to complete toileting, bathing, dressing, oral hygiene, bed mobility and transfer.</p> <p>The facility's policy titled Confidentiality of Information and Personal Privacy, stated October 2017, showed 1. The facility will safeguard the .confidentiality of all personal and medical records, .4. Access to resident personal and medical records will be limited to authorized staff .</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36567</p> <p>Based on observation, interview and record review, the facility failed to provide assistance in grooming for residents that need assistance with personal hygiene.</p> <p>This applies to 3 of 3 residents (R127, R183, R12) reviewed for ADL (activities of daily living) in the sample of 35.</p> <p>The findings include:</p> <p>1. R183's face sheet included diagnoses of unspecified dementia, unspecified severity, with other behavioral disturbance, spinal stenosis, site unspecified. R183's quarterly MDS (minimum data set) dated April 10, 2024 showed that R183 was moderately impaired in cognition and requires supervision with touching assistance for personal hygiene.</p> <p>On June 24, 2024 at 10:47 AM, R183 is seated in wheelchair in dining room in activities and noted to have multiple facial hair covering her chin. When asked, R183 stated that she would like them removed.</p> <p>R183's care plan revised April 14, 2024 included that R183 has an ADL self-care performance deficit related to impaired balance, limited mobility, functional limitations, weakness, poor safety awareness with diagnosis of Dementia. Interventions included for staff to assist resident with proper dressing and grooming every day and to ensure resident is well groom upon getting up in AM and as needed (assist with washing face, combing hair, shaving facial hair when needed).</p> <p>2. R127's face sheet included diagnoses of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, combined forms of age-related cataract, bilateral. R127's quarterly MDS dated [DATE] included that R127 was moderately impaired in cognition and requires substantial maximal assistance in personal hygiene.</p> <p>On June 24, 2024 at 10:46 AM, R127 was seated in wheelchair in the dining room and noted to have multiple facial hair covering chin and teeth with extensive food debris and whitish hardened substance. R127 did not respond adequately to queries and just nodded.</p> <p>R127's care plan revised February 18, 2024 included that R127 has an ADL self-care and mobility performance deficit related to decreased strength and endurance, impaired cognition, unsteady balance, multiple medical conditions/diagnosis. Interventions for the same included to provide and assist with grooming and oral care every shift and as needed.</p> <p>On June 24, 2024 at 1:07 PM, R127 was seen fed by V11 (Registered Nurse Supervisor) and noted that R127's front teeth appeared loose as she was eating. V11 agreed that R127 has excessive build up and stated that R127's teeth may also have tartar built up. V11 added that the Dentist comes in to see the residents and she does not know how often. V11 was also notified about R127's and R183's facial hairs. V11 stated that the CNA's (Certified Nursing Assistant) are supposed to remove the facial hairs during shower days and as needed are responsible for oral care.</p> <p>(continued on next page)</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>3. R12 MDS dated [DATE], showed R12 was cognitively impaired and required assistance with ADLs including partial staff assistance with eating. R12's care plan that was initiated on April 13, 2023, shows R12's eating intervention include Partial/Moderate assistance from staff during meals. offer and assist with fluids during meals, in between shifts, and as needed.</p> <p>On June 24, 2024, R12 was observed during lunch time. At 12:10 PM, V39 (Activity Aid) served R12 her pureed lunch tray. R12's tray included mashed potatoes, puree vegetables, and one cup of apple juice. R12 was given her spoon and was left alone. R12 started using her bare hands to eat her food. From 12:13PM to 12:19PM, staff did not prompt or assist R12 with her meal. At 12:19PM, R12 was observed sleeping in her wheelchair. Finally, at 12:33PM V24 handed R12 her spoon, however R12 immediately put the spoon down on her tray.</p> <p>On June 25, 2024, at 12:23 PM, R12 was seen in the dining room with 4 residents on the table having lunch. R12 was seen with her meal tray and eating, scooping the pureed food with her bare hands. There was no staff seen beside her. On her tray she had mashed potatoes, pureed vegetables, one cup of apple juice, three cups of chocolate pudding. There was no staff assisting R12 who was using her bare hands to eat her meal.</p> <p>The facility's policy titled Assistance with meals .2 facility staff will serve residents trays and will help residents who require assistance with eating.3 Resident who cannot feed themselves will be fed with attention to safety, comfort, and dignity. Adaptive devices will be provided for resident who need or request them.</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>29562</p> <p>Based on observation, interview, and record review, the facility failed to provide wound care as needed for a resident who has a stage 4 ulcer with heavy drainage.</p> <p>This applies to 1 of 8 residents (R181) reviewed for pressure ulcers in the sample of 35.</p> <p>The findings include:</p> <p>On June 25, 2024, at 12:31 PM, V11 and V34 (Both Wound Care Nurse) provided wound care to R181. R181's wound dressing was heavily saturated with discharge and was noted with brown discoloration on the outside of the dressing. V11 and V34 both stated that R181 has multiple wounds/pressure ulcers on her body which include a stage 4 pressure ulcer on the sacrum and right buttock. V34 stated that R181's wound care is to be done daily and as needed. When the dressing is changed as needed, the nurse usually signs it on the TAR (Treatment Administration Record), or they document it in the progress notes. The dressing from the sacrum was observed to be almost detached from R181 related to the heaviness of the discharge.</p> <p>On June 26, 2024, at 10:17 AM, V32 and V33 (Both Certified Nursing Assistants/CNA) provided incontinence care to R181. The dressing to the sacrum and right buttocks was again heavily soiled with discharge and with brown discoloration seen from the outside of the dressing.</p> <p>On June 26, 2024, at 2:01 PM, V2 (Director of Nursing/DON) stated R181's dressing should be change daily and as needed. Due to incontinence, ensure that her wound dressing is clean and dry. V2 also said the staff must ensure wound care or dressing change as needed when or if the dressing is saturated with discharge or other body fluids to prevent infection and deterioration of the wound.</p> <p>R181's Physician Order Summary (POS) shows:</p> <p>(Wound Cleanser)- apply to gluteal fold and sacrum topically every dayshift for skin/wound related to stage 4 pressure ulcer of the sacral region and right buttock. Cleanse with wound cleanser, pat to dry, pack area with gauze soaked with (Wound Cleanser) solution and cover with dry dressing.</p> <p>(Wound Cleanser) apply to right gluteal fold and sacrum topically every 1 hour as needed for skin/wound.</p> <p>R181's Active Pressure Ulcer Care Plan shows:</p> <p>R181 was admitted with pressure injury to her Sacrum. She is at risk for developing unavoidable skin breakdown or ulcers, slow healing due to advanced age, incontinence of bowel and bladder, decreased mobility. Her overall Braden Scale scored 7. Contributing diagnoses unspecified dementia with other behavioral disturbance, age-related osteoporosis without current pathological fracture, moderate protein-calorie malnutrition, and adult failure to thrive. The same care plan shows multiple interventions which include to monitor dressing to ensure it is intact/dry/clean and adhered. Report loose dressing to treatment nurse.</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562</p> <p>Based on observation, interview, and record review, the facility failed to label and date medications after being opened to determine expiration dates, failed to remove medications that were expired based on the date that it was opened, failed to remove the used medications of residents that no longer reside in the facility, and failed to ensure that unused insulin was stored in the refrigerator as recommended by the pharmacy.</p> <p>This applies to 8 of 10 (R44, R75, R95, R114, R132, R140, R153, R217) residents reviewed for medication storage and labeling.</p> <p>The findings include:</p> <p>On [DATE], at 10:47 AM, the 4A medication cart was checked with V40 (Nurse), and the following were observed.</p> <ol style="list-style-type: none"> 1. R153 has 2 bottles of Dorzolamide Timolol 0.2% eye drops which were opened on [DATE]. The pharmacy medication guidelines show to discard this medication 42 days after it was opened. 2. R44's Lumigan 0.01% eye drops was opened and not dated. The pharmacy medication guidelines show to discard this medication 42 days after it was opened. 3. R95's Lantus Kwik Pen was opened and not dated. The pharmacy medication guidelines show to discard this medication 28 days after it was opened. 4. Latanoprost eye drops noted to be opened and not dated. This medication was mixed with other active medications. V40 stated that the resident who owned this medication was already discharged. In addition, there were 3 tablets of Norco ,d+[DATE] mg (milligrams) found in the narcotic box. This Norco has no written label from the pharmacy (Resident's name and medication name) and was only labeled with a handwritten note which indicates that it is Norco ,d+[DATE] mg. <p>On [DATE], at 11:01 AM, the 1st floor's back medication cart was checked with V26 (Nurse), and the following were observed:</p> <ol style="list-style-type: none"> 5. R217 has 2 Insulin Lispro not in use but being stored in the medication cart. The label sticker on the insulin Lispro's bag shows to refrigerate medication until it is opened, then room temperature. 6. R114's Insulin Lispro was opened and not dated. The pharmacy medication guidelines show to discard this medication 28 days after opened. 7. R132's Insulin Glargine Kwik Pens remained unused but stored in the cart. The label sticker on the insulin Glargine's bag shows to refrigerate medication until opened, then room temperature. <p>(continued on next page)</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>8. There was an unused Levemir Flex Pen stored in the cart. V26 stated that the resident who owned it was already discharged .</p> <p>On [DATE], at 2:11 PM, V2 (Director of Nursing/DON) state that staff should label and date the insulin and refrigerate the insulins that are currently not being used or new. Narcotic's should have the pharmacy label of the resident's name and the name of the medication. If the narcotic is discontinued or the resident is discharged the medication should be destroyed.</p> <p>48308</p> <p>9. On [DATE], at 12:20 PM, the medication cart for hall 200A was reviewed for medication storage with V25 (Licensed Practical Nurse-LPN). R75's Tresiba insulin pen was unopened, stored in the medication cart, dispensed date of [DATE]. The insulin pen label showed refrigerate when not opened. V25 stated this insulin pen should be in the refrigerator. R75's physician order dated [DATE], showed Tresiba insulin 18 units give at bedtime daily.</p> <p>10. On [DATE], at 3:05 PM, the medication cart for hall 200B was reviewed with V37 (Registered Nurse-RN). Two unopened insulin pens for R140 were stored in the medication cart. One Lispro insulin pen was dispensed on [DATE], and Glargine insulin pen was dispensed on [DATE], and both were labeled refrigerate until opened. R140's physician orders showed R140 was to be administered Insulin glargine 100unit/ml (milliliter) 20 units one time daily, and Insulin Lispro 6 units, three times a day with meals.</p> <p>The facility provided a policy Storage and Expiration of Medications, Biologicals, Syringes and Needles dated [DATE], showed .11. Facility should ensure all medications and biologicals are stored at their appropriate temperatures according to the United States Pharmacopeia guidelines for temperature ranges .</p> | | |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>36567</p> <p>Based on observation, interview, and record review, the facility failed to use serving scoop sizes as shown on facility menu spread sheet for mechanical soft and pureed consistency beef cubed steak.</p> <p>This applies to 10 of 10 residents (R23, R54, R76, R84, R123, R147, R156, R188, R216 and R241) reviewed for dining in the sample of 35.</p> <p>The findings include:</p> <p>Facility Spring/Summer menu spread sheet for week 3 Monday showed to use #6 scoop to serve ground cubed steak with mushroom and gravy for mechanical soft diets and pureed beef cubed steak with broth for pureed diets respectively.</p> <p>Recipe for 'Ground Cube Steak with Mushroom Gravy' included serving size: #6 scoop. The recipe also included to serve 3 oz (ounce) ground protein portion with #6 scoop, may add additional gravy if necessary to keep moist.</p> <p>Recipe for 'Pureed Beef Cubed Steak with Mushroom Gravy' included serving size: #6 scoop. The recipe also showed to portion with #6 scoop.</p> <p>On June 24, 2024 at 11:45 AM, the meal service was observed at the facility kitchen with V7 (Cook) plating the main meal entree items at the tray line and V8 (Cook) plating other side menu items. V7 used a #12 scoop to plate ground (mechanical soft) beef cubed steak and R54, R84, R147, R156, R188 and R241 received the same.</p> <p>V7 used a #8 scoop to plate pureed consistency beef cubed steak and R23, R76, R123 and R216 received the same.</p> <p>No additional gravy was served for both consistency diets.</p> <p>On June 24, 2024 at 12:15 PM, V8 stated that she followed the spread sheet for regular consistency beef cubed steak which showed to serve 3 oz protein and assumed that the scoop sizes used provided 3 oz of protein.</p> <p>On June 26, 2024 at 11:35 AM, V18 (Dietitian) stated that the facility should follow the spread sheet approved by the Dietitian as the meals are planned based on calories and nutrition information.</p> <p>Facility policy and procedure manual (dated 2021) showed that Dipper/Ladle Equivalentents included as follows: #12 scoop =1/3 cup or 2.67 fluid oz, #8 scoop =1/2 cup or 4 fluid oz, #6 scoop=2/3 cup or 5.3 fluid oz.</p> <p>(continued on next page)</p> | | |

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| F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Facility policy and procedure manual (dated 2021) showed that Serving Portions included as follows:</p> <p>Policy: Food will be served in portions indicated on the cycle menu and on the standardized recipes.</p> <p>Procedure: Serving portions will be controlled by the use of the following utensils: ladles, scales, scoops, spoodles. Prior to serving the meal, the director of food and nutrition services or person in charge will check the serving utensils to ensure that the correct ones are used.</p> <p>Facility diet listing report showed that R54, R84, R147, R156, R188 and R241 were on mechanical soft consistency diets and that R23, R76, R123, R216 were on pureed consistency diets.</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>36567</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the dishwashing machine was maintained at temperatures to properly sanitize the dishes.</p> <p>This applies to all 245 residents that receive foods prepared in the facility kitchen.</p> <p>The findings include:</p> <p>Facility provided information that on June 24, 2024 the residents census was 250 residents which included 5 residents on NPO (Nothing by Mouth) status.</p> <p>On June 24, 2024 at 9:40 AM, during initial tour of the facility kitchen, V6 (Dietary Aide) was seen putting soiled dishes on dish racks and running it through the conveyor belt of the dishwashing machine. During continuous observation between 9:41-9:49 AM, the dishwashing machine showed temperatures fluctuating at the following temperatures : Wash 160-165 degrees Fahrenheit, Rinse 160-163 degrees Fahrenheit, and Final Rinse 150-170 degrees Fahrenheit. A test strip was tested twice during the same time period and showed dark brown and tan color. V4 (Food Service Director) and V5 (Director of Culinary Services) who were in the vicinity, stated that the temperature gauge should show 180 degrees Fahrenheit and the test strip should turn from black to orange color.</p> <p>Dish machine test strip guidance for single use FDA (Food and Drug Administration) Food Code Compliance 160 degree Fahrenheit dishwashing machine temperature showed that high color contrast change is needed to verify that proper sanitizing temperature is reached. Directions on the same includes as follows: 1. Attach the test strip to a utensil or rack by wrapping around and slipping the color bar through the slit 2. If the color bar has turned bright orange, the dishwasher is maintaining the proper temperature.</p> <p>Facility policy and procedure titled machine Washing and Sanitizing for high temperature dishwashing machine (revised 2017) included as follows:</p> <p>Policy: Dishwashing machines will be operated in accordance with manufacturer's instructions. Dishwashing machines may be used for cleaning and sanitizing tableware, utensils, equipment, pots and pans.</p> <p>Procedure: Dishwashing machines using hot water for sanitizing may be used if the temperature of the wash water is no less than that specified by the manufacturer, which may vary from 150-165 degrees Fahrenheit, depending on the type of machine, and if the final rinse temperature is no less than 180 degrees Fahrenheit.</p> <p>The paper thermometer turns color when it registers 160 degrees Fahrenheit which sanitizes the plate, tableware, utensils etc. (160 degrees Fahrenheit on the dish or utensil surface reflects 180 degrees Fahrenheit at the manifold where the temperature of the dish machine final rinse is measured).</p> | | |

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| <p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>48308</p> <p>Based on interview and record review, the facility failed to hold quarterly and as needed QAPI (Quality Assurance Performance Improvement) committee meetings and failed to have the required members in attendance.</p> <p>This applies to all 250 residents who reside in the facility.</p> <p>The findings include:</p> <p>Form 671, dated June 25, 2024, showed the facility census was 250.</p> <p>The facility's last annual survey was September 14, 2023.</p> <p>The facility provided attendance records for their QAPI committee meetings. According to the QAPI meeting attendance records, the QAPI meetings held since the last annual survey, were dated January 18, 2024, and April 15, 2024. The previous QAPI meeting attendance record was dated July 26, 2023. There was no QAPI quarterly meeting held between July 26, 2023, and January 18, 2024.</p> <p>On June 26, 2024, at 2:10 PM, V1 (Administrator) stated there should have been a quarterly meeting in October 2023, but it was not scheduled. V1 also stated the meeting was not rescheduled to either November 2023 or December 2023, because during those months the facility was going through a covid outbreak. V1 stated during the months of November and December 2023, there were 62 residents and 37 staff members who tested positive for covid.</p> <p>There was no evidence a QAPI committee meeting was held in response to the covid outbreak.</p> <p>The Medical Director did not attend the April 15, 2024, QAPI meeting as there was no signature indicating the Medical Director's attendance. V1 stated the Medical Director was on vacation and his associate also did not come to the meeting.</p> <p>The facility document titled Meadowbrook Manor-Quality Assurance Committee Members, dated May 14, 2024, showed the QA committee meets quarterly and as needed. The facility's undated policy titled Quality Assurance Performance Improvement Program, showed The QAPI program focuses on indicators of outcomes of care and quality of life. It seeks to assure our residents receive the highest degree of excellence and individual care by continuously and objectively measuring the structural, procedural and outcome components of services rendered against pre-established criteria of long-term care standards. When a pattern reveals that a problem is identified, appropriate follow up will be instituted to improve resident care and services.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29562</p> <p>Based on observation, interview, and record review, the facility failed to follow standard infection control practices with regards to hand hygiene and use of personal protective equipment (PPE) during provisions of care. In addition, the facility also failed to handle soiled linens in a sanitary manner, and failed to ensure that an indwelling urinary catheter bag is not touching the floor.</p> <p>This applies to 4 of 35 (R1, R21, R67, R214) reviewed for infection control in the sample of 35.</p> <p>The findings include:</p> <p>1. On June 24, 2024, at 2:38 PM, V30 (Certified Nursing Assistant/CNA) rendered incontinence care to R67 who was wet with urine and had a bowel movement. V30 cleaned R67's perineum, changed incontinence brief, pulled R67's pants back in place, and helped reposition R67. V30 changed her gloves in between tasks, however, V30 did not perform hand hygiene all throughout the care.</p> <p>2. On June 26, 2024, at 10:02 AM, V29 (Housekeeper) was observed walking in the 400-hallway carrying soiled linens with her gloved hands all the way to the shower room, where she placed the soiled linen in a hamper. The soiled linens were not in a plastic bag. V29 came out of the shower room still wearing the soiled gloves and she went back to the bedroom where she came from.</p> <p>V1 (Administrator) interpreted for V29 because V29 was Spanish speaking only. On June 6, 2024, at around 10:15 AM, V29 stated that the resident was transferred to the hospital. She stripped off the bed linens from the bed including the pillowcases and carried the soiled items to the shower room to throw it in the dirty hamper. V1 (Administrator) stated that staff are supposed to put the soiled linen in the plastic bag. V29 was supposed to remove her gloves and wash hands before she left the shower room.</p> <p>On June 26, 2024, at 1:53 PM, V2 (Director of Nursing/DON) stated that staff must perform hand hygiene before providing care, in between tasks, and after completing the care, to prevent cross contamination and infection.</p> <p>Facility's Hand Hygiene/Washing Policy and Procedure with revision date of August 2019 shows:</p> <p>Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>7. Use alcohol-based hand rub containing at least 62% alcohol; or, alternatively soap, (antimicrobial or non-antimicrobial) and water for the following situations:</p> <p>a. Before moving from a contaminated body site to a clean body site during resident care.</p> <p>j. After contact with blood and body fluids.</p> <p>k. After handling used dressings, contaminated equipment, etc.</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>m. After removing gloves.</p> <p>8. Hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>9. The use of gloves does not replace hand washing/hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p> <p>50858</p> <p>3. On June 25, 2024, at 10:31 AM, R1 was observed in her room lying in bed asleep. V23 (CNA-Certified Nursing Assistance) provided morning care to R1 that included personal care and transfer. V23 did not use a gown as per EBP (Enhance Barrier Precaution) protocol. V23 stated at 10:57AM that she forgot about the EBP since she was on vacation the previous week.</p> <p>R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses including Idiopathic progressive neuropathy, Extended spectrum Beta lactamase (ESBL) in urine on April 11, 2024, and May 16, 2024 R1's Physician order Sheet (POS) dated May 9, 2024, indicated the Physician ordered Enhance Barrier Precautions related to history of Extended spectrum Beta lactamase (ESBL).</p> <p>The facility's policy titled Enhance Barrier Precaution, dated May 04, 2017, showed EBP is an approached of targeted gown and glove use during high contact resident care activities, designed to reduce the transmission of S Aureus and Multidrug resistant Organism (MDRO) .</p> <p>Example of high contact resident care activities includes Dressing .providing hygiene . changing brief .</p> <p>48308</p> <p>4. On June 24, 2024, at 10:22 AM, R21 was lying in bed in her room and the indwelling urinary catheter drainage bag and tubing were lying directly on the floor, the tubing contained dark amber color urine with sediment present. There was no cover for the drainage bag.</p> <p>R21 was admitted to the facility on [DATE], with multiple diagnoses including multiple sclerosis, type 2 diabetes mellitus, neuromuscular dysfunction of the bladder and chronic cystitis and hematuria.</p> <p>R21's care plan dated March 11, 2024, showed R21 had a suprapubic catheter and the intervention for maintenance included Ensure covered drainage bag off the floor and below bladder level and away from entrance room door.</p> <p>The Facility's policy Catheter Care, Urinary dated September 2014, showed Infection Control .2. b. Be sure the catheter tubing and drainage bag are kept off the floor .</p> <p>36567</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>5. R214's face sheet included diagnoses of Alzheimer's disease with late onset, dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance, personal history of other diseases of urinary system, presence of urogenital implants, other hydro nephrosis, pressure ulcer of sacral region, stage 2, need for assistance with personal care. R214's POS (Physician Order Sheet) included Urinary Catheter.</p> <p>R214's Admission MDS (minimum data set) dated June 10, 2024 showed that R214 was moderately impaired in cognition.</p> <p>R214's care plan initiated June 7, 2024 and revised June 25, 2024 included that R214 has a urinary catheter in placed upon readmit in the facility dated June 3, 2024 due to [urinary] retention and diagnosis of obstructive and reflux uropathy.</p> <p>On June 24, 2024 at 01:55 PM, R214's catheter, which was partially out of privacy bag, and the tubing was seen lying on the floor under R214's bed. This was relayed to V10 (Certified Nursing Assistant) who came in with R214's room meal tray. V10 stated that the catheter was supposed to be inside the privacy bag and hooked on to the bed side rails.</p> <p>On June 26, 2024 at 11:32 AM, V2 (Director of Nursing) stated that the catheter should be enclosed in a privacy bag and the tubing and bag off the floor for infection prevention.</p> <p>Facility Policy and procedure titled Catheter Care, Urinary (revised September 2014) included as follows:</p> <p>Purpose: The purpose of this procedure is to prevent catheter -associated urinary tract infections.</p> <p>Infection Control: Be sure that the catheter tubing and drainage bag are kept off the floor.</p> | | |

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| <p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41855</p> <p>Based on interview and record review, the facility failed to offer the Covid-19 vaccine to residents and/or staff members.</p> <p>This applies to all 250 residents residing in the facility.</p> <p>The findings included:</p> <p>On June 25, 2024, at 2:10 PM, V1 (Administrator) said the facility had been in Covid-19 outbreak status in November and December 2023. They had 37 staff members and 62 residents test positive for Covid-19.</p> <p>On June 25, 2024, 4 of 5 (R2, R61, R116, R159) reviewed for Covid-19 vaccine status.</p> <p>R2's EMR (Electronic Medical Record) showed R2 was admitted to the facility on [DATE].</p> <p>R2's immunization record showed R2's last Covid-19 vaccine was given October 24, 2022. There was no documentation that any further Covid-19 vaccines had been offered or refused.</p> <p>R61's EMR showed R61 was admitted to the facility on [DATE].</p> <p>R61's immunization record showed R61's last Covid-19 vaccine was given on October 27, 2022. There was no documentation that any further Covid-19 vaccines had been offered or refused.</p> <p>R116's EMR showed R116 was admitted to the facility on [DATE].</p> <p>R116's immunization record showed R116's last Covid-19 vaccine was given on October 24, 2022. There was no documentation to show any further Covid-19 vaccines had been offered or refused.</p> <p>R159's EMR showed R159 was admitted to the facility on [DATE].</p> <p>R159's immunization showed R159's last Covid-19 vaccine was given October 27, 2022. There was no documentation to show any further Covid-19 vaccines had been offered or refused.</p> <p>On June 25, 2024, at 2:38 PM, V3 (IP/Infection Preventionist) stated they follow the state guideline for Covid-19 vaccinations, and they educate all their staff and residents on the Covid-19 vaccine. V3 said V11 (IP/Part-time) oversees offering the Covid-19 vaccine to the staff. V3 said when the government was paying for the Covid-19 vaccine, we would offer the Covid-19 vaccine to everyone, but now we educate and encourage them to use their insurance and get vaccinated on their own. V3 said we did not offer any Covid-19 vaccines in 2023 and 2024. V3 said they have not done any tracking since 2023 or 2024 when everything changed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On June 26, 2024, at 3:56 PM, V11 confirmed there was no documentation tracking the staff's Covid-19 vaccination status for 2023 or 2024 and stated they do not ask new hires about their Covid-19 vaccine status either. V11 said there isn't any documentation to show any education has been provided to the staff about getting the Covid-19 vaccine.</p> <p>On June 25, 2024, at 12:20 PM, V41 (Maintenance Director) and V42 (Maintenance) stated they haven't been offered the Covid-19 vaccine in two years. V41 stated he had to go to local pharmacy.</p> <p>The facility provided the Updated Interim Guidance for Nursing Homes Following the End of the Public Health Emergency dated May25, 2023. The guidance showed .2. Vaccination remains critically important in reducing risk of hospitalization and death due to Covid-19. Facilities should encourage residents, staff, and families to remain up to date with Covid-19 vaccination, including all eligible booster doses.</p> |