STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155291	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eagle Valley Meadows	3017 Valley Farms Rd Indianapolis, IN 46214

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 37981 Based on observation, interview, and record review, the facility failed to ensure a resident had a bariatric bed with mobility bars and her call light was in reach for 1 of 5 resident reviewed for accommodation of needs (Resident 43). Findings include: On 6/2/24 at 11:23 a.m., Resident 43 was observed lying on her left side on the edge of her mattress. The upper portion of her mattress was outside of the bed frame. Her call light was observed on the floor. On 6/3/24 at 2:18 p.m., Resident 43's was in her room, in her wheelchair, and her call light was observed on the floor. On 6/4/24 at 10:04 a.m., Resident 43 was in her room, in her wheelchair, and her call light was observed on the floor. On 6/5/24 at 9:39 a.m., Resident 43 was observed sitting on the edge of her bed with her feet on the floor. Her mattress was observed to be askew, the top portion of the mattress was outside of the bed frame. She indicated she wanted mobility bars to be able to move easier in bed. On 6/5/24 at 10:27 a.m., Resident 43's record was reviewed. On 5/1/23 her weight was recorded as 382 pounds. Her diagnoses included, but were not limited to, obesity, sleep apnea (breathing difficulty during sleep), congestive heart disease (heart disease), chronic obstruction pulmonary disease (COPD), acute respiratory failure with hypoxia (not enough oxygen in the blood), diabetes mellitus (blood sugar disorder), and schizophrenia (mental illness involving difficulty with thought, emotion, and behavior). A care plan, dated 8/14/23, indicated Resident 43 required assistance with activities of daily living (ADL) including bed mobility, transfers, eating and toileting related to impaired mobility, congestive obstructive pulmonary disease (COPD), shortness of breath while lying flat, respiratory failure, and congestive heart failure. The goal was to support resident because she had a desire to improve her current functional status. A nursing approach was to assist with bed mobility as needed. (continued on next page)

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

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A fall care plan, dated 8/3/24, indicated Resident 43 was at risk for falls. The goal was to reduce fall risk factors. A nursing approach indicated to keep the call light in reach. A call light care plan goal, dated 8/3/24, indicated Resident 43 would use the call light for assistance appropriately. A nursing approach indicated she would be educated on the importance of using the call light for assistance and be able to express herself as necessary. On 6/5/24 at 10:17 a.m., the Director of Nursing Services (DNS) indicated she did not know if Resident 43 had a bariatric bed (a wider, reinforced bed with a thicker, sturdier mattress for resident's over 350 pounds), and she would look into bed rails (aid in improving mobility). On 6/5/24 at 11:54 a.m., the DNS indicated the facility changed Resident 43's standard bed for a bariatric bed and provided her with bed rails for her mobility in bed. On 6/4/24 at 3:28 p.m., the Executive Director (ED) indicated the facility did not have a policy for call lights, but indicated the call light device should have been in reach of the resident to use. On 6/6/24 at 12:03 p.m., a policy for resident's accommodation of needs and appropriate mattress use was requested. The DNS indicated the facility did not those policies. 3.1-3(v)(1)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37981 Based on observation, interview, and record reviews, the facility failed to provide a safe, clean, comfortable environment to ensure pest control interventions were effective for 5 of 5 months of recommendations reviewed. This deficiency had the potential to affect 75 of 75 residents residing in the facility. Findings include: 1. During a kitchen tour, on 6/2/24 at 10:47 a.m., several dozen flying insects were observed alighting from clean dishes when the clean dish shelf was slightly wiggled. On 6/2/24 at 10:48 a.m., [NAME] 16 indicated she had seen flying insects all around the kitchen. On 6/2/24 at 10:49 a.m., the Dietary Manager (DM) indicated she had seen the Maintenance Man (MM) using a vacuum device to remove the flying insects. On 6/2/24 at 10:57 a.m., the DM indicated the large tub under the 3 compartment sink was there because the sink leaked. The tub was observed with standing water. On 6/2/24 at 11:00 a.m., a wet blanket was observed around the bottom of the ice machine in the kitchen. The DM indicated the blanket was there because the ice machine leaked. On 6/2/24 at 11:02 a.m., small flying insects were observed flying in the kitchen. On 6/2/24 at 11:03 a.m., the DM indicated a local pest control company was in the facility about a month ago. The pest technician showed her how to clean the drains in the kitchen. She indicated she cleaned a lot of junk out of 3 drains in the kitchen using a toilet brush, but the flying insects came back. 2. On 6/2/24 at 11:47 a.m., Resident 7's room was observed. Her mattress, without a mattress cover, had a dark stain in the middle of the mattress. Over 50 flying insects were observed on the mattress, on top of the stain. Flying insects were observed flying in her room. On 6/2/24 at 1:43 p.m., Resident 7 was observed in her room with her back to her bed. The stain on Resident 7's mattress was observed to be cleaned but the flying insects were still observed to be on the mattress where it had been cleaned. On 6/3/24 at 1:59 p.m., the Housekeeping Supervisor provided documentation, dated 6/2/24, Resident 7's mattress had been discarded and replaced. Her room was deep cleaned to include drawers where she had old snacks and food, drawing bugs and used placeware. Her curtains were changed. 3. On 6/2/24 at 11:59 a.m., Resident 65 indicated he had gnats in his room with a lot of gnats in the bathroom. Flying insects were observed in his room at this time. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. On 6/2/24 at 12:04 p.m., Resident 12 was observed in his bed. His room was observed with flying insects. The floor had food debris, possibly crushed potato chips. 5. On 6/2/24 at 1:21 p.m., Resident 53 indicated he had gnats in his room. Flying insects were observed in his room at this time. 6. On 6/3/24 at 10:31 a.m., Resident 124 was observed to swat away flying insects during an interview. He indicated that was another thing he had concerns about was all these gnats. 7. On 6/3/24 at 1:51 p.m., Resident 25's record was reviewed. Her diagnoses included, but were not limited to, myxedema coma (severe hypothyroidism leading to decreased mental status, hypothermia and slowing of function in multiple organs), seizures (uncontrolled electrical activity between brain cells that causes temporary abnormalities in muscle tone or movements), and dystonia (uncontrollable muscle contractions). On 6/3/24 at 2:23 p.m., flying insects were observed in Resident 25's room. She was in bed with her eyes closed, she was unarousable with her mouth open. On 6/4/24 at 9:53 a.m., Resident 25 was observed in her room, in her bed with her eyes closed and her mouth open. She was unarousable with her mouth open. Two flying insects were observed on her blanket and one flying insect was observed on her pillow 8. On 6/4/24 at 10:12 a.m., Qualified Medication Aide (QMA) 9 was observed to provide medications for several residents. On 6/4/24 at 10:26 a.m., QMA 12 was observed to swat away a flying insect as she was preparing medications for Resident 13. On 6/4/24 at 10:32 a.m., QMA 12 was observed to swat away a flying insect as she was preparing medications for Resident 13. On 6/4/24 at 10:47 a.m., QMA 12 was observed entering Resident 53's restroom to wash her hands. A flying insect was observed in the room. 9. On 6/10/23 at 4:08 p.m., a Resident Grievance form, dated 6/2/24, was reviewed for Resident 226. It indicated the resident reported an insect was on her. She saved it in a napkin. The ED spoke with the resident and the insect was a winged ant. The resident's room was deep cleaned. 10. On 6/10/23 at 4:10 p.m., a Resident Grievance form, dated 4/23/24, was reviewed for a resident no longer residing in the building. The resident complained of gnats. No follow-up for gnats was noted. 11. On 6/10/24 at 4: 15 p.m., the Resident Council Meeting Minutes were reviewed. a. On 4/2/24, the Resident Council indicated the gnats were getting better. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. On 6/4/24, a statement in the minutes, indicated, .chemicals received soon for more treatments for gnats On 6/2/24 at 12:42 p.m., the pest control documentation from the local pest company used by the facility was provided by the Executive Director (ED). The Pest Control Documents indicated, dated 1/11/24, indicated the targeted pests were mice and cockroaches. The structural and sanitation concerns that could cause pest problems found and provided to the facility were as follows with the pest company recommendations: a. Interior kitchen area had floor tiles or baseboards loose and or missing. Recommendation was made to repair floor tiles and baseboards to eliminate potential pest harborage and breeding sites. b. Front door an exit door did not close to seal properly with a 1/4 gap or greater existing. Recommendation was made to install/replace door sweep. c. Rear door floor tiles or baseboards were loose or missing. Recommendation was made to repair the tiles and baseboards to eliminate potential pest harborage and breeding sites. d. Interior kitchen issues, the floor drains were in need of cleaning. All of the floor drains in the kitchen had a thick layer of biofilm built up inside them that needed scrubbed out and cleaned thoroughly. Recommendation was made to clean in and around drains frequently to help prevent pest breeding sites. e. In the kitchen, underneath the dish sink, a recommendation was made that the area needed cleaned thoroughly as there was some standing water and a lot of grease and grime built up on the baseboards. Recommendation was made to address the sanitation issues. The Pest Control Documents indicated, dated 2/28/24, indicated the targeted pests were mice, cockroaches, and large flies. The structural and sanitation concerns that could cause pest problems found and provided to the facility were as follows with the pest company recommendations: a. Interior kitchen area had floor tiles or baseboards loose and/or missing. Recommendation was made to repair to eliminate potential pest harborage and breeding sites. b. Rear door floor tiles or baseboards were loose or missing. Recommendation was made to repair the tiles and baseboards to eliminate potential pest harborage and breeding sites. c. Interior kitchen issues, the floor drains were in need of cleaning. Recommendation was made to clean in and around drains frequently to help prevent pest breeding sites. The Pest Control Documents indicated, dated 3/29/24, indicated the targeted pests were mice and cockroaches. The pest activity found was in the interior kitchen area, small flies were found during pest control service. There were quite a few small flies noted. The structural and sanitation concerns that could cause pest problems found and provided to the facility were as follows with the pest company recommendations: (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. Interior kitchen area had floor tiles or baseboards loose and or missing. Recommendation was made to repair the tiles and baseboards to eliminate potential pest harborage and breeding sites. b. Interior kitchen issues, the floor drains were in need of cleaning. Recommendation was made to clean in and around drains frequently to help prevent pest breeding sites. The Pest Control Documents indicated, dated 4/30/24, indicated the targeted pests were mice, cockroaches, and large flies. a. Interior kitchen area had floor tiles or baseboards loose and or missing. Recommendation was made to repair the tiles and baseboards to eliminate potential pest harborage and breeding sites. b. Interior kitchen issues, the floor drains were in need of cleaning. Recommendation was made to clean in and around drains frequently to help prevent pest breeding sites. c. Underneath the dish sinks, there was a lot of grease and dirt build up on the floor and on the walls. Recommendation was made to address these sanitation issues. d. Behind the cooler and the ice machine there was some grease and dirt build up. Recommendation was made to address this sanitation issue. The Pest Control Documents indicated, dated 4/30/24, indicated the local pest control technician indicated he had a conversation the Executive Director, .about the ongoing small fly issue, took a walk through of [sic] the kitchen and showed her all of the sanitation issues relating to the small flies, the floor drains being the main issues. I also pulled one of the covers off and showed the Executive Director and some of the kitchen staff the biofilm build up within a couple of the floor drains The Pest Control Documents indicated, dated 5/3/24, indicated the targeted pests were small flies. The structural and sanitation concerns that could cause pest problems found and provided to the facility were as follows with the pest company recommendations: a. Interior kitchen area had floor tiles or baseboards loose and/or missing. Recommendation was made to repair the tiles and baseboards to eliminate potential pest harborage and breeding sites. c. Interior kitchen area underneath the dish sink and some of the prep equipment, there was a lot of standing water. Recommendation was made to address this sanitation issue. d. Pest control company actions taken: Cleaned the drains and areas that were causing the small fly issue and fogged the kitchen to reduce the population. Pest activity was found during service. The Pest Control Documents indicated, dated 5/31/24, indicated the targeted pests were mice, cockroaches, and large flies. The structural and sanitation concerns that could cause pest problems found and provided to the facility were as follows with the pest company recommendations: a Small flies were noted during pest control service in the kitchen, specifically by the dish area. There were quite a few small flies harboring by the trash cans and the garbage disposal. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. Interior kitchen area had a hole/gap noted above the dish area. There were holes in the wall paneling that need fixed. Recommendation was made to seal the gap to prevent pest entry or harborage. Floor tiles or baseboards were loose or missing. Recommendation was made to repair tiles or baseboards to eliminate potential pest harborage or breeding sites. b. Interior hallways had holes and gaps noted in the hallway by the back door, kitchen, and the laundry room. There was a lot of messed up drywall by the floor wall junction. Recommendation was made to seal the holes to prevent pest entry or harborage. c. Front door entry point exit door did not close or seal properly and had a 1/4 gap or greater exists. Recommendation was made to install replace door sweep. d. Interior kitchen area had grease build up in/on/by under the cook line there was grease build up on the floor. Recommendation was made to clean buildup. e. Under the dish area, there was some sort of grease and grime build up on the floor and the wall that had attracted small flies. Recommendation was made to address the sanitation issue. f. Under the dish machine there was grease, grime and food build up on the underside of the dish machine that needs cleaned. Recommendation was made to address this sanitation issue. On 6/5/24 at 11:54 a.m., the Director of Nursing Services (DNS) indicated the facility was unable to provide any Maintenance Man's (MM) records of insect control. They had a pest company come out twice a month. The MM had ordered drain insect repellent, and it arrived 6/5/24. On 6/5/24 at 2:57 p.m., the ED provided a receipt for drain insect repellent. It was dated 5/31/24, for Drain [NAME] (drain fly treatment, attacks and consumes organic breeding grounds for drain flies, sewer flies, fruit flies, gnats and other common drain-dwelling pests). On 6/6/24 at 11:15 a.m., the ED indicated she was not satisfied with the facility's current local pest control company efforts. The facility had been using this pest control company twice a month, she wanted to change their schedule to every other week. She had been looking into using another pest control company. She indicated the MM acquired the drain pest control solution from another company. The MM would return from vacation next week and would instill the drain pest control solution. A current policy, titled, Pest Control, dated 9/23, was provided by the ED, on 6/4/24 at 3:28 p.m. A review of the policy indicated, .Purpose of the Policy: To provide an environment free of pests and rodents. Policy: The facility will maintain an effective pest control program so that the facility is free of pests and rodents .The facility should have a contract with a Pest Control Operator (PCO) .The PCO will make regular scheduled visits and additional visits as needed 3.1-19(a)(4) 3.1-19(f)(4) 3.1-19(f)(5)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 46414 Based on record review and interview, the facility failed to assess 1 of 4 residents for coordination of preadmission screening and resident review (PASARR) who required a referral for a level II assessment based on medical diagnoses and medication usage (Residents 64). Findings include: On 6/5/24 at 9:49 a.m., a record review was completed for Resident 64. He had the following diagnoses which included, but were not limited to, metabolic encephalopathy (a chemical imbalance in the brain), psychotic disorder with delusions due to known physiological condition, anxiety disorder, and depression. Resident 64 had a level I. The level I lacked information to include resident's mental illness diagnosis and use of Haldol (a psychotropic medication used to treat mental and mood disorders). This information would have triggered a level II to be completed if, not omitted. A policy titled, PASRR Policy, was provided by the Director of Nursing Services (DNS) on 6/5/24 R 11:55 a. m. It indicated, .Any resident with an intellectual, mental disability or related condition will be referred to the designated mental health or intellectual disability authority with a significant change in mental or physical status .

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 46414 Based on observation and interview, the facility failed to provide nail care for a resident who was unable to care for his own nail care for 1 of 4 residents (Resident 67) reviewed for activities of daily living (ADLS). Findings include: During an observation on 6/3/24 at 9:40 a.m., Resident 67's nails were long and dirty. When asked if he wanted his nails that long, he indicated he called his daughter to have her cut them, but she was too busy working. During an observation on 6/4/24 at 3:25 p.m., Resident 67's nails were still long and dirty. During an observation on 6/5/24 at 9:41 a.m., Resident 67's nails were long and dirty. A record review was completed on 6/5/24 at 10:30 a.m. He had the following diagnoses which included but were not limited to malignant neoplasm of the prostate (cancer), anemia, hypertension, and age-related physical debility. During an interview with the DNS on 6/5/24 at 9:41 a.m., she was informed of resident's nails being long and dirty. She indicated she would inform the nurse to trim his nails or she would trim them herself. Resident 67 had a care plan, dated 4/15/24 and it indicated, Resident requires assistance with ADLS . His interventions included .Assist with bathing as needed per resident preference. Offer shower two times per week, partial bath in between . A policy titled, Resident Rights with no date was provided by the Regional Director of Clinical Services on 6/5/24 at 3:10 p.m. It indicated, .Receive the services and/or items included in the plan of care . 3.1-38(a)(3)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37981 Based on observation, interview, and record review, the facility failed to ensure residents who needed respiratory equipment had the equipment they needed and the equipment was covered when not in use for 2 of 2 residents reviewed for respiratory equipment (Resident 43 and 106). Findings include: 1. On 6/2/24 at 11:23 a.m., Resident 43's respiratory equipment was observed. She was observed to be on 4 liters of oxygen per minute by nasal cannula and had a BIPAP machine (non-invasive ventilator to assist with breathing) on her bedside table. Respiratory tubing was observed leading into a plastic bag, there was no BIPAP mask in the plastic bag. Resident 43 indicated a CNA (Certified Nursing Aide) threw it away and she was unable to use her BIPAP machine at night. On 6/3/24 at 2:19 p.m., the BIPAP mask was observed to be missing. The resident indicated she asked for another BIPAP mask. On 6/4/24 at 10:04 a.m., Resident 43 did not have a BIPAP mask in the plastic bag with the BIPAP tubing. She was unable to use it. On 6/5/24 at 9:30 a.m., Resident 43 did not have a BIPAP mask in the plastic bag with the BIPAP tubing. She was unable to use it. She indicated the facility staff did not order a BIPAP mask for her. On 6/4/24 at 2:19 p.m., Resident 43's record was reviewed. She was admitted on [DATE]. On 5/1/23, and her weight was recorded as 382 pounds. Her diagnoses included, but were not limited to, obesity, sleep apnea (breathing difficulty during sleep), congestive heart disease (heart disease), chronic obstruction pulmonary disease (COPD), acute respiratory failure with hypoxia (not enough oxygen in the blood), diabetes mellitus (blood sugar disorder), and schizophrenia (mental illness involving difficulty with thought, emotion, and behavior). A respiratory care plan, dated 8/14/23, indicated Resident 43 had a potential for impaired gas exchange related to obesity, acute respiratory failure, sleep apnea (stop breathing while asleep), COPD with shortness of breath while lying flat, was on continuous oxygen, pulmonary edema (too much fluids in the lungs), and history of cerebral vascular accident (stroke). The goal was for her to will adequate respiratory functions as evidenced by decreased or absence of dyspnea (difficulty with breathing), improved breath sounds, decreased or absence of shortness of breath, and improved oximetry (blood oxygen levels) results. Nursing approaches included, but were not limited to, administer oxygen as ordered - 4 liters per minute per nasal cannula and BIPAP (non-invasive ventilator to assist with breathing). (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A perfusion (blood flow) care plan, dated 8/14/23, indicated Resident 43 was at risk for ineffective tissue perfusion related to hypertension (HTN), history of cerebral vascular accident, and sleep apnea. The goal was to maintain adequate tissue perfusion. A nursing approach indicated the use of her BIPAP machine with observations of pallor, cyanosis (blue tint to skin), shortness of breath, headache, abnormal lung sounds and oxygen saturation (measurement of oxygen in the blood). A physician's order, dated 1/18/24, indicated Resident 43's BIPAP machine and mask be cleaned daily with soap and water. A physician's order, dated 4/23/24, indicated Resident 43's BIPAP should have been on at bedside and removed upon waking. On 6/5/24 at 10:17 a.m., the DNS indicated she did not know if Resident 43 had a bariatric bed and she indicated she would look into mobility bars for her. She indicated she was unaware Resident 43 was missing her BIPAP mask for multiple nights. She indicated she did the ordering and had not ordered a BIPAP mask for her. On 6/5/24 at 11:57 a.m., the Director of Nursing Services (DNS) indicated she provided a BIPAP mask for Resident 43 and Resident 43 should have had the BIPAP mask the whole time because she had physician orders to use it every night. 2. On 6/2/24 at 1:21 p.m., Resident 53's nebulizer mask was observed uncovered on top of his bedside table drawer. He indicated the CPAP mask was also in the drawer. On 6/4/24 at 11:16 a.m., Resident 53's CPAP mask was observed uncovered on top of his bedside table drawer. On 6/5/24 at 9:36 a.m., Resident 53's nebulizer mask and CPAP mask was observed uncovered on top of his bedside table drawer. On 6/6/24 at 12:08 p.m., Resident 53's record was reviewed. He was admitted on [DATE]. His diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), obstructive sleep apnea (OSA), morbid obesity (complex chronic disease with a body mass index above 40), and diabetes mellitus (blood sugar disorder). His physician orders, dated 12/20/23, indicated to use a CPAP at bedtime and remove upon waking. His physician orders, dated 12/20/23, indicated to use albuterol sulfate 0.63 mg via nebulizer treatment every 6 hours as needed. A respiratory care plan, dated 12/20/23, indicated Resident 53 had potential for impaired gas exchange related to COPD with shortness of breath while lying flat, chronic and other pulmonary manifestations related to radiation and obstructive sleep apnea, obesity, and CPAP use. The goal was for him to have adequate respiratory function. A nursing approach indicated to use the CPAP with nebulizer treatments as ordered. (continued on next page)

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	155291	A. Building B. Wing	06/06/2024

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/4/24 at 12:43 p.m., a respiratory equipment policy was requested from the DNS. It was not provided. On 6/5/24 at 10:21 a.m., a respiratory equipment policy was requested from the DNS. It was not provided. A procedure, titled, Bi-Level Therapy, with no date, was provided by the DNS, on 6/5/24 at 1:06 p.m. It did not provide any information about caring for the BIPAP mask when not in use. A procedure, titled, CPAP Therapy, with no date, was provided by the DNS, on 6/5/24 at 1:06 p.m. It did not provide any information about caring for the BIPAP mask when not in use. 3.1-47(a)(6)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 46414 Based on observations, the facility failed to label and date medications when opened and remove expired medications from use for 2 of 4 medication carts and 1 of 1 refrigerator. Findings include: 1. A hall medication cart a. Resident 64 had a vial of Haldol in the medication cart. The vial was a one time use only and lacked a date when opened. b. Resident 2 had breo in the medication cart. It lacked a date when opened. 2. B hall medication cart a. A bottle of Systane eye drops was in the medication cart. It did not have a label on the bottle. b. Resident 226 had a bottle of Systane eye drops in the medication cart with no date to indicate when it was opened. 3. Refrigerator had the following: a. Resident 54 had 2 bottles of lorazepam in the refrigerator. One bottle lacked a date to indicate when it was opened. The other bottle was opened on 2/22/24 that had expired. b. Resident 6 had a bottle of lorazepam in the refrigerator. It lacked a date to indicate when it was opened. c. There was a bottle of lorazepam in the refrigerator. It lacked a label on the bottle. A medication storage guidance was provided by the director of nursing services (DNS) on 6/5/24 at 11:56 a. m., it indicated Ativan oral solution, .store original . date when opened and discard 90 days after opening. Protect from light . 3.1-25(j) 3.1-25(m) 3.1-25(n)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 37981 Based on observation, interview, and record review, the facility failed to ensure linens were not contaminated for 4 of 12 residents during dining service (Resident 3, 9, 7, 21, and 46) and failed to ensure kitchen temperature logs were completed. Findings include: 1 On 6/2/24 at 12:18 p.m., the Social Services Director (SSD) was observed bringing tablecloths and clothing protectors into the dining room. She was holding them up against her body and sleeve. She indicated she was just making sure everyone had tablecloths and clothing protectors. On 6/2/24 at 12:20 p.m., the SSD was observed putting a table cloths on a table while Resident 9 was sitting at the table, then she provided him with a clothing protector. On 6/2/24 at 12:23 p.m., the SSD was observed to pick up trash from the dining room floor and threw it away. She did not do any hand hygiene and put a table cloth on Resident 21's table and provided clothing protectors for Resident 21, Resident 46, Resident 7, and Resident 3. A current policy, titled, Laundry/Linen dated 12/2021, was provided by the Executive Director (ED), on 6/4/24 at 3:28 p.m. A review of the policy indicated, .To ensure the proper care and handling of linen and laundry to prevent the spread of infection .Clean linen must be protected from soiling or contamination .Clean linen should be carried away from body to prevent contamination A current policy, titled, Hand Hygiene Policy dated 12/2021, was provided by the Executive Director (ED), on 6/4/24 at 3:28 p.m. A review of the policy indicated, .to provide a standardized approach to Hand hygiene to reduce or minimize the transmission of infection from potential microorganism on the hands of all employees . American Senior Communities will follow the Centers for Disease and Prevention (CDC) guidelines for the standards of hand hygiene 2. During a kitchen tour, on 6/2/24 at 10:36 a.m., several temperature (temp) logs were observed incomplete. a. The Prep Cooler had no morning temps for 6/1/24 or 6/2/24. b. The High Temperature Dish Machine had no temp logs for morning, lunch, or dinner on 6/1/24. A current policy, titled, Food Storage, dated 5/23, was provided by the Executive Director (ED), on 6/4/24 at 3:28 p.m. A review of the policy indicated, .Thermometers should be checked utilizing an internal thermometer at least two times each day. Temperatures should be recorded prior to breakfast preparation and again prior to dinner service. 3.1-19(l) 3.1-21(i)(2)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 38768 Based on observation, interview and record review, the facility failed to ensure appropriate personal protective equipment (PPE) was utilized during high contact resident care, to prevent the potential for the spread of infection for a resident for (Resident 62) who had an open wound with recurrent infections for 1 of 2 residents reviewed for enhanced barrier precautions (EBP). Findings include: During a random observation on 6/4/24 at 9:43 a.m., Resident 62 was observed in the spa room on the secured memory care unit, where she received a shower from an unidentified nursing assistant (CNA). The CNA did not have an isolation gown or gloves on as she conducted Resident 62's shower. Resident 62 was seated on a shower chair, and evidence of stool incontinence was present by smell and stool was observed on the shower floor near the drain. When asked where the Resident's wound was, the CNA gently asked the resident to lean forward, and with her bare hand lifted the skin of her right buttock to reveal the wound. The wound dressing was not in place and the open wound was in direct contact with the shower chair. The wound edges were regular but appeared macerated and there was a scant amount of green drainage present inside the wound. When asked why the CNA did not have a gown or gloves, or other PPE on, she indicated, it was too hot in the shower room. On 6/4/24 at 2:00 p.m., Resident 62's medical record was reviewed. She was a long-term care resident with diagnoses which include, but were not limited to, dementia (a degenerative brain disease which affects cognitive function and memory), cellulitis (bacterial skin infection), lymphedema (a chronic condition that causes swelling in the body due to a buildup of lymph fluid) and reduced mobility. On 4/22/24 a new open area was discovered on her right buttock. On 4/24/24 the Nurse Practitioner (NP) ordered an x-ray of the right hip for the suspicion of possibly infected hardware. The results were received and concluded evidence of degenerative join disease, no fracture, and did not indicate any sign/symptom of infection. On 4/25/24 at 8:06 a.m., the Interdisciplinary Team (IDT) determined the root cause of her facility acquired pressure ulcer had developed from friction caused by scooting on her wheelchair. There were no signs or symptoms of infection and the Np ordered medihoney to the area and equagel cushion. On 5/7/24 Resident 62 was placed in enhanced barrier precautions due to a wound infection. A wound round note, dated 6/4/24, indicated the history of the wound as follows: On 4/30/24 - reviewed right hip x-ray, no hardware noted in x-ray and no abnormalities. Nursing reports after investigation area started as blister most likely from friction of patient placing self in wheelchair and rubbing on arm rest and also witnessed by staff scooting self in wheelchair could also cause friction. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/7/24 - suspect wound DTI [deep tissue injury] now presenting as unstageable, wound worsening this week. A new antibiotic was ordered and she was started on Doxceycycline 100mg twice a day for 7 days as well as a topical antibiotic of 500mg of crushed flagyl to the wound bed twice a day for 7 days. On 5/28/24 - suspect root cause of wound could be a cyst or abscess. A CT was ordered and scheduled for 6/6/24. A nursing progress note, dated 5/13/24 at 10:24 a.m., indicated the treatment to her right buttocks was completed with drainage and odor noted present. A nursing progress note, dated 6/3/24 at 11:00 a.m., indicated, the treatment to her right buttock wound was completed. A foul odor and copious amounts of green drainage was noted. On 6/4/24 the wound team restarted Resident 62 on an antibiotic Doxycycline 100mg twice a day for 10 days related to cellulitis. Resident 62's had a comprehensive care plan which was initiated on 5/5/24 related to her infected pressure ulcer. The care plan indicated she was at risk for becoming colonized with Mulit-drug-Resistant Organisms (MDROs) and required enhanced barrier precautions for her protection. Interventions for this plan of care included, but were not limited to, wear gown and gloves prior to high contact resident care activities. On 6/6/24 at 11:00 a.m., the Director of Nursing Services provided a copy of current facility policy titled, Standard and Transmission-Based Precautions (Isolation) Policy, reviewed, 4/24/24. The policy indicated, . Enhanced Barrier Precautions expands the use of PPE beyond situations in which exposure to blood and body fluid is anticipated, it refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing . Use of Personal Protective Equipment- Gown and Gloves during high-contact resident care activities: dressing, bathing/showering 3.1-18(a)

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 38768 Based on observation, interview and record review, the facility failed to designate an Infection Preventionist (IP) who was available for a minimum of 20 hours a week and did not share the duties/responsibilities of other departments, to ensure daily monitoring and implementation of the Infection Control and Prevention program for 5 of 5 months reviewed. This deficient practice had the potential to affect 75 of 75 residents who resided in the facility: Findings include: Upon survey entrance, name and certification of the facilities IP was requested and provided. The Executive Director (ED) indicated the facility's IP was Licensed Practical Nurse, (LPN) 4, who also served as the full time Minimum Data Set (MDS) Coordinator. On 6/4/24 at 10:24 a.m., the Regional IP Consultant (RIPC) indicated the facility had been without a full-time IP for a couple of months, but he came to the building about 1-2 times a month in order to update the infection tracking binder, complete the infection mapping and antibiotic stewardship reports. The RIPC indicated, his time in the building was less than 20 hours per week, but in the absence of a full-time IP, the MDSC was responsible for the daily implementation and oversight of the program. During an interview on 6/4/24 at 1:34 p.m., with the RIPC and the MDSC present, the MDSC indicated, she did have an IP certification and had temporarily filled the position in January. The MDSC indicated, she spent the majority of her time on MDS tracking, scheduling and assessment submission. She also helped out with weekly wound rounds. On 6/6/24 at 10:07 a.m., the Facility Assessment was reviewed. The assessment was dated 1/23/24 and LPN 4 signed as the IP. Standard competencies for the IP position indicated, .Infection control and prevention program, daily surveillance of infection completed . Further, the assessment indicated the facility required a full-time IP and that, .if answered yes, they may not share other duties During an interview on 6/6/24 at 11:36 a.m., the IP program and position vacancy was reviewed with the ED. The ED indicated, in the absence of a full-time IP staff, the facility had the RIPC help out and the MDSC cover daily tasks. When the Facility assessment specifications were reviewed, the ED agreed that if the MDSC had been asked to fill the role of the IP, another staff member should have been appointed to fill the MDSC role, so that the IP would not share duties to maintain a comprehensive and effective daily program implementation.