

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155506	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2024
NAME OF PROVIDER OR SUPPLIER  Holy Cross Rehabilitation and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE  17475 Dugdale Dr South Bend, IN 46635	

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)
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>47419</p> <p>Based on interview and record review, the facility failed to provide the resident or representative, a notice of transfer/discharge or a copy of the bed hold policy for 1 of 1 resident reviewed for hospitalization s. (Resident 65)</p> <p>Finding includes:</p> <p>During an interview, on 5/14/24 at 10:29 A.M., Resident 65 indicated he was hospitalized a couple of weeks ago but could not recall why.</p> <p>A record review for Resident 65 was conducted on 5/16/24 at 9:31 A.M. Diagnoses included, but were no limited to, partial amputation of right foot and diabetes mellitus.</p> <p>A Five Day Minimum Data Set assessment, dated 4/19/24, indicated Resident 65 had an intact cognition</p> <p>Nursing Progress Notes, dated 5/1/24, indicated Resident 65 was sent to the emergency room for a change in condition and was admitted to the acute care center with a diagnosis of pneumonia. The record lacked documentation a notice of transfer/discharge or a bed hold policy was given to the resident when he was sent to the emergency room .</p> <p>During an interview, on 5/17/24 at 2:23 P.M., the DON indicated she was unable to find tdocumentation Resident 65 was provided a notice of transfer/discharge or a copy of the bed hold policy for the 5/1/24 admission to the hospital.</p> <p>On 5/20/24 at 3:24 P.M., the DON provided a checklist form for transfers and indicated there was not a policy that addresses documents that should be sent when a resident goes to the hospital but she did provide a checklist.</p> <p>3.1-12(a)(25)(26)</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48145</p> <p>Based on record review and interview, the facility failed to develop a person-centered care plan addressing depression for 1 of 21 residents whose care plans were reviewed. (Resident 53)</p> <p>Finding includes:</p> <p>A record review was completed on 5/15/2024 at 12:22 P.M. for Resident 53. Diagnoses included, but were not limited to major depressive disorder, chronic obstructive pulmonary disease, and heart failure.</p> <p>A Care Plan, dated 4/29/2024, indicated Resident 53 had mood and behavior concerns related to depression.</p> <p>Interventions included: administer medications as ordered; provide a calm and quiet environment; monitor for triggers of mood changes and provide appropriate interventions as needed. There were no specific interventions to address what specific triggers the resident exhibited or what appropriate interventions were planned for Resident 53.</p> <p>During an interview, on 5/20/2024 at 10:08 A.M., the Assistant Director of Nursing indicated Resident 53 did not have person-centered interventions for her Care Plan.</p> <p>A policy for developing person-center care plans was requested from the Director of Nursing, on 5/20/2025 at 10:30 A.M.</p> <p>During an interview on 5/20/2024 at 1:22 P.M., the Director of Nursing indicated the facility did not have a policy for person-centered care plans.</p> <p>3.1-35(a)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>49994</p> <p>Based on record review, and interview, the facility failed to ensure care plans were revised and care conferences were held quarterly for 2 of 3 residents reviewed for care planning. (Resident 37 &amp; 58)</p> <p>Finding include:</p> <p>During an observation, on 5/14/2024 at 3:18 P.M., Resident 37's right hand was contracted and there was no splint on the resident's right hand.</p> <p>During an observation, on 5/15/2024 at 9:16 A.M., Resident 37 was wearing a soft splint to her right hand.</p> <p>During an observation, on 5/17/2024 at 9:11 A.M., Resident 37 was not wearing a soft splint to her right hand.</p> <p>A Physicians Order, dated 8/31/2019, indicated to apply a soft resting hand splint to the right hand daily, place on prior to bed and take off upon rising.</p> <p>A Care Plan, dated 5/22/2020, indicated the following:</p> <p>- I have right side hemiparesis related to cardiovascular accident. Interventions included: I wear a soft splint to my right hand, on in AM, off HS (hour of sleep).</p> <p>- I have self care deficits associated with need for assistance with activities of daily living (ADL's). Interventions included: right soft resting hand splint to right hand daily ON PB (prior to bed).</p> <p>- I am at risk for skin breakdown. Interventions included: right soft resting hand splint to right hand daily, on prior to bed, off at hour of sleep.</p> <p>During an interview, on 5/17/24 at 1:26 P.M., LPN 14 indicated Resident 37's soft right hand splint got put on in the evening prior to bed time and removed upon waking. She indicated the care plan needed to be revised.</p> <p>On 5/20/24, at 3:31 P.M., a policy for revising care plans was requested and one was not provided prior to the survey exit.</p> <p>During an interview, on 5/15/24 at 9:18 A.M., Resident 37's family indicated it had been more than a year since they had been invited to a care conference.</p> <p>A record review was completed on 5/16/24 at 9:56 A.M., for Resident 37. Diagnosis included, but were not limited to: Type 2 diabetes, aphasia, major depressive disorder, and dementia.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no documentation in the record to indicate Resident 37 had a care conference conducted since 3/30/2023.</p> <p>During an interview, on 5/20/24 at 3:25 P.M., the DON indicated Resident 37 had not had a care conference in the last year and should have.</p> <p>2. A record review was completed, on 5/16/24 at 3:12 P.M., for Resident 58. Diagnoses included, but were not limited to scoliosis, hypertensive heart disease, adjustment disorder with anxiety and depressed mood, and insomnia.</p> <p>During an interview, on 5/14/24 at 10:03 A.M., Resident 58's family indicated it had been 6-9 months since they were invited to a care conference.</p> <p>There was no documentation in the record to indicate Resident 58 had a care conference conducted between 6/27/23 and 3/21/24.</p> <p>During an interview, on 5/20/24 at 3:25 P.M., the DON indicated Resident 37 and Resident 58 did not have a care conference every quarter and should have had one scheduled.</p> <p>On 5/20/24, at 3:28 P.M., a policy for care conferences was requested and one was not provided prior to the survey exit.</p> <p>3.1-35(d)(2)(B)</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>49994</p> <p>Based on observation, interview, and record review, the facility failed to provide assistance with Activities of Daily Living (ADLs) related to bed baths, shaving, and turning and positioning per standards of care for 2 of 3 residents reviewed for ADL care. (Resident 37 &amp; 46)</p> <p>Finding includes:</p> <p>1. During an observation, on 5/14/24 at 3:18 P.M., Resident 37's fingernails were long and dirty.</p> <p>During an observation, on 5/15/2024 at 9:16 A.M., Resident 37's fingernails remained long and dirty.</p> <p>During an observation, on 5/16/2024 at 10:19 A.M., Resident 37's fingernails remained long and dirty.</p> <p>A record review was completed on 5/16/2024 at 9:56 A.M. for Resident 37. Diagnoses included, but were not limited to hemiplegia and hemiparesis, type 2 diabetes, major depressive disorder, dementia, and aphasia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 3/6/2024, indicated that Resident 37 had severely impaired cognition and was dependent on staff with bed mobility, transfers, dressing, toileting, hygiene and bathing, and required a mechanical lift (hoyer) with two staff for transfers.</p> <p>A current Care Plan, dated 8/8/2019, was provided and indicated Resident 37 required staff assistance with deficits of activities of daily living (ADLs) with a current intervention of Assist with personal hygiene.</p> <p>On 5/20/2024 at 10:30 A.M., Resident 37's shower record from 3/8/2024 to 5/16/2024 was provided by the Administrator. Resident 37 received one bed bath between 4/16/2024 and 4/30/2024, and one bed bath between 5/3/2024 and 5/13/2024, with no refusals of care documented for that time period.</p> <p>During an interview, on 5/16/24 at 11:01 A.M., CNA 13 indicated during a sponge bath warm water and soap were used and staff washed the resident's entire body. Nail care was included in sponge baths and whenever staff observed the resident needed it.</p> <p>During an interview, on 5/21/24 at 09:11 A.M., the DON indicated the resident should have had additional bed bath during the timeframe where there were large gaps between dates.</p> <p>44111</p> <p>2. During an interview on 5/15/2024 at 9:25 A.M., Resident 46 indicated that he never gets shaved unless CNA 12 worked, she was the only one who shaved him. When he lived at home, he shaved every day, and he preferred to be shaved daily. He was observed to be unshaven at the time of the interview</p> <p>During an observation on 5/15/2024 at 2:56 P.M., he was remained unshaved.</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>During an observation and interview on 5/16/2024 at 10:44 A.M., Resident 46 indicated he had not been washed up yet or shaved today and his call light was on to be changed.</p> <p>During an observation and interview on 5/16/2024 at 3:05 P.M., Resident 46 indicated he was not shaved today, facial hair was present.</p> <p>During an observation on 5/17/2024 at 9:15 A.M., Resident 46 was unshaven.</p> <p>During an observation on 5/17/2024 at 2:08 P.M., Resident 46 was unshaven.</p> <p>During an observation and interview on 5/20/2024 at 9:24 A.M. Resident 46 indicated he had not been shaved all weekend, he had an increased growth of whiskers.</p> <p>During an observation on 5/21/2024 at 9:35 A.M., Resident 46 was unshaven.</p> <p>A record review was completed on 5/17/2024 at 9:05 A.M. for Resident 46. Diagnoses included, but were not limited to cardiovascular accident, hemiplegia, hemiparesis, peripheral vascular disease and depression.</p> <p>A Quarterly Minimum Data Set Assessment, dated 4/24/2024, indicated Resident 46 was dependent for oral hygiene, personal hygiene, shower/bath, upper and lower body dressing, toileting, transfers and bed mobility. He had limited range of motion on one side to the upper and lower body extremity.</p> <p>A Care Plan, dated 2/12/2019, for self care deficit associated with need for assistance with ADL's related to history of cerebrovascular accident resulting in left sided weakness, included a goal the for the resident to be neat, clean and well-groomed.</p> <p>A Resident Summary on activities of daily living care/bathing, dated 1/3/2022, indicated Resident 46 was extensive assist of 2 with a hoier lift for transfers and bed mobility, supervision with eating, assist with oral care twice daily, expressed a shower preference of twice a week and had full dentures.</p> <p>On 5/17/2024 at 11:30 A.M., the DON indicated resident preferences could be found on the resident's summary.</p> <p>During an interview on 5/16/2024 at 1:42 P.M., CNA 5 indicated when she completed morning care, she washed the resident's underarms and peri-area, brushed the resident's teeth, applies lotion, combed the resident's hair and made the bed.</p> <p>During an interview on 5/16/2024 at 2:01 P.M., CNA 6 indicated that when she completed morning care, she provided a bed bath, applied lotion, assisted with dressing, brushed the resident's teeth, combed the resident's hair and offered a shave.</p> <p>During an interview on 5/17/2024 at 9:18 A.M., CNA 7 indicated that when she completed morning care, she washed the resident's upper body, then peri-area, put on a brief, assisted with dressing, and brushed the resident's teeth.</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>During an interview on 5/20/2024 at 11:13 A. M., the Director of Nursing indicated she did not have a policy on activities of daily living or shaving.</p> <p>During an interview on 5/15/2024 at 9:25 A.M., Resident 46 indicated that the staff did not turn him every two hours. He indicated he would like to get the pressure off his buttock, he became sore at times and rarely got out of bed.</p> <p>During an observation and interview on 5/16/2024 at 10:44 A.M., Resident 46 indicated he had not been washed up yet or shaved today and his light was on to be changed. Resident 46 was lying in a supine position in bed.</p> <p>During an observation on 5/16/2024 at 3:05 P.M., Resident 46 was on his back in bed.</p> <p>During an observation on 5/17/2024 at the following times: 9:15 A.M., 10:28 A.M., 11:48 A.M., 1:18 P.M., 2:08 P.M., resident was in bed positioned on his back.</p> <p>During an interview on 5/17/2024 at 11:48 A.M., Resident 46 indicated no one has turned and repositioned him today.</p> <p>During an observation on 5/20/2024 at the following times: 9:24 A.M., 11:50 A.M. and 2:37 P.M. the resident was lying on his back in bed.</p> <p>During an observation on 5/21/2024 at 9:35 A.M., the resident was lying on his back in bed.</p> <p>The CNA documentation on turn and reposition for Resident 46 in the electronic medical record indicated the following::</p> <p>5/14/2024 1:51 P.M.</p> <p>5/14/2024 9:13 P.M.</p> <p>5/15/2024 3:20 A.M.</p> <p>5/15/2024 11:29 A.M.</p> <p>5/15/2024 2:25 P.M.</p> <p>5/16/2024 12:10 A.M.</p> <p>5/16/2024 2:08 P.M.</p> <p>5/16/2024 3:46 P.M.</p> <p>5/16/2024 11:52 P.M.</p> <p>5/17/2024 10:35 A.M.</p> <p>5/17/2024 9:49 P.M.</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>5/18/2024 12:43 A.M.</p> <p>5/18/2024 12:59 P.M.</p> <p>5/18/2024 7:13 P.M.</p> <p>5/19/2024 5:40 A.M.</p> <p>5/19/2024 9:23 P.M.</p> <p>5/20/2024 3:59 A.M.</p> <p>5/20/2024 10:50 A.M.</p> <p>5/20/2024 9:25 P.M.</p> <p>5/21/2024 12:14 A.M.</p> <p>A Care Plan, dated 2/12/2019, for risk for skin breakdown related to left side hemiparesis, weakness, and history of cerebrovascular accident, with an intervention to assist with turning and repositioning as directed on resident summary.</p> <p>A Resident Summary for Resident 46, , on mobility/specialized devices dated 9/16/2021, indicated to ensure resident is lying in the middle of the bed, and position the legs and feet to prevent pressure injuries. Skin care dated 9/16/2021 indicated care of the supra pubic catheter to prevent skin breakdown.</p> <p>During an interview on 5/17/2024 at 11:40 A.M., CNA 7 indicated when she took care of a dependent resident, she would turn and reposition them every two hours, and do range of motion, provided a drink of water, if nothing by mouth (NPO) she would provide oral care every time she changed them.</p> <p>During an interview on 5/17/2024 at 11:43 A.M., CNA 8 indicated when she took care of a dependent resident, she checked and changed them every two hours and assisted with meals if needed.</p> <p>During an interview on 5/21/2024 at 9:11 A.M., the DON indicated the resident summary did not mention turning and repositioning the resident, she would expect her staff to do rounds every couple of hours to keep residents clean and repositioned. The staff were not charting in the kiosk like she would prefer regarding turning and repositioning of residents. She indicated there needed to be more information be added to the resident summary.</p> <p>On 5/20/2024 at 11:13 A.M., the DON indicated they did not have a policy regarding turning and repositioning or completing the resident summary.</p> <p>3.1-38(a)(3)(D)</p> <p>3.1-38(a)(3)(E)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>44111</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with a limited range of motion received appropriate treatments and services to prevent further decrease in range of motion for 1 of 3 residents for range of motion. (Resident 46)</p> <p>Finding includes:</p> <p>During an interview and observation on 5/15/2024 at 9:35 A.M., Resident 46 indicated RN 4 is was the only nurse that put his left hand splint on him. There was no splint observed on the resident's left hand.</p> <p>During an observation and interview on 5/16/2024 at 10:42 A.M., the resident was awake and indicated he had not seen his nurse today. The resident did not have a splint on his left hand.</p> <p>During an observation on 5/17/2024 at 10:59 A.M. at 10:59 A.M., 1:18 A.M., and 2:09 P.M. Resident 46 did not have a left hand splint on. The splint was noted on the nightstand.</p> <p>During observations on 5/20/2024 at 9:25 A.M., 11:49 A.M., and 2:37 P.M., Resident 46's left hand splint was not on the resident's hand. The splint was observed on the top of his nightstand.</p> <p>During an observation on 5/21/2024 at 9:35 A.M., Resident 46 was awake and his hand splint was not on the left hand.</p> <p>A record review was completed on 5/17/2024 at 9:05 A.M., for Resident 46. Diagnoses included, but were not limited to cardiovascular accident, hemiplegia, hemiparesis, peripheral vascular disease and depression.</p> <p>A Physician Order, dated 11/3/2022, indicated : orthosis/splint two times a day, apply to the left hand resting splint, on upon risking and off prior to bed.</p> <p>A Care Plan for self- care deficit, dated 2/12/2019, included an intervention to apply left hand resting splint upon rising and may remove prior to bed and for hygiene and skin inspection.</p> <p>The May 2024 TAR (Treatment Administration Record), indicated that the splint was applied on the following dates: 5/15/2024, 5/16/2024. 5/17/2024 and 5/20/2024.</p> <p>During an interview on 5/20/2024 at 3:30 P.M., the DON indicated the day nurse was finishing her end of shift report and had not completed her scheduled day shift treatments.</p> <p>During an interview on 5/21/2024 at 9:26 A.M., the DON indicated she would expect her staff to follow the physician's orders for splints/braces.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/21/2024 at 9:31 A.M., LPN 9 indicated that Resident 46 wore a left hand splint and she sometimes put it on him after noon, even though the order was upon rising. She completed her treatment last because the med pass was so heavy and sometimes she did not finish until 5:00 P.M.</p> <p>During an interview on 5/21/2024 at 9:26 A.M., the DON indicated there had no policy for splint or braces</p> <p>2.1-42(a)(2)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>47419</p> <p>Based on observation and interview, the facility failed to ensure medications stored in the med cart were labeled according to accepted professional standards for 1 of 3 medication carts observed. (St. John's Way medication cart)</p> <p>Finding includes:</p> <p>During an observation of the medication cart on St. John's Way, on 5/20/24 at 10:16 A.M., with LPN 11, a half full bottle of milk of magnesia was found without a pharmacy label or any information to identify the resident to whom it belonged.</p> <p>During an interview, on 5/20/24 at 10:16 A.M., LPN 11 indicated she did not know to whom the milk of magnesia belonged. She did not know why it was there and it should not be kept in the cart. Resident medications were kept in their room in a locked cabinet.</p> <p>On 5/20/24 at 2:07 P.M., the Executive Director provided a policy titled, Storage and Expiration Dating of Medications, Biological's, dated 8/7/23, and indicated the policy was the one currently used by the facility. The policy included, but was not limited to, .Facility should destroy and reorder medications and biologicals with soiled, illegible, worn, makeshift, incomplete, damaged, or missing labels</p> <p>3.1-25(j)</p>

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NAME OF PROVIDER OR SUPPLIER  Holy Cross Rehabilitation and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE  17475 Dugdale Dr South Bend, IN 46635	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48145</p> <p>Based on interview, observation and record review, the facility failed to maintain appropriate food temperatures of the meal trays on St. Paul's Unit. This had the potential to affect the 21 Residents who eat on St. Paul's Unit.</p> <p>Finding includes:</p> <p>During an interview, on 4/15/2024 at 11:15 A.M., Resident 117 indicated he ate his meals in the dinning area on the unit and most of his meals were cold. Resident 117 was able to request to have his meals heated to a warmer temperature, but stopped asking because every meal was cold.</p> <p>An observation of food temperatures for the meal trays on St. Paul's Unit was completed, on 5/20/2024 at 12:13 P.M. The Dietary Project Manager pulled the first tray off the food cart and used her thermometer to take the temperature of the food. The cabbage had a temperature of 135 degrees Fahrenheit and the pot roast had a temperature of 141 degrees Fahrenheit. The Dietary Project Manger requested a dietary aide begin microwave each plate. There were 21 trays on the food cart.</p> <p>During an interview, on 5/20/2024 at 12:15 P.M., the Dietary Project Manager indicated the cabbage and pot roast were not at the correct temperature to serve and all the meals trays on St. Paul's Unit would have to be heated in the microwave until the food was 145 degrees Fahrenheit.</p> <p>On 5/20/2024 at 2:13 P.M., the Administrator provided a current policy, dated 1/2024, and titled, Meal Quality and Temperature. The policy indicated, .Food and drinks are palatable, attractive and served at a safe and appetizing temperature to ensure resident satisfaction and to meet nutrition and hydration needs</p> <p>3.1-21(a)(2)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44111</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored, prepared and served in a sanitary manner in 1 of 1 kitchens observed. The facility also failed to ensure food brought in by outside sources and placed in resident nourishment refrigerators was stored in accordance with professional standards for food safety and used for food and beverages only for 4 of 4 party rooms observed. This deficient practice had the potential to affect 76 of 77 residents who resided in the facility and consumed from from the kitchen or pantries</p> <p>Findings include:</p> <p>1. Upon entering the kitchen on [DATE] at 9:05 A.M., on top of the ice machine was 2 scoops lying uncovered, and the storage container was open but empty.</p> <p>During an interview on [DATE] at 9:06 A.M., the Dietary Supervisor indicated that the scoop storage container was broken, and they had just been laying the scoops on top of the machine, another container had been ordered.</p> <p>On [DATE] at 3:33 P.M., the Administrator provided a policy titled, Sanitation and Infection Prevention/Control, dated ,d+[DATE] and indicated the policy was the one currently used by the facility.</p> <p>The policy indicated .Use a scoop to remove ice from the storage bin into the receptacle used for service. Store the scoop in a self-draining container, in an area protected from contamination. The scoop cannot be stored in the ice bin, unless the container for the scoop is placed in a way that does not allow the ice scoop handle to come in contact with the ice .</p> <p>2. On [DATE] at 9:07 A.M. to 9:44 A.M., an initial tour of the kitchen was completed with the Dietary Supervisor and the following was observed:</p> <p>a. Dry storage there was a bag of stuffing with an open date of [DATE] with a best used by date of [DATE], a bag of wheat pasta opened [DATE] with best used by date of [DATE], a bag of ziti noodles opened [DATE] with best used by date of [DATE], a box of Orzo opened [DATE] with best used by date of [DATE] and a container of coriander spice expired [DATE].</p> <p>b. In the freezer the following items were opened, unsealed and undated: a box of cooked sausage crumble, chicken Kiev portions, pate scones, cookies and green beans. There was also an opened unsealed bag of carrots open dated [DATE] and [NAME] fish dated [DATE].</p> <p>During an interview on [DATE] at 9:17 A.M., the Dietary Supervisor indicated the food should be dated when open and sealed.</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 - Some</p>	<p>On [DATE] at 3:24 P.M., the Administrator provided a policy titled, PRODUCTION, PURCHASING, STORAGE, FOOD AND SUPPLY STORAGE, dated ,d+[DATE], and indicated the policy was the one currently used by the facility. The policy indicated, .Most but not all products contain an expiration date. The words sell-by, best-by, enjoy by or use-by should precede the date. The sell-by date is the last date that food can be sold or consumed; do not sell products in retail areas or place on patient trays/resident plates past the date on the product. Foods past the used-by, sell-by, best-by, or enjoy-by date should be discarded. Cover, label and date unused portions and open packages. Complete all sections on a [NAME] orange label or use the Medvantage/Freshdate labeling system. Products are good through the close of business on the date noted on the label.</p> <p>3. During a follow up observation in the kitchen, on [DATE] at 11:10 A.M.,the Sous Chef 2 was pureeing zucchini and pasta. The Sous Chef had a mustache and a goatee, approximately ,d+[DATE] inch long, neatly trimmed, without a hair restraint.</p> <p>During an interview on [DATE] at 11:26 A.M., the Sous Chef indicated he did not have to wear a hair restraint because he kept it short. The State allowed it. The Project Manager handed him a hair restraint.</p> <p>On [DATE] at 12:10 P.M., the Project Manager provided a policy titled, Safety and Sanitation, Hair Restraints/Beard Guards, revised ,d+[DATE], and indicated the policy was the one currently used by the facility. The policy indicated .Beards* are not recommended for any team member who handles food however if a team member had a beard/Facial Hair ,d+[DATE]' growth or more than a beard guard must be worn at all times while in the kitchen and/or handling food. *Please refer to the local state requirements .</p> <p>4. During a dining room observation on [DATE] at 12:05 P.M., Resident 4 was given his tray with the food covered.</p> <p>At 12:15 P.M., the resident's food was uncovered and CNA 3 sat down to assist the resident with his meal of sandwich and chips. CNA 3 was observed feeding the resident his sandwich and potato chips with her bare hands.</p> <p>During an interview on [DATE] at 12:24 P.M., CNA 3 indicated she should be wearing gloves when assisting with finger-foods, however, the DON had informed her they were not to wear gloves outside the resident's rooms. CNA 3 indicated she was confused regarding when she should be wearing gloves.</p> <p>On [DATE] at 3:29 P.M., the DON indicated they did not have a policy on assisting with meal service with dependent residents or the passing of trays.</p> <p>5. During an observation on [DATE] at 10:07 A.M., St. John's nourishment refrigerator contained a covered dinner plate with a note stating SAVE containing a chef's salad, a store bag with 4 containers of Okio brand yogurt without a label or date.</p> <p>6. During an observation on [DATE] at 10:08 A.M., the St. Mark's refrigerator/freezer contained three resident's treatment ice packs in the freezer with ice cream cups. The Project Manager did not know why the treatment ice packs were in the freezer with food items.</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 - Some</p>	<p>7. During an observation on [DATE] at 10:11 A.M., the St. Luke's unit freezer contained had 4 resident's treatment ice packs, along with an unlabeled frozen dinner and ice cream cups.</p> <p>8. During an observation on [DATE] at 10:18 A.M., the St. [NAME] Way refrigerator contained a cardboard pizza box, dated [DATE] and labeled [first name]. The Project Manager indicated it was a staff member's pizza.</p> <p>9. During an observation on [DATE] at 10:21 A.M., the St. Paul's refrigerator contained take out containers from the store of chicken [NAME] and 2 salads with Resident 16's name on it, all undated.</p> <p>During an interview on [DATE] at 10:23 A.M., the Project Manager indicated food brought in by the residents needed to be labeled with their name and the date. Employee foods should not have been in the resident refrigerator and residents' treatment ice packs caused cross contamination.</p> <p>On [DATE] at 11:28 A.M., the Project Manager provided a policy titled, Use and STORAGE OF FOOD BROUGHT TO RESIDENTS FROM THE OUTSIDE. revised ,d+[DATE], and indicated the policy was the one currently used by the facility. The policy indicated .The outside food must be stored in a container with a tight-fitting lid, clearly labeled with the residents name and room number, the date the food was brought to the resident, and the use-by date .</p> <p>On [DATE] at 12:55 P.M., the Project Manger provided a policy titled, Cleaning of Refrigerators, revised [DATE], and indicated the policy was the one currently used by the facility. The policy indicated .3. Food for colleagues shall not be stored in the resident refrigerator .</p> <p>3XXX,d+[DATE](i)(3)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47419</p> <p>Based on observation, interview, and record review, the facility failed to follow standards of practice for infection control to help prevent the development and transmission of communicable diseases and infections for 1 of 3 residents who received pressure ulcer care requiring enhanced barrier precautions (EBP) and 1 of 4 residents observed during medication administration. (Residents 181 and 16)</p> <p>Findings include:</p> <p>1. During an observation, on 5/17/24 at 11:41 A.M., RN 10 was documenting on the computer immediately before donning gloves to perform a blood glucose check for Resident 181. He did not wash his hands prior to donning the gloves. He cleansed the resident's finger with an alcohol swab and fanned the area with his gloved hand.</p> <p>During an interview, on 5/17/24 at 11:45 A.M., RN 10 indicated he should have washed his hands before applying the gloves and did not know fanning the swabbed area was an infection control issue.</p> <p>44111</p> <p>2. During an observation of wound dressing change for Resident 16 on 5/17/2024 at 1:53 P.M., LPN 9 applied alcohol based hand rub (ABHR), donned gloves and soaped up washcloths, placed them on a towel on the bed, removed the resident's ace wrap and the soiled dressing from his heel. Next, she picked up the washcloths, cleaned the wound, then applied the treatment, kerlix and ace wrap. She then gathered the trash, removed her gloves and washed her hands. Prior to the dressing change the nurse did not don a gown. There was no isolation signage on the door and no isolation supplies noted in the room or just outside the room in the hallway.</p> <p>A record review was completed on 5/16/2024 at 1:53 P.M., for Resident 16. Diagnoses included, but were not limited to type 2 diabetes, peripheral vascular disease and chronic kidney disease.</p> <p>A Physician Order, dated 5/15/2024, indicated wound care for a stage 3 pressure ulcer: cleanse the right heel with soap and water, pat dry, apply collagen to wound base, cover with ABD and wrap with rolled gauze. The dressing was to be changed daily and as needed.</p> <p>A Physician Order, dated 5/1/2024, indicated Enhanced Barrier Precautions (EBP), maintain EBP during high contact resident care activities.</p> <p>An undated active Care Plan indicated: EBP due to the wound on the heel.</p> <p>An undated active Care Plan for at risk of complications related to right heel stage 3 included an intervention for staff to perform treatment as ordered.</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 - Few</p>	<p>During an interview on 5/17/2024 at 2:00 P.M., LPN 9 indicated after she removed a soiled dressing, she should continue to follow the orders. ecause she had a wound, she did not put on the required personal protective equipment (PPE) because it was not available in the resident's room. She indicated she would have put it on if it had been in the room</p> <p>During an interview on 5/17/2024 at 2:37 P.M., the Director of Nursing indicated when a dressing change was done, she would expect the staff member to gather supplies, wash their hands, remove the soiled dressings, then remove their gloves and wash their hands and put clean gloves on, then cleanse the wound per treatment order, secure, pick-up trash, remove gloves and wash their hands. When completing a treatment in an EBP room, a gown and gloves should be worn during a wound dressing change.</p> <p>On 5/20/2024 at 9:13 A.M., the DON indicated they do not have a policy on dressing changes, but they followed the standard of practice, physician orders and handwashing.</p> <p>On 5/20/2024 at 11:29 A.M., the DON provided a policy titled, Hand Hygiene, undated, and indicated the policy was the one currently used by the facility. The policy indicated .Hand hygiene occurs before and after direct resident contact. Hand hygiene occurs after contact with blood, body fluids, secretions, excretions, and equipment, or contaminated articles .</p> <p>On 5/21/2024 at 8:37 A.M., the DON provided a policy titled, Enhanced Barrier Precautions, undated, and indicated the policy was the one currently used by the facility. The policy indicated</p> <p>.Gloves and Hand Hygiene - Wear gloves during the course of providing high contact resident care.</p> <p>- Avoid contaminating other surfaces with gloved hand, - Remove gloves before leaving the resident's room and immediately wash hands with an antimicrobial agent or use waterless hand sanitizer. Gown- Wear gown during high contact resident care activities such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care. - Remove gown before leaving the room and immediately perform hand hygiene .</p> <p>3.1-18(l)</p>