

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Homestead Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 Versailles Road Lexington, KY 40504	

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 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>46710</p> <p>Based on observation, interview, record review, and review of the facility's policy, the facility failed to develop and implement a comprehensive, resident-centered care plan for each resident that included measurable objectives and time frames to meet a resident's medical, nursing, mental, and psychosocial needs that were identified in the comprehensive assessment for 1 of 3 residents investigated for trauma-informed care, Resident (R) 85.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, revised 03/2022, revealed the facility was to develop and implement a person-centered care plan for each resident that included measurable objectives to meet the residents physical and psychosocial needs. Further review revealed the care plan was to include trauma-informed services, and interventions were chosen after data gathering and careful consideration of the relationship between the resident's problem areas and their causes.</p> <p>Review of R85's Admission Record revealed the facility admitted R85 on 11/01/2021 with diagnoses including sequelae of cerebral infarction (after-effects of a stroke), post-traumatic stress disorder (PTSD), insomnia, and recurrent depressive disorders.</p> <p>Review of R85's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/02/2024, revealed the facility assessed R85's cognition with a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating the resident was cognitively intact. Further review revealed the facility included PTSD in the list of R85's active diagnoses. Continued review revealed the facility assessed R85's mood with a Personal Health Questionnaire (PHQ)-9 (depression screening tool) score of 12 out of 27, indicating moderate depression symptoms.</p> <p>Review of R85's Care Plan, dated 09/17/2024, revealed the facility failed to include the resident's history of traumatic life events as one of the resident's focus areas. Further review revealed the facility failed to include interventions to mitigate potential triggers related to R85's diagnosis of PTSD.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R85's Psychiatric Progress Note, dated 07/03/2024, revealed R85 reported to Licensed Clinical Social Worker (LCSW) 1 that her father killed her baby brother when she was approximately four years old. Further review revealed LCSW1 wrote that she provided a copy of this note to the clinicians caring for R85's comorbid conditions.</p> <p>In an interview on 09/20/2024 at 2:12 PM, the Unit Manager (UM) for the 100 Hall stated she did not know if trauma informed care and interventions to mitigate triggers should be included on a care plan if the resident had a PTSD diagnosis. Per interview, the UM stated she did not see trauma interventions on R85's care plan, but she would continue to research.</p> <p>In additional interview on 09/20/2024 at 3:16 PM, the UM stated she determined trauma care needs should have been on R85's care plan but had not been included prior to the interview.</p> <p>In an interview on 09/19/2024 at 2:18 PM, the Social Services Assistant (SSA) stated he was not working at the facility when R85 was admitted . Per interview, the SSAs role in developing the comprehensive care plan was to conduct a social services history assessment, which included asking the resident about their history of traumatic life events. He further stated residents were not always willing to talk about trauma from their pasts but might disclose it to staff later. The SSA stated the interdisciplinary team should add trauma information to a care plan once a resident disclosed it.</p> <p>In an interview on 09/20/2024 at 3:00 PM, the Social Services Director (SSD) stated he was not familiar with the long-term care residents, including R85, as he was new to the facility and had spent much of his time coordinating discharge care needs for short term rehabilitation residents. The SSD stated his department passed along information regarding mood and cognitive assessments, but it was primarily the role of the Minimum Data Set Coordinator (MDSC) to develop comprehensive care plans, including sections dealing with mental health and psychosocial needs.</p> <p>In an interview on 09/20/2024 at 12:58 PM, Minimum Data Set Nurse (MDSN) 1 stated she did not work at the facility at the time R85 was admitted to the facility. She further stated her process for comprehensive assessments was to review the resident's diagnoses on admission, as well as information from social services, such as a depression screening, to develop a comprehensive care plan. MDSN1 stated she reviewed consult notes quarterly to determine if the resident had new psychiatric needs. Per interview, MDSN1 did not know why the facility failed to develop a trauma care plan for R85 when the resident had an active diagnosis of PTSD.</p> <p>In an interview on 09/20/2024 at 1:16 PM, the MDSC stated the facility's process for developing a comprehensive care plan included looking at the admission diagnoses and ensuring resident needs related to those diagnoses were addressed in the care plan. She stated she included psychosocial needs on care plans, but she had never seen a resident's care plan address specific trauma triggers. The MDSC stated identifying a history of trauma and trauma triggers was the role of the social services department. Additionally, the MDSC stated she did not believe information about trauma and triggers should be included on the care plans because that was personal information. Per interview, the MDSC stated she could not describe what negative effect re-traumatization might have on a resident.</p> <p>(continued on next page)</p>		

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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>In an interview on 09/20/2024 at 3:19 PM, the Director of Nursing (DON) stated her expectations for care plans were for trauma triggers to be included to promote the resident's quality of life by mitigating triggers where possible. She further stated the care plan was a communication tool to be used to make staff aware of a resident's triggers so they would know how to approach the resident. The DON stated the facility had a lot of staff turnover in the social services department in the past, which had likely contributed to the facility's failure to include R85's PTSD care needs in the original care plan. Per interview, the DON was not able to describe how the facility failed to identify trauma needs during quarterly care plan reviews.</p> <p>In an interview on 09/20/2024 at 4:01 PM, the Administrator stated he expected psychiatric needs, including trauma-informed care, to be included in resident care plans. He further stated he could not describe how the facility failed to include trauma informed care on R85's care plan.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>46710</p> <p>Based on observation, interview, record review, and review of the facility's policy, the facility failed to ensure that residents who were trauma survivors received trauma-informed care, including accounting for the resident's experiences in order to eliminate or mitigate triggers that may have caused re-traumatization of the resident for 1 of 3 residents sampled for trauma informed care, Resident (R) 85.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Behavioral Assessment, Intervention, and Monitoring, revised 03/2019, revealed the facility expected to provide residents with services to attain or maintain their highest level of mental and psychosocial function. Further review revealed the interdisciplinary team was to thoroughly assess each resident for a history of mental disorders, behavioral symptoms, including sleep disturbances, for underlying causes and to address any modifiable factors.</p> <p>Review of R85's Admission Record revealed the facility admitted R85 on 11/01/2021 with diagnoses including sequelae of cerebral infarction (after-effects of a stroke), post-traumatic stress disorder (PTSD), insomnia, and recurrent depressive disorders.</p> <p>Review of R85's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/02/2024, revealed the facility assessed R85's cognition with a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating the resident was cognitively intact. Further review revealed the facility included PTSD in the list of R85's active diagnoses. Continued review revealed the facility assessed R85's mood with a Personal Health Questionnaire (PHQ)-9 (depression screening tool) score of 12 out of 27, indicating moderate depression symptoms.</p> <p>Review of R85's Care Plan, dated 09/17/2024, revealed the facility failed to include the resident's history of traumatic life events as one of the resident's focus areas. Further review revealed the facility failed to include interventions to mitigate potential triggers related to R85's diagnosis of PTSD.</p> <p>Review of R85's Psychiatric Progress Note, dated 07/03/2024, revealed R85 reported to Licensed Clinical Social Worker (LCSW) 1 that her father killed her baby brother when R85 was approximately four years old. Further review revealed LCSW1 wrote that she provided a copy of this note to the clinicians caring for R85's comorbid conditions.</p> <p>Review of R85's Psychiatric Progress Note, dated 09/11/2024, revealed R85 reported to LCSW1 that she saw her father shoot her baby brother while trying to kill her mother when R85 was approximately four years old. Per review, R85 reported trying to fix her brother and that she never will forget it.</p> <p>Observation on 09/17/2024 at 11:17 AM revealed R85 lying in bed with the curtains drawn and a blanket pulled over her face.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 09/19/2024 at 10:44 AM revealed R85 in bed with the curtains drawn. Further observation revealed R85 was sleeping but woke up when Licensed Practical Nurse (LPN) 2 came in to administer her medication.</p> <p>In an interview on 09/19/2024 at 10:44 AM, R85 pointed to a photograph on the wall, explaining that was her mother and baby brother. R85 further stated she witnessed her father shoot and kill her baby brother when she was four years old. In continued interview, R85 stated she often had trouble sleeping at night because staff members slammed doors and made a lot of noise, which startled her. Per interview, R85 stated she had never considered if the trauma from her childhood made her more sensitive to noises such as slamming doors, but she did report she had always been a nervous person since that incident.</p> <p>In an interview on 09/20/2024 at 1:48 PM, State Registered Nurse Aide (SRNA) 5 stated she noticed R85's social withdrawal and depression symptoms worsened for days at a time if the resident had a disagreement with her granddaughter. SRNA5 further stated she did not know details about R85's family history but knew the resident had problems with her family in the past.</p> <p>In an interview on 09/20/2024 at 2:12 PM, the Unit Manager for the 100 Hall could not describe how she expected staff to care for residents with a history of trauma. Per interview, she did not know what R85's history of trauma was, nor could she describe ways staff assessed for and mitigated the resident's trauma triggers.</p> <p>In an interview on 09/19/2024 at 2:18 PM, the Social Services Assistant (SSA) stated he was not aware of R85's history of trauma, although he had spoken with her many times about her depression. He stated the interdisciplinary team reviewed progress notes from the psychiatric nurse practitioner, so he was not able to determine why the facility had not done further investigation into the care R85 needed related to her history of domestic violence as disclosed to the psychiatric nurse practitioner. The SSA stated R85 had a history of difficulty getting along with roommates because she was annoyed by the television being on and preferred a dark room with the curtains drawn. Additionally, the SSA stated R85 had strained family relationships at times, including with her granddaughter, who was her Power of Attorney (POA).</p> <p>In an interview on 09/20/2024 at 3:00 PM, the Social Services Director (SSD) stated he was not familiar with the long-term care residents, including R85, as he was new to the facility and had spent much of his time coordinating discharge care needs for short term rehabilitation residents. He further stated he did not know what the role of social services would be in caring for a resident with PTSD beyond performing a trauma history screening on admission. The SSD stated if a resident scored higher than a 10 on a PHQ-9, he would expect further investigation into the cause and interventions to address the resident's psychosocial needs.</p> <p>In an interview on 09/20/2024 at 3:19 PM, the Director of Nursing (DON) stated she had not been aware of R85's trauma history. She further stated she did not know how the facility had failed to assess the resident for the root cause of her PTSD and potential triggers. The DON stated her expectations for providing trauma informed care were for staff to be aware if a resident had a history of being exposed to violence, because something like loud noises could cause them to self-isolate. Per interview, the DON stated mitigating triggers would promote a resident's quality of life by allowing them to increase their socialization.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/20/2024 at 4:01 PM, the Administrator stated he believed the interdisciplinary team did everything they could to identify a resident's history of trauma and providing care that was psychosocially supportive. Per interview, he was not able to identify how the process of identifying R85's history of trauma and potential triggers had failed.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50000</p> <p>Based on interview, record review, review of the facility's job descriptions for the Infection Preventionist and the Maintenance Director, and review of the facility's policy, the facility failed to establish written standards, policies, and procedures by having a documented water management program based on nationally accepted standards for all residents (census 122).</p> <p>The facility did not have a water management program that included a description of the building's water systems where Legionella and other opportunistic waterborne pathogens could grow and spread, flow diagrams, measures to prevent growth, testing protocols, acceptable ranges, and established ways to intervene when control limits were not met.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program, dated 12/2023, revealed the infection prevention and control program (IPCP) addressed the facility-specific infection control needs and requirements identified in the facility assessment and the infection control risk assessment, and the program was reviewed annually and updated as necessary. Further review revealed the coordination and oversight of the IPCP was the responsibility of the Infection Preventionist (IP). It stated policies and procedures were the cornerstone of the IPCP, reflected the current infection prevention and control standards of practice, and followed established general and disease-specific guidelines, such as those of the Centers for Disease Control and Prevention (CDC).</p> <p>Review of the Job Description for the Infection Preventionist, revised date 10/2020, identified the purpose of the position was to plan, organize, develop, coordinate, and direct the facility's IPCP and its activities in accordance with current federal, state, and local standards, guidelines and regulations that governed such programs. Further review identified duties and responsibilities that included interpreting, reviewing, and modifying infection control and prevention policies and procedures as necessary.</p> <p>Review of the Job Description for the Maintenance Director, dated 09/2018, identified the purpose of the job was to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current federal, state, and local standards, guidelines and regulations governing the facility. Further review revealed essential duties included developing, maintaining, and implementing infection control and universal precautions policies and procedures to assure a sanitary environment was maintained at all times and aseptic and isolation techniques were followed by all maintenance personnel.</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 - Many</p>	<p>Review of the facility's Water Management Binder, revealed the cover page read water management program free chlorine levels maintained 0.4-0.6 contact water company if not in range, and contained two pages with heading water chlorine testing (PPM) [parts per million], and a copy of the CDC document Developing a water management program to reduce Legionella growth & spread in buildings-A practical guide to implementing industry standards, dated 06/05/2017, Version 1.1. There was also a handwritten notation on the front cover, updated reviewed QA committee 1/2024, initialed by the facility's Administrator. Review of the two pages water chlorine testing (PPM) identified nine columns; date, initials, supply, station A, station B, station C, station D, 500 Hall, and kitchen. Further review revealed that the column dated 03/14/2024 for the 500 Hall had a reading of 0.61; the column dated 07/17/2024 for station D had a reading of 0.61; and the column dated 08/20/2024 for the kitchen had a reading of 0.61. However, there was no documentation of notification to the water company or actions, if any, that were taken. Further review of the binder revealed it did not contain information on the facility's specific water system, water flow diagram, measures to prevent growth of waterborne pathogens, testing protocols, acceptable ranges, and interventions taken when controls were not met.</p> <p>Review of the Quality Assurance and Performance Improvement (QAPI) meeting sign in sheet, dated 01/09/2024, revealed it was signed by the Medical Director, Administrator, Director of Nursing (DON), QA/Infection Preventionist (IP), Director of Rehab, Social Services Assistant, Medical Records, and Staff Development/IP.</p> <p>Review of the form Quality Assurance Committee Meeting, Administrator report (may be utilized as QA minutes), dated 01/09/2024, identified the section labeled V. Water management program for prevention of an outbreak for Legionnaire's Disease (LD): circled Yes and below that stated develop and implement complete policies and procedures for the inspection, testing and maintenance of the facility's water systems to inhibit the growth of waterborne pathogens and reduce the risk of an outbreak of LD. Program evaluation and testing annually.</p> <p>In an interview with the Maintenance Assistant on 09/19/2024 at 11:16 AM, he stated he was the former Maintenance Director at the facility, retired last year, and was re-hired to train the new Maintenance Director. He stated he had worked in maintenance for [AGE] years and had never heard of Legionella before this date. When asked about the facility's water testing process, he stated he checked water temperatures. When asked if the facility had a water management program or policy, he stated not to his knowledge. When asked if the facility had a water flow diagram identifying cut offs, dead legs, and possible areas of stagnated water, he stated to his knowledge there was not one.</p> <p>In another interview on 09/19/2024 at 11:37 AM, the Maintenance Assistant returned to the State Survey Agency (SSA) Surveyor and stated he had determined since the earlier interview that the Administrator was in charge of the water testing and had the water management program information. He also provided the SSA Surveyor with a facility map of the resident rooms with hand drawn lines labeled with water line, tank, and flow. Review of the map revealed there was no description of street locations where water entered the facility and connected to the municipal water supply or where waste water was discarded. The Maintenance Assistant also provided a paper of temperature log sheet to the SSA Surveyor with room numbers, corresponding temperatures, and signed and dated by the previous Maintenance Director on 08/13/2024, 08/21/2024, and 08/26/2024.</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 - Many</p>	<p>In an interview with the Maintenance Director on 09/09/2024 at 11:20 AM, he stated he had been in that position for three (3) days, and prior to that had worked as an assistant to the previous Maintenance Director and the housekeeping department. He stated to date he had not received any education or training on the water maintenance program or testing procedures for Legionella.</p> <p>In an interview with the Staff Development (SD)/Infection Preventionist backup on 09/20/2024 at 9:40 AM, she stated as the backup to the IP nurse she did new hire orientation and yearly education of employees covering hand hygiene, donning (putting on) and doffing (removing) personal protective equipment (PPE), transmission-based precaution education, new employee immunization, and assisted with other duties as assigned.</p> <p>In a follow up interview with the SD/Infection Preventionist backup on 09/20/2024 at 2:19 PM, she stated she did work with maintenance since she also ordered nursing supplies. She stated to her knowledge the facility had a water management program, and two machines that were tested weekly for chlorine levels, which had to stay in a certain range. She stated she did not know the ranges, but results had never been out of range. She stated she had never personally performed the testing, did not know how it was performed, and had not visualized a water flow diagram of the facility.</p> <p>In an interview with the IP nurse on 09/20/2024 at 9:21 AM, she stated she had worked in that role for the past eight years. She stated she did not have any involvement in the water management program but had spoken to the Administrator and was assured by him that the facility did have a water management program and had conducted testing. She stated any questions pertaining to water flow diagrams or policies on water management would have to be directed to the Administrator, who was currently overseeing that program. She stated in her eight years at the facility there had not been any cases of Legionella. However, she stated, in the event a case did occur, she would be responsible to conduct the review, report, track, surveil, and educate staff.</p> <p>In an interview with the DON on 09/20/2024 at 3:21 PM, she stated she had general knowledge of the IPCP but did not have direct involvement in the activities. The DON stated to her knowledge there was a water management and testing program, but she could not speak to any specifics of the policy or procedures that were monitored by the IP nurse and her back up, the SD/IP nurse. The DON stated there had been a recent turn over in the maintenance department, and any further questions regarding the water management program needed to be directed to the Administrator.</p> <p>In an interview with the Administrator on 09/20/2024 at 9:50 AM, he stated last year the facility Maintenance Director retired, the facility filled the position, and as of last week, a change was made in the role, and a new Maintenance Director had been in the position for three (3) days. He stated the Maintenance Director that retired was asked to come back to train the newly appointed Maintenance Director, and he had assumed responsibility of the water management program until the new Maintenance Director could be trained. The Administrator stated the facility currently had a water management program that measured chlorine levels and water temperatures, which the QAPI committee updated and reviewed in 01/2024. When asked to provide a facility specific assessment of areas where opportunistic waterborne pathogens could grow and spread, flow diagrams, the facility's measures to prevent growth, testing protocols, acceptable ranges, monitoring of control measures, and established ways to intervene when control limits were not met, he stated he could not provide those documents that were specific to the facility.</p>		