

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor of Baton Rouge II		STREET ADDRESS, CITY, STATE, ZIP CODE 9301 Oxford Place Ave Baton Rouge, LA 70809	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270</p> <p>Based on record reviews and interviews, the facility failed to coordinate assessments with the resident's Pre-Admission Screening and Resident Review (PASARR) Level II by failing to incorporate PASARR Level II determinations and recommendations into each resident's assessment and care plan for 4 (#2, #10, #27 and #100) of 5 (#2, #10, #27, #29 and #100) residents reviewed for PASARR.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Social Services Program, with a revision date of 11/2017 revealed the following, in part:</p> <p>Policy:</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Purpose: To assure that sufficient and appropriate social services are provided to meet the resident's needs.</p> <p>Procedure s:</p> <p>The individual responsible for the provision of the social service program shall:</p> <ol style="list-style-type: none"> 1. Identify the medically-related social service needs of the resident and assure the needs are met by appropriate disciplines. 2. Arrange for social services from outside sources, or furnish the services directly. 4. Participate in the comprehensive assessment and care plan process. 5. Complete an individualized social history, assessment, and other documentation as required by Federal and State guidelines. <p>Resident #2</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #2's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included Paranoid Schizophrenia, Major Depressive Disorder, Schizoaffective Disorder, and Anxiety Disorder.</p> <p>Review of Resident #2's BHSF Form 142 revealed she was approved for admission by Level II Authority for a temporary period effective 12/28/2023 through 12/26/2024.</p> <p>Review of Resident #2's PASRR Level II Evaluation Summary and Determination Notice, dated 01/09/2024, revealed the following, in part:</p> <p>Recommendations for Lesser Services: Short term counseling to adjust to the nursing facility, crisis intervention plan/safety plan, occupational therapy evaluation, structured leisure activities, and physical therapy evaluation.</p> <p>Specialized Services Recommendations: Outpatient therapy - individual, family, and group.</p> <p>Review of Resident #2's current Care Plan revealed no documentation of a Level II PASRR. Further review revealed no documentation the above mentioned OBH recommendations for services were implemented and/or offered.</p> <p>Review of Resident #2's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/25/2024 revealed the following, in part:</p> <p>A1500: Preadmission Screening and Resident Review (PASRR):</p> <p>Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?</p> <p>Enter Code: 0, which indicated Resident #2 did not have a PASRR Level II.</p> <p>On 12/11/2024 at 4:48 p.m., an interview was conducted with S9LPN. She stated she and S10LPN were responsible for resident assessments and care plans. She reviewed Resident #2's significant change MDS dated [DATE] and confirmed A1500 PASRR was inaccurately coded. She reviewed Resident #2's care plan and confirmed she was care planned for Schizophrenia and Psychosis, but not a Level II PASARR.</p> <p>Resident #10</p> <p>Review of Resident #10's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Dementia, Schizoaffective Disorder, Major Depressive Disorder, and Insomnia.</p> <p>Review of Resident #10's BHSF Form 142 revealed he was approved for admission by Level II Authority for a temporary period effective 03/05/2024 through 03/04/2025.</p> <p>Review of Resident #10's OBH-PASRR Level II Evaluation Summary and Determination Notice, dated 03/08/2024, revealed the following, in part:</p> <p>Recommendations for Lesser Services: Training in independent living skills, crisis intervention plan/safety plan, and structured leisure activities.</p> <p>(continued on next page)</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/11/2024 at 5:45 p.m., an interview was conducted with S2DON. She reviewed Resident #2's Level II PASARR and Significant change MDS dated [DATE]. She confirmed Resident #2's Level II PASARR was inaccurately coded on the MDS. She reviewed Resident #2's care plan and confirmed she was care planned for Schizophrenia and Psychosis, but not a Level II PASARR. She reviewed Resident #10's Level II PASARR and Significant change MDS dated [DATE]. She confirmed Resident #10's Level II PASARR was inaccurately coded on the MDS. She reviewed Resident #10's care plan and confirmed he was care planned for Schizophrenia and Dementia, but not a Level II PASARR. She reviewed Resident #27's Level II PASARR and significant change MDS dated [DATE]. She confirmed Resident #27's Level II PASARR was inaccurately coded on the MDS. She reviewed Resident #27's care plan and confirmed he was care planned for Schizophrenia, but not a Level II PASARR. She reviewed Resident #100's Level II PASARR and Admission MDS dated [DATE]. She confirmed Resident #100's Level II PASARR was inaccurately coded on the MDS. She reviewed Resident #100's care plan and confirmed he was care planned for Anxiety, Depression, and Bipolar Disorder, but not a Level II PASARR. She further confirmed the above mentioned recommendations for Residents #2, #10, #27 and #100 were not included in their care plans, and should have been.</p> <p>47546</p> <p>48912</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48912</p> <p>Based on interviews and record reviews, the facility failed to ensure a resident received trauma-informed care and services in accordance with professional standards of practice for 1 of 1 (#100) residents reviewed with a diagnosis of Post-Traumatic Stress Disorder (PTSD).</p> <p>Findings:</p> <p>Review of Resident #100's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses which included PTSD.</p> <p>Review of Resident #100's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/13/2024 revealed Section I: Active Diagnoses, Psychiatric/Mood Disorder I6100-PTSD was not checked.</p> <p>Review of Resident #100's most recent Care Plan revealed Resident #100 was not care planned for PTSD.</p> <p>Review of Resident #100's Social History assessment dated [DATE] trauma section revealed the following questions and answers:</p> <p>Has resident experienced a traumatic event in the past? No.</p> <p>Does resident experience trauma-related symptoms? No.</p> <p>Review of Resident #100's Social assessment dated [DATE] trauma section revealed the following questions and answers:</p> <p>Has resident experienced a traumatic event in the past? No.</p> <p>Does resident experience trauma-related symptoms? No.</p> <p>Does resident experience an impact to their daily routine? No.</p> <p>Is resident in a current treatment plan? No.</p> <p>Review of Resident #100's Physician's Progress Notes dated 09/05/2024 to current revealed an active problem list which included PTSD as a diagnosis.</p> <p>Review of Resident #100's Psychiatric Notes dated 10/03/2024 and 11/08/2024 revealed diagnoses which included PTSD.</p> <p>On 12/11/2024 at 10:24 a.m., an interview was conducted with S5LPN. She confirmed she was assigned to Resident #100. She stated she was not aware of Resident #100's PTSD diagnosis nor interventions to prevent triggers or trauma reoccurrence. She stated she would have known Resident #100 had a PTSD diagnosis and interventions for the diagnosis by reviewing the care plan.</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 - Some</p>	<p>On 12/11/2024 at 12:13 p.m., an interview was conducted with S12CNA. She confirmed she was assigned to Resident #100's. She stated she was not aware of Resident #100's PTSD diagnosis nor interventions to prevent triggers or trauma reoccurrence.</p> <p>On 12/11/2024 at 12:20 p.m., a telephone interview was conducted with S14PNP. He confirmed he provided psychiatric care to Resident #100. He stated she had diagnoses of PTSD and Major Depressive Disorder. He stated he was made aware of Resident #100's PTSD diagnosis from her Medical Records and History and Physical. He stated he had not asked Resident #100 about her PTSD diagnosis and triggers because she was nonverbal. S14PNP confirmed he did not contact Resident #100's responsible party to inquire about the PTSD diagnosis and possible triggers. He stated he was not aware of any guidance or process to follow when a resident had a PTSD diagnosis. He stated staff should have been aware of the PTSD diagnosis as it was documented on the monthly psychiatric progress notes.</p> <p>On 12/11/2024 at 1:21 p.m., an interview was conducted with S11SW. She stated herself or her assistant was responsible for completing a social assessment on a resident when he/she was admitted. She stated she would refer residents with the diagnosis of PTSD or history of PTSD out to a behavioral service provider and they would initiate interventions for proper care which would be reflected in the care plan. She stated the process was to review the resident's diagnosis list on admission and refer them to the appropriate services. She stated she was not aware of Resident #100's diagnosis of PTSD. She reviewed Resident #100's list of diagnoses and confirmed Resident #100 had a diagnosis of PTSD. She reviewed Resident #100's social history assessment dated [DATE] and verified the trauma section questions were answered no. She reviewed Resident #100's social assessment dated [DATE] and verified the trauma section questions all were answered no. S11SW confirmed based on Resident #100's diagnosis, both assessments should have been answered yes. She reviewed Resident #100's referral summary active problems section, and she confirmed PTSD was listed as a diagnosis. S11SW confirmed staff should have been aware Resident #100 had PTSD.</p> <p>On 12/11/2024 at 2:47 p.m., an interview was conducted with S13LPN. She confirmed she was Resident #100's nurse. She stated she was not aware of Resident #100's PTSD diagnosis nor interventions to prevent triggers or trauma reoccurrence. She stated she would have known Resident #100 had a PTSD diagnosis and interventions for the diagnosis by reviewing the care plan.</p> <p>On 12/11/2024 at 3:07 p.m., an interview was conducted with S9LPN. She stated she was responsible for MDS assessments and care plans. She stated MDS diagnoses were coded from Referral packets from other facilities, Hospital discharge paperwork, or Home face to face visits with the doctor. She stated when the MDS department selected the diagnoses on the MDS, it triggered staff to input interventions for the diagnosis on the care plan. S9LPN reviewed Resident #100's list of diagnoses, and confirmed Resident #100 had an active diagnosis of PTSD. She reviewed Resident #100's Admission MDS with an ARD of 03/13/2024, and confirmed PTSD was not checked and should have been. She further confirmed, if the diagnosis was correctly selected, the system would have prompted staff to create a care plan. S9LPN reviewed Resident #100's Care plan and confirmed Resident #100 was not care planned for PTSD and should have been.</p> <p>On 12/11/2024 at 3:34 p.m., a phone interview was conducted S15SWA. She stated she was responsible for assisting with resident's assessments. She confirmed she remembered completing a social history and social assessment on Resident #100, but could not remember the details of completion. S15SWA stated she does not use the medical records when completing assessments.</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 - Some</p>	<p>On 12/11/2024 at 5:42 p.m., an interview was conducted with S2DON. She stated she was not aware of Resident #100's PTSD diagnosis. S2DON reviewed Resident #100's care plan and confirmed she was not care planned for PTSD, and should have been. S2DON reviewed Resident #100's Admission's MDS with an ARD of 03/13/2024 and confirmed PTSD was not coded and should have been.</p> <p>On 12/11/2024 at 4:24 p.m., an interview was conducted with S1ADM. He confirmed Resident #100 was not properly assessed for PTSD diagnosis. S1ADM confirmed he expected staff to complete a care plan for Resident #100's PTSD diagnosis and triggers, and it was not done and should have been.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39121</p> <p>Based on observations, interviews, and record review, the facility failed to ensure the medication error rate was less than 5% for 2 (#23 and #31) of 4 (#23, #31, #45, and #75) residents observed during medication administration. A total of 39 opportunities were observed with 16 medication errors, which resulted in a medication error rate of 41.03%. This failed practice had the potential to affect any of the 116 residents currently residing in the facility.</p> <p>Findings:</p> <p>Review of the facility's policy titled Drug Administration and Documentation with a revision date of 04/2021 revealed the following, in part:</p> <p>Read the medication and compare it with the MAR (Medication Administration Record).</p> <p>Remember the five rights:</p> <p>2. Right time</p> <p>Review of the facility's policy titled Administration of Medications with a revision date of 01/2024 revealed the following, in part:</p> <p>Procedure:</p> <p>3. Drugs and biologicals are administered no more than one hour before or no more than one hour after the dosage time on the order.</p> <p>Oral Medication Administration Procedure</p> <p>3. Verify the physician's order, comparing the medication label to the MAR to verify the following:</p> <p>d. Right time</p> <p>5. Ensure the resident does not have any contraindications or special considerations for this medication.</p> <p>Resident #23</p> <p>Review of Resident #23's Clinical Record revealed Resident #23 was admitted to the facility on [DATE] and had diagnoses, which included Chronic Obstructive Pulmonary Disease, Essential Hypertension, and Edema Unspecified.</p> <p>Review of Resident #23's current Physician's Orders revealed the following, in part:</p> <p>11/01/2024 Furosemide 20 MG Give 1 tablet by mouth two times a day related to Edema. Hold for systolic less than 100.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #23's vital signs from 12/01/2024 to 12/10/2024 revealed no documentation of Resident #23's blood pressure.</p> <p>On 12/10/2024 at 8:16 a.m., an observation was made of S5LPN administering Resident #23 1 tablet of Furosemide 20 MG by mouth. S5LPN did not obtain Resident #23's blood pressure.</p> <p>On 12/10/2024 at 9:20 a.m., an interview was conducted with S5LPN. S5LPN confirmed she did not check Resident #23's blood pressure this morning. S5LPN reviewed Resident #23's orders and confirmed the order for Furosemide 20 MG read to hold if the systolic pressure was less than 100. S5LPN confirmed Resident #23's blood pressure should have been obtained prior to administering the Furosemide 20 MG.</p> <p>Resident #31</p> <p>Review of Resident #31's Clinical Record revealed Resident #31 was admitted to the facility on [DATE] and had diagnoses, which included Chronic Diastolic Heart Failure, Vascular Dementia, Sjogren's Syndrome, Dyspnea, Wheezing, Hypertensive Urgency, Major Depressive Disorder, Gout, and Essential Hypertension.</p> <p>Review of Resident #31's current Physician's Orders revealed the following, in part:</p> <p>Qvar RediHaler Inhalation Aerosol Breath Activated 40 MCG/ACT 2 puff inhale orally two times a day</p> <p>Savella Oral Tablet 50 MG Give 1 tablet by mouth two times a day</p> <p>Hydralazine HCl Tab 25 MG Give 1 tablet by mouth three times a day</p> <p>Uloric Oral Tablet 40 MG (Febuxostat) Give 1 tablet by mouth one time a day</p> <p>Multiple Vitamins-Minerals Tablet Give 1 tablet by mouth one time a day</p> <p>Pantoprazole Sodium EC Tab 40 MG Give 1 tablet by mouth one time a day</p> <p>Abilify Oral Tablet 15 MG (Aripiprazole) Give 1 tablet by mouth one time a day</p> <p>Carvedilol Tab 25 MG Give 1 tablet by mouth two times a day</p> <p>Cholecalciferol Tablet 1000 UNIT Give 2 tablets by mouth one time a day 2 tablets to equal 2000 IU</p> <p>Furosemide Tab 40 MG Give 1 tablet by mouth one time a day</p> <p>Olmesartan Medoxomil Tab 20 MG Give 1 tablet by mouth one time a day</p> <p>Pilocarpine HCL Tab 5 MG Give 1 tablet by mouth two times a day</p> <p>Senna Oral Tablet 8.6 MG (Sennosides) Give 1 tablet by mouth one time a day</p> <p>Bupirone HCLTablet 10 MG Give 1 tablet by mouth three times a day</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Heritage Manor of Baton Rouge II		STREET ADDRESS, CITY, STATE, ZIP CODE 9301 Oxford Place Ave Baton Rouge, LA 70809	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Aspirin Chew Tablet 81 MG Give 1 tablet by mouth one time a day</p> <p>Review of Resident #31's MAR for 12/2024 revealed the following medications were scheduled for administration at 8:00 a.m.:</p> <p>Qvar RediHaler Inhalation Aerosol Breath Activated 40 MCG/ACT 2 puff inhale orally two times a day</p> <p>Savella Oral Tablet 50 MG Give 1 tablet by mouth two times a day</p> <p>Hydralazine HCl Tab 25 MG Give 1 tablet by mouth three times a day</p> <p>Uloric Oral Tablet 40 MG (Febuxostat) Give 1 tablet by mouth one time a day</p> <p>Multiple Vitamins-Minerals Tablet Give 1 tablet by mouth one time a day</p> <p>Pantoprazole Sodium EC Tab 40 MG Give 1 tablet by mouth one time a day</p> <p>Abilify Oral Tablet 15 MG (Aripiprazole) Give 1 tablet by mouth one time a day</p> <p>Carvedilol Tab 25 MG Give 1 tablet by mouth two times a day</p> <p>Cholecalciferol Tablet 1000 UNIT Give 2 tablets by mouth one time a day 2 tablets to equal 2000 IU</p> <p>Furosemide Tab 40 MG Give 1 tablet by mouth one time a day</p> <p>Olmesartan Medoxomil Tab 20 MG Give 1 tablet by mouth one time a day</p> <p>Pilocarpine HCL Tab 5 MG Give 1 tablet by mouth two times a day</p> <p>Senna Oral Tablet 8.6 MG (Sennosides) Give 1 tablet by mouth one time a day</p> <p>Buspirone HCLTablet 10 MG Give 1 tablet by mouth three times a day</p> <p>Aspirin Chew Tablet 81 MG Give 1 tablet by mouth one time a day</p> <p>On 12/09/2024 at 9:45 a.m., an observation was made of S4LPN passing the above listed medications to Resident #31. S4LPN stated the medications administered to Resident #31 were scheduled to be administered at 8:00 a.m.</p> <p>On 12/09/2024 at 12:05 p.m., an interview was conducted with S4LPN. S4LPN stated if a resident has a medication scheduled for 8:00 a.m. she should administer the medication between 7:00 a.m. to 9:00 a.m. S5LPN confirmed she passed the above listed medications to Resident #31 after 9:00 a.m.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/10/2024 at 2:17 p.m., an interview was conducted with S2DON. S2DON stated when a resident had a medication order with a parameter the expectation was for the parameter to be followed. S2DON confirmed S5LPN should have checked Resident #23's blood pressure prior to administering the Furosemide 20 MG. S2DON confirmed this was a medication error. S2DON confirmed medications should be administered an hour before or an hour after the scheduled time. S2DON confirmed if a medication was scheduled for 8:00 a. m., the medication should be administered between 7:00 a.m. to 9:00 a.m. S2DON confirmed Resident #31's medications were administered outside of the window and this was a medication error.</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>39121</p> <p>Based on observation, record review, and interviews, the facility failed to ensure drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles. The facility failed to ensure medication carts were free of loose pills for 1 (Med Cart B) of 2 (Med Cart A and Med Cart B) medication carts observed. This deficient practice had the potential to effect the 116 residents currently residing in the facility.</p> <p>Findings:</p> <p>Review of the facility's policy titled Medication Storage with a revision date of 11/2017 revealed the following, in part:</p> <p>-Medication rooms, refrigerators, and medication/treatment carts shall be maintained in a clean and orderly manner per the facility's policy and procedures.</p> <p>On 12/09/2024 at 1:37 p.m., an observation was made of Med Cart B with S6LPN, which revealed the following:</p> <p>22 loose medication pills.</p> <p>On 12/09/2024 at 1:37 p.m., an interview was conducted with S6LPN. S6LPN confirmed there should be no loose medication pills on the cart.</p> <p>On 12/10/2024 at 2:17 p.m., an interview was conducted with S2DON. S2DON confirmed there should be no loose medication pills on the medication carts.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45270</p> <p>Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection for 1 (#30) of 3 (#30, #82, and #88) resident's reviewed for perineal care. The facility failed to ensure staff performed hand hygiene and proper glove use for Resident #30 during perineal care.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Perineal Care with a revision date of 01/2024, revealed the following, in part:</p> <p>Purpose: To prevent irritation or infection</p> <p>Procedure: Female without catheter</p> <p>5. Wash genital area, moving front to back .</p> <p>14. Remove gloves and perform hand hygiene.</p> <p>Review of Resident #30's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of Personal History of Urinary Tract Infections.</p> <p>Review of Resident #30's Care Plan revealed the following, in part:</p> <p>Problem: 09/23/2024-The resident has a Urinary Tract Infection (UTI) - 11/06/2024-UTI, 11/26/2024 -UTI.</p> <p>Intervention: Proper pericare.</p> <p>Problem: 11/26/2024-Resident needs assist with toileting.</p> <p>Intervention: Provide assist as needed.</p> <p>Review of the facility's Infection Log revealed Resident #30 was treated for UTI's on the following dates: 09/23/2024, 11/06/2024, and 11/26/2024.</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 - Few</p>	<p>On 12/10/2024 at 12:32 p.m., an observation was made of S7CNA performing perineal care for Resident #30. S7CNA was observed performing hand hygiene, applied gloves, and assisted Resident #30 to stand up off the toilet. S7CNA stood behind Resident #30 and used a perineal wipe to clean the resident's buttocks and perineal area. S7CNA removed the soiled gloves and without performing hand hygiene applied clean gloves. S7CNA stood in front of Resident #30 and used a perineal wipe to clean the resident's perineal area. Without changing gloves or performing hand hygiene, S7CNA lifted the resident's shirt, applied a clean brief, pulled up the resident's pants, pulled down the resident's shirt, readjusted her clothing, and flushed the toilet. Resident #30 sat down in a wheelchair. S7CNA pushed the resident's wheelchair to the bathroom sink with soiled gloves on. S7CNA removed the soiled gloves and performed hand hygiene.</p> <p>On 12/10/2024 at 12:40 p.m., an interview was conducted with S7CNA. S7CNA said Resident #30 had frequent UTI's. S7CNA confirmed the above observations and stated she should have performed hand hygiene and changed her gloves when going from dirty to clean.</p> <p>On 12/10/2024 1:10 p.m., an interview was conducted with S8CNAS. S8CNAS said CNAs should perform hand hygiene and change gloves, before, during, an after perineal care and when going from dirty to clean. S8CNAS was made aware of the above findings. S8CNAS confirmed she would have expected the CNA to perform hand hygiene and change soiled gloves when going from dirty to clean.</p> <p>On 12/10/2024 at 2:00 p.m., an interview was conducted with S2DON. S2DON said CNAs should perform hand hygiene and apply gloves prior to perineal care, clean the resident, remove the soiled gloves, perform hand hygiene, apply clean gloves and then apply a clean brief and the resident's clothing. S2DON was made aware of the above findings. S2DON said she would have expected the CNA to perform hand hygiene and change soiled gloves when going from dirty to clean during perineal care. S2DON confirmed a CNA using soiled gloves when going from dirty to clean during perineal care could potentially lead to Urinary Tract Infections.</p>		