

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  Sandy River Center		STREET ADDRESS, CITY, STATE, ZIP CODE  119 Livermore Falls Rd Farmington, ME 04938	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42531</p> <p>Based on record review and interviews the facility failed to provide residents/representatives written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive for 7 of 15 residents reviewed for advanced directives (Resident's #7, #33, #51, 65, #16, #34, #69).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident #7 was admitted to the facility on [DATE]. A review of Resident #7's clinical record lacked evidence that the facility provided resident and/or resident's representative written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive.</li> <li>2. Resident #33 was admitted to the facility on [DATE]. Review of Resident #33's clinical record lacked evidence that the facility provided/obtained resident and/or resident's representative written information concerning the right to accept or refuse medical or surgical treatment and or formulate an advance directive.</li> <li>3. Resident #51 was admitted to the facility on [DATE]. Review of Resident #51's clinical record lacked evidence that the facility provided/obtained resident and/or resident's representative written information concerning the right to accept or refuse medical or surgical treatment and or formulate an advance directive.</li> <li>4. Resident #65 was admitted to the facility on [DATE]. A review of Resident #65's clinical record lacked evidence that the facility provided resident and/or resident's representative written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive.</li> </ol> <p>On 8/6/24 at 10:17 a.m., Market Clinical Advisor confirmed Residents #7, #33, #51, and #65's clinical records did not include evidence that the residents and/or representatives were asked, or offered and refused, assistance filling out an advanced directive.</p> <p>33639</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Resident #16 was admitted to the facility on [DATE]. A review of Resident #16's clinical record lacked evidence that the facility provided resident and/or resident's representative written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive.</p> <p>6. Resident #34 was admitted to the facility on [DATE]. A review of Resident #34's clinical record lacked evidence that the facility provided resident and/or resident's representative written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive.</p> <p>7. Resident #69 was admitted to the facility on [DATE]. A review of Resident #69's clinical record lacked evidence that the facility provided resident and/or resident's representative written information concerning the right to accept or refuse medical or surgical treatment and/or formulate an advance directive.</p> <p>On 8/7/24 at 11:51 a.m., Market Clinical Advisor confirmed Residents #16, #34, and #69's clinical records did not include evidence that the residents and/or representatives were asked or offered and refused assistance filling out an advanced directive.</p> <p>37440</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</b></p> <p>Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain the building in a sanitary, orderly, and comfortable interior for the 6 of 6 units (Mt. [NAME], Mt. Blue, Sugarloaf, [NAME], Rangeley and Porter), the upper level common area, the lower level common area, a patio and the laundry for 1 of 1 facility tours (8/8/24).</p> <p>Findings:</p> <p>On 8/8/24 from 7:50 a.m. to 8:30 a.m., during a tour of the facility with the Maintenance Director, the Regional Health Care Services Housekeeping Supervisor and the Administrator, the following findings were observed:</p> <p>1. Upper Level Common Area &gt; The public bathroom near the main office had a dirty floor and dirty caulking around the base of toilet.</p> <p>Mt. [NAME] Unit: &gt; Resident room [ROOM NUMBER] - The floor was soiled with dust/dirty inside of the room entrance door and around the entire edge of the room. The caulking was dirty around the base of the toilet.</p> <p>&gt; Resident room [ROOM NUMBER] - The floor was soiled with dust/dirty inside of the room entrance door and around the entire edge of the room.</p> <p>&gt; Resident room [ROOM NUMBER] - The floor was soiled with dust/dirty inside of the room entrance door and around the entire edge of the room. The caulking was dirty around the base of the toilet.</p> <p>&gt; Resident room [ROOM NUMBER] - The floor was soiled with dust/dirty inside of the room entrance door and around the entire edge of the room.</p> <p>&gt; The kitchenette upper cabinet doors had chipped/missing paint on the corners of the doors.</p> <p>Mt. Blue Unit: &gt; The entire dining room floor and the edges were heavily soiled with dirt suspended in the wax.</p> <p>&gt; Resident room [ROOM NUMBER] - The room entrance door frame had chipped/missing paint creating an uncleanable surface.</p> <p>&gt; Resident room [ROOM NUMBER] - The room entrance door and bathroom door frames had chipped/missing paint creating uncleanable surfaces. The bathroom ceiling light had debris in it.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>&gt; Resident room [ROOM NUMBER] - The room entrance door and bathroom door frames had chipped/missing paint creating an uncleanable surface. The walls by the sink were gouged and marked. The baseboard heater cover on right side of room was broken apart and the entire baseboard heater had chipped/missing paint creating uncleanable surfaces. The box fan on the left side of the room was heavily soiled with dust. The black, circular standing floor fan on the right side of the room was heavily soiled with dust. The ceiling tile, next to the air vent on the right side of room had a large brown stain on it. The air vent was heavily soiled with dust. The caulking and floor around base of toilet were dirty. The bathroom ceiling light has debris in it.</p> <p>&gt; Resident room [ROOM NUMBER] - There was a broken/missing floor tile as you enter the room. There was a dusty white floor fan by the sink. There were multiple ceiling tiles stained with brown stains. The bathroom door frame and room entrance door frame had chipped/missing paint. The walls by the sink were marked/marred and gouged. The caulking and floor were dirty around the base of the toilet. The bathroom ceiling light was full of dust/debris. The box fan by the window was heavily soiled with dust.</p> <p>&gt; Resident room [ROOM NUMBER] - The wall by the window on the right side of the room had holes in it. The fan in the window is heavily soiled with dust. The bathroom door frame and room entrance door frame had chipped/missing paint. The caulking was dirty around the base of the toilet. The bathroom privacy curtain was missing hooks, hanging down and in disrepair. There was a wash basin on the bathroom floor.</p> <p>Sugarloaf Unit: &gt; There were 2 ceiling tiles in the hallway by resident room [ROOM NUMBER] that had large brown stains on them.</p> <p>&gt; Resident room [ROOM NUMBER]- The caulking was dirty around the base of the toilet.</p> <p>&gt; Resident room [ROOM NUMBER] - The caulking was dirty around the base of the toilet. There were 3 wash basins on the bathroom floor.</p> <p>&gt; There air conditioning unit in the dining room had a dirty/dusty filter.</p> <p>&gt; Resident room [ROOM NUMBER] - The caulking was dirty around the base of the toilet. The bathroom ceiling light was full of dust/debris.</p> <p>&gt; Resident room [ROOM NUMBER] - The towel bar was missing on the bathroom door. The caulking was dirty around the base of the toilet. There was a wash basin on the bathroom floor.</p> <p>Porter Unit: &gt;The kitchenette upper and lower cabinets had chipped/missing paint on the doors creating uncleanable surfaces. The wall near the cupboard had chipped/missing paint. The dining room floor was dusty/dirty in the corners.</p> <p>&gt; Resident room [ROOM NUMBER] - The room entrance door frame had chipped/missing paint.</p> <p>Rangeley Unit: &gt; Shower Room - There was a commode bucket on the floor.</p> <p>&gt; Resident room [ROOM NUMBER]- The room entrance door had loose/chipped/missing laminate creating an uncleanable surface.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>&gt; Resident room [ROOM NUMBER] - The walls by the beds had chipped/missing paint and exposed sheetrock creating uncleanable surfaces.</p> <p>[NAME] Unit: &gt; Resident room [ROOM NUMBER] - The bathroom wall by the toilet had chipped/missing paint with exposed sheetrock creating an uncleanable surface.</p> <p>Lower Level Common Area</p> <p>&gt; There were 3 ceiling tiles, by the elevator, that had large brown stains on them.</p> <p>Laundry Room</p> <p>&gt; There was a heavy build-up of lint behind and on the dryers and washers.</p> <p>On 8/8/24 at 8:30 a.m., in an interview, the Maintenance Director, the Regional Health Care Services Housekeeping Supervisor, and the Administrator confirmed the findings.</p> <p>2. On 8/8/24 at 11:45 a.m., a surveyor observed the patio fence door, between the Rangeley Unit and the [NAME] Unit, to be broken and missing 2 door panels. There was a green chair blocking the fence opening.</p> <p>On 8/8/24 at 11:50 a.m., in an interview, the Administrator confirmed the finding.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37015</p> <p>Based on record reviews and interview, the facility failed to ensure that 3 of 3 residents reviewed with a specialized mental health diagnosis, whose stay went beyond the expected 30 days, had been referred to the appropriate state-designated authority for Pre-Admission Screening &amp; Resident Review Level II (PASRR) evaluation and determination (Residents #48, #66 and #68).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident #48 was admitted to the facility on [DATE] with diagnosis of Bipolar Disorder. Resident #48's clinical record contained a PASRR Level I determination letter dated 6/24/24 that stated further PASRR evaluation was not required due to Resident #48 met the criteria for a short-term convalescence admission. Resident #48 was not discharged after a short stay and was assessed to be Nursing Facility level of care and continued to reside in the facility. The clinical record lacked evidence to indicate that the PASRR Level I was forwarded again to the State Mental Health Authority to determine if a PASRR Level II evaluation and determination was needed after Resident #48's stay changed from short-term to long-term.</li> <li>2. Resident #66 was admitted to the facility on [DATE] with diagnosis of Anxiety. Resident #66's clinical record contained a PASRR Level I determination letter dated 2/23/24 that stated further PASRR evaluation was not required due to Resident #66 met the criteria for a short-term convalescence admission. Resident #66 was not discharged after a short stay and was assessed to be Nursing Facility level of care and continued to reside in the facility. The clinical record lacked evidence to indicate that the PASRR Level I was forwarded again to the State Mental Health Authority to determine if a PASRR Level II evaluation and determination was needed after Resident #66's stay changed from short-term to long-term.</li> <li>3. Resident #68 was admitted to the facility on [DATE] with diagnosis of Bipolar Disorder. Resident #68's clinical record contained a PASRR Level I determination letter dated 4/18/24 that stated further PASRR evaluation was not required due to Resident #68 met the criteria for a short-term convalescence admission. Resident #68 was not discharged after a short stay and was assessed to be Nursing Facility level of care and continued to reside in the facility. The clinical record lacked evidence to indicate that the PASRR Level I was forwarded again to the State Mental Health Authority to determine if a PASRR Level II evaluation and determination was needed after Resident #68's stay changed from short-term to long-term.</li> </ol> <p>On 8/7/24 at 11:20 a.m., in an interview, the Market Clinical Advisor, confirmed the findings.</p> <p>37440</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42531</p> <p>Based on record reviews and interviews the facility failed to update and/or implement goals and interventions for 2 of 23 care plans reviewed for respiratory care, and 1 of 1 careplans reviewed for Post-Traumatic Stress Disorder (PTSD). (Resident's #28, #69, #26).</p> <p>Findings:</p> <p>1. Resident #28 was admitted on [DATE] and has diagnoses to include obstructive sleep apnea, morbid obesity and chronic obstructive pulmonary disease (COPD).</p> <p>Review of Resident #28's care plan updated 5/6/24 states [Chronic Obstructive Pulmonary Disease (COPD)-Clinical Management Chronic Bronchitis; The patient will experience improved exercise tolerance as evidenced by a decrease in episodes of dyspnea on exertion. CPAP as ordered: set at 18, per resident .</p> <p>Review of Resident #28's clinical record revealed progress note dated 7/14/24 stating CPAP is broken. Resident requested if possible [he/she] can have oxygen for tonight. Notified on call provider .about the request of the patient. hooked oxygen 2 LPM as ordered.</p> <p>During an interview on 8/5/24 at 10:50 a.m., Resident#28 indicated his/her CPAP machine broke more than a month ago and they have not replaced it yet.</p> <p>During an interview on 8/6/24 at 12:48 p.m., Unit Manger and a surveyor reviewed Resident #28's care plan confirming his/her care plan had not been updated to reflect his/her current respiratory status.</p> <p>33639</p> <p>2. Resident #69 was admitted on [DATE] with a diagnosis of COPD and Congestive Heart Failure (CHF). A review of Resident #69's July 2024 Medication Administration Records (MAR) indicates that the resident received Oxygen at 2 liters per nasal cannula continuously from 5/1/24 - 7/29/24.</p> <p>A review of Resident #69's care plan did not include a focus, goals or interventions in the area of oxygen therapy.</p> <p>On 8/7/24 at 1:46 p.m., a surveyor confirmed the above finding during an interview with the Market Clinical Advisor.</p> <p>50218</p> <p>3. Resident #26 was admitted on [DATE] with diagnoses to include post-traumatic stress disorder, depression, and anxiety.</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 - Some</p>	<p>Review of Care Plan for Resident #26, updated 6/5/24, states DX: PTSD from time served as a [NAME] . Resident/Patient will identify stressors and report to staff. Encourage Resident/Patient to identify personal trauma and triggers and take steps to eliminate/minimize."</p> <p>Review of Resident #26s entire clinical record lacked evidence that he/she was asked about PSTD triggers or how to eliminate/minimize them.</p> <p>During a review of Resident#26's care plan on 8/08/24 at 11:36 a.m., the Director of Nursing confirmed the above findings.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42531</p> <p>Based on interviews and record review, the facility failed to ensure residents' care plans were reviewed and revised by the interdisciplinary team (IDT) within 7 days after each comprehensive assessment for 4 of 4 residents reviewed for IDT meetings (Resident's #7, #32, #33 and #65). In addition, the facility failed to ensure a a resident's care plan was revised to address nutrition and weight loss (#42).</p> <p>Findings:</p> <p>1. Review of Resident #7's clinical record revealed quarterly Minimum Data Set (MDS) dated [DATE]. Further review of Resident #7's clinical record revealed an Interdisciplinary Team Meeting (IDT) was held on 7/19/24 (30 days after MDS date).</p> <p>2. Review of Resident #32's clinical record revealed quarterly MDS dated [DATE]. Further review of Resident #32's clinical record revealed an IDT meeting was held on 5/1/24 (19 days before the MDS date).</p> <p>3. Review of Resident #33's clinical record revealed quarterly MDS dated [DATE]. Further review of Resident #33's clinical record revealed an IDT meeting was held on 5/1/24 (27 days before MDS date).</p> <p>4. Review of Resident #65's clinical record revealed quarterly MDS dated [DATE]. Further review of Resident #65's clinical record revealed an IDT meeting was held on 5/1/24 (27 days before the MDS date).</p> <p>During an interview on 8/7/24 at 3:12 p.m., Director of Nursing confirmed IDTs were not held within 7 days after MDS dates, but in the future, it would be happening.</p> <p>During an interview on 8/8/24 at 9:28 a.m., Unit Manger indicated they haven't had a Social Woker since 7/5/24 and she was assisting with holding the IDT meetings and didn't understand that they were supposed to be held withing 7 days after the MDS date.</p> <p>37015</p> <p>5. A review of Resident #42's clinical record revealed an admitted [DATE]. Physician orders upon admission included a dysphagia, advanced texture diet, and weigh every day shift every Monday for baseline for 4 weeks, AND every day shift every 1 month starting on the 24th.</p> <p>An admission MDS assessment was completed on 5/29/24. Review of the MDS noted no issues identified with swallowing or weight changes, and revealed the resident received a mechanically altered diet. The baseline care plan was initiated on 5/2/24, and the IDT meeting was held on 5/28/24. A review of the care plan, noted under Activities of Daily Living (ADLs), included regular diet, dysphagia advanced. On 7/3/24, the Registered Dietitian noted a weight loss of 10.3 lbs. since admission and recommended the resident receive a house supplement twice daily. The last recorded weight was on 7/3/24.</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 - Some</p>	<p>On 8/7/24 at 2:45 p.m., in an interview with the Registered Dietitian and the Market Clinical Advisor, the surveyor noted Resident #42's care plan had not been revised to address weight loss or include appropriate nutritional interventions. In addition, the record lacked evidence of a follow-up monthly weight being obtained on 7/24/24. The surveyor asked how staff would monitor to see if interventions for weight loss had been effective. The RD stated he/she would follow up. The Market Clinical Advisor confirmed the care plan had not been revised to address nutrition.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>37440</p> <p>Based on observation and interview, the facility failed to ensure that the resident's environment was free of accident hazards relating to a desk wall laminate covering for 1 of 3 days of survey. (8/5/24)</p> <p>Finding:</p> <p>On 8/5/24 at 11:15 a.m., a surveyor observed the nursing station laminate wall covering to be chipped/gouged and missing pieces along the bottom edge. This created sharp edges which were accessible to residents, staff and visitors creating an accident hazard.</p> <p>On 8/5/24 at 11:29 a.m., in an interview, the Market Clinical Advisor observed and confirmed the nursing station laminate wall covering was chipped/gouged and missing pieces and was an accident hazard to passersby.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42531</p> <p>Based on observations, record reviews and interviews, the facility failed provide respiratory care consistent with professional standards of practice by failing to ensure that respiratory equipment was replaced for 1 of 1 resident (Resident #28) and failed to change oxygen tubing for 1 of 2 residents reviewed (Resident #69).</p> <p>Findings:</p> <p>1. Resident #28 was admitted on [DATE] and has diagnoses to include severe morbid obesity, chronic obstructive pulmonary disease (COPD) and obstructive sleep apnea, requiring a CPAP machine (a machine that uses mild air pressure to keep breathing airways open while you sleep).</p> <p>Review of Resident #28's clinical record reviewed Hospital Discharge Summary dated 2/12/24 states Special Instructions: Make sure you use your CPAP for any sleep, including daytime napping .</p> <p>Review of Resident #28's active orders dated August 2024 revealed the following:</p> <p>1.Order with start date of 10/26/24 states CPAP [a machine that uses mild air pressure to keep breathing airways open while you sleep] mask on at HS. Fill reservoir to line with distilled water. Do not overfill. at bedtime for sleep apnea.</p> <p>Review of Resident #28's Treatment Administration Record (TAR) from 7/13/24 through 8/6/24 revealed this was not completed: broken (24 days).</p> <p>Order with start date of 10/9/24 states CPAP mask to be removed in a.m. Clean mask and reservoir with warm soapy water, rinse and air dry. Every night shift for sleep apnea CPAP mask to be removed in a.m. clean mask and reservoir with warm soapy water, rinse and air dry. every night shift for sleep apnea.</p> <p>Review of Resident #28's Treatment Administration Record (TAR) from 7/13/24 through 8/6/24 revealed this was not completed: broken (24 days).</p> <p>Review of Resident #28's care plan updated 5/6/24 states Chronic Obstructive Pulmonary Disease(COPD)-Clinical Management Chronic Bronchitis; The patient will experience improved exercise tolerance as evidenced by a decrease in episodes of dyspnea on exertion. CPAP as ordered .</p> <p>Review of Resident #28's clinical record revealed the following progress notes:</p> <p>-7/13/24 Water reservoir is leaking. This writer attempted to contact CPAP supplier without success. Further review of Resident #28's clinical record lacked evidence that facility made any further attempts to contact CPAP supplier.</p> <p>-7/14/24 Telehealth Notification Note The Cpap is not working and is leaking water; the patient is requesting supplemental oxygen tonight. Plan: supplement Oxygen 2-3 L, nurse to follow up Cpap machine in AM. Further review of Resident #28's clinical record lacked evidence this was done.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Sandy River Center		STREET ADDRESS, CITY, STATE, ZIP CODE  119 Livermore Falls Rd Farmington, ME 04938	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-7/15/24 17:54:27 Night nurse passed onto writer that cpap wasn't working and [ sister/brother] was called and was going to get it fixed due to being pt's own machine. Writer called, [sister/brother], and [he/she] stated [he/she] knew nothing about this and doesn't know how to reach out to company to get fixed. Note put in MD's folder on above, ?ordering new machine.</p> <p>-7/16/24 Pt called company on CPAP machine. Pt stated they needed a new script for machine and supplies. Note put in MD's folder with above request.</p> <p>Review of Resident #28's clinical record revealed Provider Communication dated 7/15/24 states CPAP not working, this is Pt's [patients] personal machine .order new one? Review of provider response dated 7/16/24 states Please contact [Respiratory Company] May need a new sleep study.</p> <p>Review of facility fax states: Referral for new c-pap dated 7/25. No follow up documentation is noted in the resident chart.</p> <p>During an initial interview on 8/5/24 at 10:50 a.m., Resident #28 indicated [his/her] CPAP broke more than a month ago and hasn't been replaced.</p> <p>During a follow-up interview on 8/6/24 at 1:09 p.m., Resident #28 confirmed he/she did not receive CPAP last night and believed he/she was still waiting for a sleep study to happen.</p> <p>During an interview on 8/6/24 at 12:48 p.m., Director of Nursing and Unit Manager confirmed the facility has not followed-up with the respiratory company regarding replacement of CPAP or sleep study. At this time Unit Manager indicated that she grabbed order today and sent it to [respiratory company], but the unit secretary (UH) had been working on the sleep study referral.</p> <p>During an interview on 8/8/24 at 12:47 p.m., UH indicated that she is the only one that sends out referrals and also works as a Certified Nursing Assistant (CNA) on the floor as well as the UH position. UH further indicated that when a referral is done, they usually bring it right up to her or put it in her box and in this case, and it was probably bought up on that day, but she had been working the floor, so she didn't get back to her UH position until 7/25/24 and has not followed up on the referral.</p> <p>During an interview on 8/6/24 at 12:50 p.m., Unit Manager confirmed that Resident #28 has been without a CPAP machine since 7/15/24, and no one has followed up with the respiratory company.</p> <p>33639</p> <p>2. Review of the Procedure: Oxygen: Nasal Cannula Revision dated 8/7/23., #22. Replace disposable set-up every seven days. Date and store cannula in treatment bag when not in use.</p> <p>On 8/5/24 at 10:05 a.m., the surveyor and Licensed Practical Nurse #2 (LPN) observed Resident #69's oxygen nasal cannula tubing wrapped up and stored with the cylinder on the back of the wheelchair. The date on the oxygen tubing indicated the tubing had been changed on 6/18/24.</p> <p>On 8/5/24 at 10:10 a.m., during an interview with a surveyor, LPN #2 stated oxygen tubing gets changed weekly.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #69's active orders for August 2024 revealed an order with a start date of 6/3/24 change the oxygen tubing weekly, label each component with the date and initials.</p> <p>The Treatment Administration Record (TAR) indicates that the oxygen tubing was changed on 6/24/24, 7/1/24, 7/15/24, 7/22/24 &amp; 7/29/24.</p> <p>On 8/7/24 at 1:46 p.m., a surveyor confirmed the finding above of inaccurate documentation with the Market Clinical Advisor who stated she would inform the staff to change the tubing again.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>42531</p> <p>Based on record review and interviews, the facility failed to ensure sufficient direct care staff were scheduled and on duty to meet the needs of residents that reside in the facility. This has the potential to affect all residents needing assistance with Activities of Daily Living (ADLs).</p> <p>Findings:</p> <p>During an interview on 8/5/24 10:33 a.m., Resident #181 indicated 2 Certified Nursing Assistant (CNA)'s on duty to cover entire floor - days and evening, and they are not offering a basin of water or assist to brush teeth. Resident #181 further indicated he/she asked a CNA for help the other day and she said, that figures because she was too busy.</p> <p>During an interview on 8/5/24 at 11:11 a.m., Resident #185 indicated that last week he/she called his/her girlfriend/boyfriend because he/she had used the call bell at 4 pm to be changed, as he/she had been incontinent of bowel. His/her girlfriend/boyfriend arrived at 6 p.m., and notified staff Resident #185 needed to be changed and a staff member stated they were busy with dinner, and he/she was finally changed around 6:30 p.m. Resident #185 further indicated he/she rang the call bell about 3:00 a.m. last Wednesday (7/31/24) to be changed and staff came an hour later.</p> <p>During a resident council meeting on 8/7/24 at 11:00 a.m., Resident #50 indicated that the staff take a very long time to answer call bells and it's been brought up in resident council many times. Review of April, May, June and July 2024 Resident Council meeting minutes revealed the call bells are not being answered in a timely manner and residents feel that staff are not always busy.</p> <p>During an interview on 8/7/24 at 1:55 p.m., Resident Representative indicated that his/her husband/wife never gets shaved unless he/she comes in to do it, and his/her teeth aren't getting brushed. Resident Representative states that he/she is being told that there aren't enough staff, or they're too busy. Weekend staffing is very poor and there are a lot of 2 person assists, and often the CNA has to go to another unit to get help and the floor is left unattended until they get back.</p> <p>During an interview on 8/8/24 at 10:23 a.m., CNA3 indicated that staffing is really bad and it's very difficult to get personal care done as it should and it's really hard to be the only CNA on a unit when you have a lot of residents with dementia and there are quite a few residents that are a 2 person assist. CNA3 further indicated that there were 3 falls during the same shift last week that could have been prevented, call bells are taking a long time to answer, and residents are going a long time between incontinent care episodes because there is so much to be done. The nurses try to help when they can, but they have their own responsibilities.</p> <p>During an interview on 8/8/24 at 10:45 a.m., Registered Nurse (RN) indicated that staffing has been an ongoing problem at the facility and there have been a lot of preventable falls. RN further indicated there are a lot of 2 person assists so a CNA needs someone to help them, and medication technicians and nurses try to help, but today there is one med tech to pass meds on three units so there's no way they can help at all. Review of 3 month fall report revealed there were 18 falls on the day shift, 43 falls during the evening shift and 21 falls during the night shift.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/7/24 at 1:48 p.m., Director of Nursing confirmed there have been some falls on the days they were short staffed, and the facility does not staff to acuity level, but the facility tries really hard to staff at least to state minimums.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42531</p> <p>Based on record review and interviews, the facility failed to provide documentation of monitoring of psychotropic medication side effects for 1 of 5 residents reviewed for unnecessary drug use (#7).</p> <p>Findings:</p> <p>Resident #7 was originally admitted on [DATE] and has diagnoses to include anxiety and depression. Review of Resident #7's active physician orders as of August 2024 revealed the following medications:</p> <ul style="list-style-type: none"> <li>-Order with start date of 6/4/24 for Abilify Oral Tablet 15 mg (milligram) (Aripiprazole) Give 15 mg by mouth one time a day for depression.</li> <li>-Order with start date of 6/4/25 for Buspirone HCL Oral Tablet 10 mg (Buspirone HCL) Give 1 tablet by mouth in the afternoon for anxiety</li> <li>-Order with start date of 6/4/24 for Buspirone HCL Oral Tablet 10 mg (Buspirone HCL) Give 1 tablet by mouth one time a day for anxiety.</li> <li>-Order with start date of 6/4/24 for Buspirone HCL Oral Tablet 10 mg (Buspirone HCL) Give 2 [tablet] by mouth at bedtime for anxiety dose equals 20 mg.</li> <li>-Order with start date of 4/22/24 for Trazodone HCl Oral Tablet (Trazodone HCl) Give 175 mg by mouth at bedtime for depression</li> <li>-Order with start date of 3/23/24 for Sertraline HCl Oral Tablet 100 MG (Sertraline HCl )Give 200 mg by mouth one time a day for anxiety.</li> </ul> <p>Further review of Resident #7's clinical record, the surveyor was unable to locate evidence of monitoring for side effects of these medications.</p> <p>During an interview on 8/08/24 at 10:56 a.m., the Director of Nursing confirmed Resident #7's clinical record lacked evidence of monitoring for side effects of psychotropic medications in the presence of 4 surveyors.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>33639</p> <p>Based on observations and interviews, the facility failed to ensure that medications were stored properly by having an unlocked, unattended medication cart allowing residents and unauthorized persons access to medications, on 1 of 4 days of survey. In addition, the facility failed to ensure expired medications were removed from the supply available for use in 1 of 2 medication storage rooms and 1 of 3 medication carts reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On 8/5/24 at 9:01 a.m. two surveyors observed an unlocked and unattended medication cart in the hallway of the Sugarloaf unit for approximately 2 minutes. During this time, one resident was observed in the hallway. Upon return to the medication cart at 9:03 a.m., the Unit Manager confirmed she had left the medication cart unlocked and unattended.</li> <li>On 8/6/24 at 12:15 p.m., during review of the lower level Medication Storage room with LPN #1, a surveyor observed 1 open/undated 8 ounce bottle of Geri Care Senna liquid with an expiration date of 4/24, and 1 unopened 8 ounce bottle of Geri Care Senna liquid with an expiration date of 4/24.</li> <li>On 8/6/24 at 12:20 p.m. during a review of the Rangeley Lake unit medication cart with LPN #1, a surveyor observed 1 open bottle of Geri Care Aspirin 81 mg (milligram) Enteric coated with an open date of 7/1/24 and an expiration date of 6/24.</li> <li>On 8/6/24 at 12:34 p.m., a surveyor observed the medication room refrigerator with LPN #2 and noted a dormitory style refrigerator with a freezer. Inside the refrigerator were 5 pneumococcal vaccines and 5 Purified Protein Derivative (PPD) which is used to test for tuberculosis for staff and residents.</li> </ol> <p>The United States Centers for Disease Control and Prevention's website, Vaccine Storage and Handling Toolkit, dated 3/24, states Do not store any vaccine in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances. These units often have a single exterior door and an evaporator plate/cooling coil, usually located in an icemaker/freezer compartment. These units pose a significant risk of freezing vaccines, even when used for temporary storage.</p> <p>On 8/6/24 at 12:43 p.m., a surveyor interviewed the Clinical Market Advisor and confirmed that a dorm style refrigerator with a freezer was being used to store vaccinations.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37440</b></p> <p>Based on observations and interviews, the facility failed to offer nourishing snacks to residents who want to eat at non-traditional times or outside of scheduled meal service times on 6 of 6 units (Mt. [NAME], Mt. Blue, Sugarloaf, [NAME], Rangeley and Porter), for 2 of 4 days of survey.</p> <p>Findings:</p> <p>On 8/5/24 at 10:37 a.m., in an interview, Resident #181 stated They don't have a snack cart and we don't get offered snacks. I was told there's a bag in the cupboard if you want something. No yogurt or puddings. No hydration cups.</p> <p>On 8/5/24 at 11:08 a.m., a surveyor checked and confirmed the Sugarloaf Unit cupboard contained only white bread and Ensure. No sandwich fillings, peanut butter, etc.</p> <p>On 8/5/24 at 12:36 p.m., a surveyor checked the Mt. Blue cupboards and refrigerator and found there was only a few small cracker packages, 2 small snack oatmeal pies, 1 very small container of tuna salad in the fridge and 1 loaf of bread.</p> <p>On 8/6/24 at 9:15 a.m., Resident #73 said to a surveyor that he/she is never offered snacks because they never have any snacks on the units. He/she said there is never anything in the refrigerator or cupboards. He/she said that he/she could have toast and that was it.</p> <p>On 8/6/24 at 9:30 a.m., a surveyor and the Food Service Director observed the Mt. Blue snack cupboards. The Food Service Director confirmed there was only a few small cracker packages, 2 small snack oatmeal pies, 1 very small container of tuna salad and 1 loaf of bread and agreed there was not enough snacks or a variety of snacks for the number of residents on the unit. The surveyor discussed with the FSD that it had been like this on 8/5/24 and 8/6/24. The FSD stated that the 2 staff that normally stock the snacks in the kitchenettes have had time off from work.</p> <p>On 8/6/24 at 9:45 a.m., in an interview, CNA #2 stated that before this week that there were hardly ever any snacks and drinks or a variety of snacks and drinks stocked on the units. She stated that maybe there would be a few small packages of crackers(2 in a package) and a loaf of bread. There was never coffee or tea left for the residents after any meals. If the residents wanted something other than toast, she would have to call the kitchen and then have to wait hours to get anything.</p> <p>On 8/6/24 at 10:00a.m., in an interview, CNA #3 stated that before this week that there was no variety of snacks and drinks. There were minimal snacks and drinks. She said that there might be a loaf of bread for toast but not much else. A few crackers and a couple small packages of oatmeal pies but that is it. There would be no sandwich making supplies or coffee and tea for the residents. She said if they called the kitchen for something for a resident, they had to wait over an hour to get anything.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/06/24 at 2:00 p.m., a surveyor and the Food Service Director District Manager looked at Sugarloaf Unit cupboards and refrigerator. The Food Service Director District Manager stated that when he arrived at the facility, he had checked all the units and they were not properly stocked with enough snacks or a variety of snacks for the residents on the units. He stated that as of right now, all units had been stocked now with snacks according to the newly created Snack Par List given to surveyor. He stated that kitchenettes will be stocked 3 times a day(10 am, 2 pm and 5pm) from now on. No policy or procedure could be provided to the surveyor for stocking snacks in the kitchenettes.</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>37440</p> <p>Based on observations, interviews, the facility's Refrigerated/Frozen Storage policy revision date 6/15/18, the facility's Environment: policy HCSG 028 revised 9/2017, the facility's Warewashing policy HCSG 022 revised 2/2023, the facility's Food Storage: Cold Storage revised 2/2023, the facility's Food Storage: Dry Goods revised 9/2017, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for ceiling vents, ceiling tiles, ceiling lights, the hood system, the food slicer, the food mixer, and cement blocks. Additionally, the facility failed to ensure that foods in the dry storage room, the reach-in refrigerator and the walk-in refrigerator were labeled and/or dated. Further, the facility failed to ensure refrigerator temperatures were monitored for an area refrigerator.</p> <p>Findings:</p> <p>A surveyor completed Initial Kitchen Tour on 8/5/24 from 9:15 a.m. to 10:00 a.m. with the Food Service Director in which the following findings were observed:</p> <ul style="list-style-type: none"> <li>1. &gt; There were 3 ceiling vents, 2 ceiling lights and the 4 surrounding ceiling tiles, in the dish room, that were heavily soiled with dust/dirt.</li> <li>&gt; There was 1 ceiling air, vent just inside the kitchen entrance door, that was heavily soiled with dust/dirt.</li> <li>&gt; All ceiling tiles throughout the entire kitchen were marked/marred and/or dirty.</li> <li>&gt; The hood system had chipped/missing paint creating an uncleanable surface.</li> <li>&gt; The food slicer had dried food particles on the blade and blade protector.</li> <li>&gt; The food mixer had dried food particles on the base and bowl riser arm and base.</li> <li>&gt; There were 4 untreated cement blocks under the legs of the ice machine.</li> <li>&gt; The dry storage room had 2 small bags of chips and 1 bag of clear small containers of peanut butter that were unlabeled and undated.</li> <li>&gt; The reach-in refrigerator had one, 2-quart pitcher of red liquid that was unlabeled and undated.</li> <li>&gt; The walk-in refrigerator had 2 large clear square containers of an unidentified creamy food, 1 large bowl of an unidentified creamy food and 1 bag of sliced potatoes that were unlabeled and undated.</li> <li>&gt; The walk-in freezer had 1 previously opened bag of chicken patties that was unlabeled and undated.</li> </ul> <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>&gt; The Activity room refrigerator contained 2 opened and undated whipped cream canisters. Additionally, the Refrigerator/Freezer Temperature Log for August 2024 was missing documented temperatures for the 2nd through the 5th.</p> <p>The facility's Refrigerated/Frozen Storage noted: 1. Refrigeration: 1.4 All foods are labeled with the name of product and the date received and used by date once opened. 1.5 prepared foods are labeled and dated with the name of the product, date open, and use by date. 1.10 Food and nutrition services employees observe and record equipment temperatures.</p> <p>The facility's Food Storage: Cold Storage noted: Procedures . All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>The facility's Food Storage: Dry Goods noted: Procedures 6. Storage areas will be neat, arranged for easy identification, and date marked as appropriate.</p> <p>The facility's Environment: policy HCSG 028 revised 9/2017 noted: 1. The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation. 2. The Dining Services Director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing of all food service equipment and surfaces. 3. All food contact services will be cleaned and sanitized after each use.</p> <p>The facility's Warewashing policy HCSG 022 revised 2/2023, noted: Procedures 1. The dining services staff will be knowledgeable in the proper technique for processing dirty dishware through the dish machine and proper handling of sanitized dishware. 2. All dish machine water temperatures will be maintained in accordance with manufacturer's recommendations for high temperature and low temperature machines. 3. Temperature and or sanitizer concentration logs will be completed, as appropriate</p> <p>On 8/5/24 at 10:00 a.m., in an interview, the Food Service Director confirmed the findings.</p> <p>2. On 8/6/24 at 8:00 a.m., a surveyor observed the cook with facial hair not wearing facial hair protection. At this time, in an interview, the cook confirmed he was not wearing facial hair protection. On 8/6/24 at 8:03 a.m. , in an interview, a surveyor discussed the finding with the Administrator</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  Sandy River Center		STREET ADDRESS, CITY, STATE, ZIP CODE  119 Livermore Falls Rd Farmington, ME 04938	

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>37440</p> <p>Based on observation and interview, the facility failed to maintain a garbage storage area in a sanitary condition to prevent the harborage and feeding of pests for 2 trash collection container for 4 of 4 days of survey. (8/5/24, 8/6/24, 8/7/24 and 8/8/24)</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On 8/5/24 at 9:05 a.m., a surveyor observed trash bags stored in an open container outside the building by a lower level exit.</li> <li>On 8/6/24 at 7:30 a.m., a surveyor observed trash bags stored in an open container outside the building by a lower level exit.</li> </ol> <p>On 8/6/24 at 7:40 a.m., in an interview, the Administrator confirmed the findings.</p> <ol style="list-style-type: none"> <li>On 8/7/24 at 9:05 a.m., a surveyor and the Administrator observed trash bags stored in an open container outside the building by a lower level exit. At this time, in an interview, the Administrator confirmed the findings.</li> <li>On 8/8/24 at 8:30 a.m., a surveyor and the Maintenance Director observed trash stored in an open container outside the kitchen. At this time, the Maintenance Director confirmed the finding.</li> </ol>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37015</p> <p>Based on record reviews and interview, the facility failed to ensure that clinical records were complete and contained accurate information for 1 of 1 residents reviewed for activities of daily living (#183), and 1 of 2 residents reviewed for oxygen use (#69).</p> <p>Findings:</p> <p>1. A review of Resident #183's clinical record noted an admitted [DATE]. Certified Nursing Assistant (CNA) documentation of activities of daily living (ADLs) for 7/26/24 through 8/5/24 revealed multiple days lacking documentation on multiple shifts as follows:</p> <p>Bed Mobility: 7 out of 11 days</p> <p>Eating: 3 out of 11 days</p> <p>Bathing: 6 out of 11 days</p> <p>Dressing: 6 out of 11 days</p> <p>Drinks/snacks other than meals: 7 out of 11 days</p> <p>Hygiene: 7 out of 11 days</p> <p>Toileting: 7 out of 11 days</p> <p>Transfers: 7 out of 11 days</p> <p>Wheelchair mobility - 7 out of 11 days</p> <p>Walking - 7 out of 11 days</p> <p>On 8/6/24 at 2:45 p.m., in an interview with a surveyor, the Director of Nursing confirmed CNA documentation lacked evidence Resident #183 had received a shower or tub bath since admission, and that multiple shifts were lacking documentation of the care provided.</p> <p>33639</p> <p>2. On 8/5/24 at 10:05 a.m., the surveyor and Licensed Practical Nurse #2 (LPN) observed Resident #69's oxygen nasal cannula tubing wrapped up and stored with the cylinder on the back of the wheelchair. The date on the oxygen tubing indicated the tubing had been changed on 6/18/24.</p> <p>Review of Resident #69's active orders for August 2024 revealed an order with a start date of 6/3/24 change the oxygen tubing weekly, label each component with the date and initials.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Treatment Administration Record (TAR) indicated that the oxygen tubing was changed on 6/24/24, 7/1/24, 7/15/24, 7/22/24 &amp; 7/29/24.</p> <p>On 8/7/24 at 1:46 p.m., a surveyor confirmed the finding above of inaccurate documentation with the Market Clinical Advisor who stated she would inform the staff to change the tubing again.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>37015</p> <p>Based on review of the quarterly Quality Assurance Performance Improvement/Quality Assurance Assessment (QAPI/QAA) Committee meeting attendance sheets and interview, the facility failed to ensure that the Infection Preventionist attended 4 of 4 quarterly meetings.</p> <p>Finding:</p> <p>A review of the quarterly QAPI/QAA meeting attendance sheets indicate that the Infection Preventionist did not attend the 10/31/23, 1/26/24, and 7/29/24 quarterly meetings.</p> <p>A review of the facility's policy, Center Quality Assurance Performance Improvement process, with a revision date of 10/24/22, stated, Process. 2. The QAA Committee: 2.1. Functions under the authority of the Administrator and the governing Body and is composed of 2.1.1 Administrator, 2.1.2 Director of Nursing, 2.1.3 Medical Director, 2.1.4 Infection Preventionist, or designee, 2.1.5 Consultant Pharmacist (recommended), 2.1.6 Patient and/or family representatives (if appropriate), 2.1.7 Three (3) additional staff representatives, including, but not limited to department heads, certified nursing assistants, rehabilitation services, hospice, home health, etc. 2.2 Meets at least quarterly.</p> <p>On 8/8/24 at 10:10 a.m., the Administrator and Director of Nursing (DON) stated the facility did not have an alternate designee for the Infection Preventionist (IP), and that the IP provides copies of reports for review at QAPI/QAA committee meetings. The Administrator and DON confirmed that the IP did not attend 3 of 4 quarterly committee meetings during the past year.</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>33639</p> <p>Based on observation and interview, the facility failed to ensure appropriate infection control procedures were followed related to hand sanitizing during the medication pass task for 1 of 2 medication passes observed.</p> <p>Finding:</p> <p>On 8/8/24 at 8:34 a.m., during a medication administration observation, a surveyor observed a Certified Nursing Assistant Med Technician (CNA-M) administering medications to (Resident #49) in a plastic medication cup. The CNA-M was then observed discarding the medication cup into the trash can and walked by a hand sanitizer located on the wall in Resident #49's room. The CNA-M was then observed to walk back to the medication cart, unlocked the cart and began to prepare medications for Resident #66. At this time a surveyor intervened and asked CNA-M if she had washed or sanitized her hands. CNA-M stated No. and acknowledged that she should sanitize her hands between residents.</p> <p>On 8/8/24 9:53 a.m., a surveyor discussed the lack of handwashing/sanitizing between residents during the medication pass with the Market Clinical Advisor.</p>		