

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Forest Hill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 25 Bolduc Ave Fort Kent, ME 04743	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>33242</p> <p>Based on record review and interviews, the facility failed to notify timely the Medical Provider of abnormal laboratory results that required further tests to determine cause and the Resident Representative (RR) with results of abnormal labs when results were requested, for 1 of 1 residents reviewed for hospitalization (Resident # [R42]).</p> <p>Findings:</p> <p>1. On 2/20/25, R42's clinical record was reviewed and indicated that on 1/21/25, R42 had blood work, which included a Comprehensive Metabolic Panel (CMP) and Complete Blood Count (CBC), that were sent to the hospital for analysis and were resulted at 9:06 a.m. (CBC) and 9:23 a.m. (CMP) on 1/21/25.</p> <p>R42's abnormal lab results were as follows:</p> <p>White blood cell count was high at 14.6 with a normal reference range of 4.0-10.0;</p> <p>Sodium level was high at 158, with a normal reference range of 136-145; and</p> <p>Potassium level was high at 5.3, with a normal reference range of 3.5-5.1.</p> <p>On 1/22/25 at 1:44 p.m., the facility's documentation indicated that the (abnormal) blood work was reviewed by Nurse Practitioner (NP), 28 hours after resulted. The NP ordered a STAT (to be completed immediately) urinalysis.</p> <p>On 2/20/25 at 1:24 p.m., during an interview with a surveyor, the Director of Nursing (DON) stated that the Medical Provider should have been made aware of the abnormal lab results by telephone when they were resulted.</p> <p>2. Review of R42's clinical record indicated on 1/21/25 at 5:30 p.m., documentation indicated that R42's RR requested an update on the blood work results. The RR was told that the results were in the chart and would be reviewed by the doctor tomorrow and that RR would be called tomorrow after that review.</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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F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 2/20/25 at 1:24 p.m., during an interview with multiple surveyors present, the DON stated that he saw the note that was written about not giving the RR the information regarding the lab results and making the RR wait until the following day and that the RR should have been given the information (as the RR could have requested transfer to the hospital for further workup).		

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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** 33242</b></p> <p>Based on observations and interviews, the facility failed to adequately provide housekeeping and maintenance services necessary to maintain resident equipment and the building in good repair, homelike, and in a sanitary condition on 2 of 2 units (Skilled Nursing Unit [SNF] and Long Term Care Unit [LTC]).</p> <p>Findings:</p> <p>1. On 2/19/25 at 10:30 a.m., the Administrator, Housekeeping/laundry Manager (HLM) and a surveyor observed multiple areas of the building that included floors in resident rooms, the Skilled Unit dining room, common areas, and hallways on both units. The flooring was observed to have discolored areas that created a soiled and/or worn appearance and cracked floor coverings, which created uncleanable surfaces. The HLM stated that the floors are down to the last layers, they are so worn and that is why the floors look the way they do; the surveyor also noted that some of the thresholds between the hallway and resident rooms on the LTC Unit had dirt buildup along the cracks.</p> <p>On 2/19/25 at 3:30 p.m., during the end of day conference with the Administrator, the surveyors reviewed other areas of concern with the environment to include chipped paint along a door frame and the trim that was broken on the edge of a sink in room [ROOM NUMBER] and a soiled floor mat in room [ROOM NUMBER].</p> <p>35904</p> <p>2. On 2/20/25 at 1:54 p.m., in an observation and interview with Registered Nurse #2, a surveyor confirmed that R15's wheelchair had dirt and dried debris on both arms, and wheels of his/her wheelchair.</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>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> 32540</p> <p>Based on record review and interview, the facility failed to ensure a person-centered comprehensive care plan was developed in the area of Diabetes for 1 of 13 residents reviewed (Resident #13 [R13])</p> <p>Findings:</p> <p>Review of Resident #13's clinical record revealed that he/she was admitted to the facility on [DATE]. Review of the current physician order for Novolin R insulin sliding scale. Resident #13's current care plan was reviewed, and it lacked evidence that the care plan included goals and interventions for the care area of Diabetes and use of insulin.</p> <p>On 2/20/25 at 8:27 a.m. During a review of R13's care plan with the Residential Care Coordinator, the surveyor confirmed that the treatment of R13's Diabetes was not addressed in his/her care plan.</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>32540</p> <p>Based on observations, record reviews and interviews, the facility failed to update/revise care plans for the use of Enhanced Barrier Precautions (EBP) for 2 of 3 residents reviewed (Resident #26 [R26] and [R27])</p> <p>Findings:</p> <p>1. On 2/19/25 at 7:55 a.m., a surveyor observed an EBP sign on the outside of the door of R26's room. Record review showed that R26 has wounds on both heels with daily dressing changes. The care plan was reviewed and lacked evidence of addressing the need for the EBP while providing care to R26.</p> <p>On 2/20/25 at 1:30 p.m., during an interview with a surveyor and the Residential Care Coordinator, the surveyor confirmed that R26's care plan had not been updated to include the required EBP.</p> <p>33242</p> <p>2. On 2/18/25 at 1:01 p.m., a surveyor observed an EBP sign displayed outside the door of R27's room. On 2/20/25, the Director of Nursing provided orders, dated 8/8/24, for R27 that indicated that the resident was on precautions due to Vancomycin-resistant Enterococci (VRE) in the urine. The care plan was reviewed but lacked evidence of the resident needing EBP continuously, with no end date, for this diagnosis. At 1:45 p.m., during an interview with a surveyor, the Resident Care Coordinator stated that this had not been added to R27's care plan.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32540</p> <p>Based on clinical record review and interview, the facility failed to ensure physician orders were followed for 1 of 5 sampled residents for unnecessary medications (Resident #13 [R13]).</p> <p>Finding:</p> <p>On 2/19/25 at 3:05 p.m., during a clinical record review for R13, the electronic Medication Administration Record (MAR) showed that R13's blood sugars (BS) were checked 4 times a day and the sliding scale insulin would provide coverage as indicted per the sliding scale. Review of the physician order indicated the use of Novolin R insulin for sliding scale insulin coverage.</p> <p>Sliding scale coverage was ordered for BS starting at 150, coverage would be provided using the following sliding scale:</p> <p>150-200 = 2 units of Novolin R</p> <p>201-250 = 4 units of Novolin R</p> <p>251-300 = 6 units of Novolin R</p> <p>301-350 = 8 units of Novolin R</p> <p>351-400 = 10 units of Novolin R</p> <p>On 2/6/25 at 7:47 p.m., R13's BS was 175, R13's sliding scale indicates that he/she should have received 2 units. Documentation on the MAR shows that R13 received 1 unit of Novolin R insulin.</p> <p>On 2/9/25 at 10:44 a.m., R13's BS was 153, R13's sliding scale indicates that he/she should have received 2 units. Documentation on the MAR shows that R13 received 1 unit of Novolin R insulin.</p> <p>On 2/10/25 at 3:35 p.m., R13's BS was 228, R13's sliding scale indicates that he/she should have received 4 units. Documentation on the MAR shows that R13 received 1 unit of Novolin R insulin.</p> <p>On 2/11/25 at 5:21 a.m., R13's BS was 151, R13's sliding scale indicates that he/she should have received 2 units. Documentation on the MAR shows that R13 received 1 unit of Novolin R insulin.</p> <p>On 2/11/25 at 10:50 a.m., R13's BS was 162, R13's sliding scale indicates that he/she should have received 2 units. Documentation on the MAR shows that R13 received 1 unit of Novolin R insulin.</p> <p>On 2/13/25 at 5:09 a.m., R13's BS was 161, R13's sliding scale indicates that he/she should have received 2 units. Documentation on the MAR shows that R13 received 1 unit of Novolin R insulin.</p> <p>On 2/13/25 at 10:48 a.m., R13's BS was 205, R13's sliding scale indicates that he/she should have received 4 units. Documentation on the MAR shows that R13 received 1 unit of Novolin R insulin.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/13/25 at 3:38 p.m., R13's BS was 240, R13's sliding scale indicates that he/she should have received 4 units. Documentation on the MAR shows that R13 received 1 unit of Novolin R insulin.</p> <p>On 2/13/25 at 7:59 p.m., R13's BS was 157, R13's sliding scale indicates that he/she should have received 2 units. Documentation on the MAR does not show how much insulin coverage he/she received.</p> <p>On 2/20/25 at 8:15 a.m., during an interview with the Resident Care Coordinator, R13's MAR was reviewed. The surveyor confirmed that on several days R13 had BS that would have required coverage from sliding scale and he/she did not receive the correct dose.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33242</b></p> <p>Based on observations and interviews, the facility failed to ensure that hot water temperatures in resident rooms did not exceed 120 degrees Fahrenheit and that blue floor tiles in the Skilled Unit hallway were completely glued to the floor creating a possible trip hazard, on 2 of 3 days of survey (2/18-2/19/25).</p> <p>Findings:</p> <p>1. On 2/18/25 between 11:25 a.m. - 11:46 a.m., two surveyors observed the following hot water temperatures:</p> <p>room [ROOM NUMBER], the hot water temperature was 124.8;</p> <p>room [ROOM NUMBER], the hot water temperature was 122.1;</p> <p>room [ROOM NUMBER], the hot water temperature was 124.5;</p> <p>room [ROOM NUMBER], the hot water temperature was 124.8;</p> <p>room [ROOM NUMBER], the hot water temperature was 122.5;</p> <p>room [ROOM NUMBER], the hot water temperature was 120.9; and</p> <p>room [ROOM NUMBER], the hot water temperature was 120.8.</p> <p>At 11:48 a.m., two surveyors discussed with the Administrator that there were hot water temperatures above 120 degrees in some of the rooms. room [ROOM NUMBER] was rechecked at this time and was not above 120 degrees.</p> <p>On 2/18/25 between 1:38 p.m.- 1:46 p.m., surveyors observed the following hot water temperatures:</p> <p>room [ROOM NUMBER], the hot water temperature was 121.2;</p> <p>room [ROOM NUMBER], the hot water temperature was 122.1;</p> <p>room [ROOM NUMBER], the hot water temperature was 121.5; and</p> <p>room [ROOM NUMBER], the hot water temperature was 120.4.</p> <p>At 2:02 p.m., during an interview with a surveyor, the Administrator stated that the water temperatures were adjusted this morning after the first report, but they will make another one. They will continue to check rooms today and continue to make adjustments.</p> <p>On 2/19/25 at 11:32 a.m., in room [ROOM NUMBER], the hot water temperature was 120.3.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/19/25 at 12:20 p.m., the Administrator stated that the mixing valve was found to be faulty was changed this morning and they are continuing to make adjustments.</p> <p>2. On 2/19/25 at 9:09 a.m., two surveyors observed areas of blue floor tiles in the Skilled Unit hallway that were starting to lift because they were becoming unglued in areas, presenting a possible trip hazard.</p> <p>On 2/19/25 at 10:30 a.m., during an interview with a surveyor, the Administrator stated that the blue tiles are downstairs, and they had plans to replace them.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>49635</p> <p>Based on record review and interview, the facility failed to recognize a potential significant weight loss for 1 of 5 sampled residents reviewed for nutrition (Resident #30 [R30]).</p> <p>Finding:</p> <p>On 2/19/25, R30's clinical record was reviewed. R30's care plan, revised on 11/29/24, indicated R30 lost weight and will now get a nutritional supplement once a day. R30's care plan indicated a goal to maintain a body weight within 3 lbs of 179 lbs. R30's weights were as follows:</p> <p>On 9/5/24, R30 weighed 184 lbs.</p> <p>On 10/18/24, R30 weighed 175 lbs.</p> <p>On 11/19/24, R30 weighed 168 lbs.</p> <p>On 1/7/25, R30 weighed 160 lbs.</p> <p>On 2/13/25, R30 weighed 155 lbs.</p> <p>On 2/20/25 at 9:40 a.m., during an interview with a surveyor, the Director of Nursing stated the dietician had ordered a supplement, but the order had dropped off. At this time, the surveyor confirmed R30's clinical record lacked evidence that nursing staff had not notified the medical provider or the registered dietitian, and had not initiated nutritional interventions, such as requesting additional supplements to address the weight loss.</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>49635</p> <p>Based on observations and interview, the facility failed to maintain respiratory equipment in a sanitary manner to help prevent the development and transmission of disease and infection related to respiratory care for 3 of 5 residents reviewed for respiratory care (Resident #11 [R11], [R27] and [R33]).</p> <p>Findings:</p> <p>1. On 2/18/25 at 11:35 a.m., a surveyor observed R11's oxygen tubing, dated 1/20/25, resting on the floor. The oxygen concentrator filters were observed to be heavily soiled with dust / debris.</p> <p>On 2/19/25 at 8:07 a.m., a surveyor observed R11's oxygen concentrator filters to be heavily soiled with dust / debris.</p> <p>On 2/19/25 at 12:28 p.m., during an interview, a surveyor and the Director of Nursing (DON), observed R11's oxygen concentrator filters to be heavily soiled with dust/debris. The DON stated the tubing should be changed every 2 weeks unless otherwise directed by the provider. At this time the surveyor confirmed the tubing had not been changed per protocol and the concentrator was not maintained in a manner to prevent the development and/or transmission of disease.</p> <p>33242</p> <p>2. On 2/18/25 at 1:01 p.m., a surveyor observed R27's oxygen tubing, dated 1/7/25, and the INVACARE oxygen concentrator was missing both side filters.</p> <p>On 2/19/25 at 8:45 a.m., a surveyor observed the oxygen tubing, dated 1/7/25, and the oxygen concentrator still was missing both side filters.</p> <p>On 2/19/25 at 12:20 p.m., during an interview with a surveyor, R27 stated that he/she uses oxygen every night.</p> <p>Review of the manual of the INVACARE Platinum Series XL, 5, 10 indicated that the concentrator was not to be operated without the filter.</p> <p>On 2/19/25 at 12:24 p.m., the DON and surveyor observed R27's oxygen concentrator was missing the filters, and the tubing that was dated 1/7/25. The DON stated that all respiratory tubing and respiratory masks were to be changed every 2 weeks.</p> <p>35904</p> <p>3. On 2/18/25 at 11:37 a.m., a surveyor observed R33's oxygen tubing with nasal cannula, dated 1/20/25, resting on the floor.</p> <p>On 2/19/25 at 12:28 p.m., during an interview with the DON, a surveyor confirmed the tubing had not been changed timely per protocol.</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>49635</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 (ADL's).</p> <p>Findings:</p> <p>Review of Payroll Based Journal staffing report revealed the facility triggered for low weekend staffing during the fourth quarter of 2024 (July 1 - September 30).</p> <p>On 2/20/25 at 9:58 a.m., during an interview with a surveyor and the Administrator, the staffing schedules were reviewed for the fourth quarter of 2024. The Administrator confirmed the facility did not ensure enough staff were on duty to meet resident needs on the weekends.</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>35904</p> <p>Based on observation and interview, the facility failed to ensure all expired drugs and biologicals, available for resident use, had been removed from 1 of 2 medication storage units (skilled nursing unit), and 1 of 1 medication storage refrigerator (medication storage refrigerator long term care unit).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>On 2/20/25 at 10:36 a.m., during an inspection of the medication storage room on the skilled unit, a surveyor discovered one box of Ayr Saline Nasal Gel (sinus spray), available for resident use, that had expired on 7/24.</li> <li>On 2/20/25 at 10:55 a.m., during an inspection of the medication storage room refrigerator on the long term care unit, a surveyor discovered one bottle of GI (gastrointestinal) Cocktail (Lidocaine, Banophen, Mylanta) (medication for dyspepsia [upper abdominal pain]) give 15 milliliters (ml) by mouth twice daily as needed, with Resident #15's name on the bottle, which had a discard after 2/2/25 written on the label. R15's current physician's orders, dated 8/17/23, included an order for GI Cocktail 15 ml, solution, oral, twice a day as needed for dyspepsia.</li> </ol> <p>The above findings were confirmed with the Certified Nursing Assistant - Medications on 2/20/25 at the time of the observations, and the medications were immediately removed for destruction.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  205176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Forest Hill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 25 Bolduc Ave Fort Kent, ME 04743	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>33242</p> <p>Based on record review and interviews, the facility failed to notify the provider of abnormal laboratory results timely for 1 of 1 residents reviewed for hospitalization (Resident #42 [R42]).</p> <p>Finding:</p> <p>On 2/20/25, R42's clinical record was reviewed and indicated that on 1/21/25, R42 had blood work and a chest x-ray ordered by the doctor (MD). The bloodwork, which included a Comprehensive Metabolic Panel (CMP) and Complete Blood Count (CBC), were obtained by the facility and sent to the hospital for analysis and were resulted at 9:06 a.m. (CBC) and 9:23 a.m. (CMP) on 1/21/25.</p> <p>R42's abnormal lab results were as follows:</p> <p>White blood cell count was high at 14.6 with a normal reference range of 4.0-10.0;</p> <p>Sodium level was high at 158, with a normal reference range of 136-145; and</p> <p>Potassium level was high at 5.3, with a normal reference range of 3.5-5.1.</p> <p>On 1/21/25 at 5:30 p.m., the facility's documentation indicated that the results were in the chart and would be reviewed by MD tomorrow.</p> <p>On 1/22/25 at 1:44 p.m., the facility's documentation indicated that the (abnormal) blood work and chest x-ray results were reviewed by Nurse Practitioner (NP), 28 hours after resulted.</p> <p>On 2/20/25 at 12:21 p.m., during an interview with a surveyor, Registered Nurse stated that if a resident has labs that were completed, they have to check the computer for the results unless it is a critical value and then the laboratory would call (the facility is owned by the hospital and share the same electronic medical record).</p> <p>On 2/20/25 at 1:24 p.m., during an interview with a surveyor, the Director of Nursing (DON) stated that the Medical Provider should have been made aware of the abnormal lab results by telephone when they were resulted.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35904</p> <p>Based on observations and interviews, the facility failed to implement infection prevention measures for 2 of 3 days of survey (2/18/25 and 2/19/25) and failed to fully develop/implement a water management program to prevent the growth and spread of Legionella and other water-borne pathogens in the area of monitoring for control measures for 1 of 1 review of water management program.</p> <p>Findings:</p> <p>The facility's Enhanced Barrier Precautions signage directed staff and providers to wear gloves and a gown for the following High-Contact Resident Care Activities:</p> <ul style="list-style-type: none"> <li>-dressing</li> <li>-bathing/showering</li> <li>-transferring</li> <li>-changing linens</li> <li>-providing hygiene</li> <li>-changing briefs or assisting with toileting</li> <li>-device care or use: central line, urinary catheter, feeding tube, tracheostomy</li> <li>-wound care: any skin opening requiring a dressing</li> </ul> <p>1. On 2/18/25 at 11:28 a.m., a surveyor observed personal protective equipment signage to indicate necessary precautions, to include a gown, needed before entering room. The surveyor observed the Unit Caretaker changing linen and making Resident 33's (R33's) bed and did not wear a protective gown when handling used linen and bedspread for a resident on enhanced barrier precautions (EBP).</p> <p>On 2/20/25 at 11:28 a.m., in an interview with the Director of Nursing (DON), a surveyor confirmed that the Unit Caretaker did not wear a gown when handling linen and bedspread for R33, on EBP's.</p> <p>2. On 2/19/25 at 8:20 a.m., a surveyor observed a Certified Nursing Assistant - Medications (CNA-M) administer eye drops in both eyes for R11 without wearing gloves. In an interview with the CNA-M, she stated she probably should have worn gloves.</p> <p>On 2/20/25 at 11:28 a.m., in an interview with the DON, a surveyor confirmed that the CNA-M did not wear gloves when administering eye drops for R33. The DON stated that Lippincott Nursing Procedures are used as guidance for appropriate medication administration, and the CNA-M should have been wearing gloves.</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 - Some</p>	<p>On 2/20/25 a surveyor reviewed Lippincott Nursing Procedures, ninth edition, copyright 2023, page 338 stated perform hand hygiene and then put on gloves, when administering eye drops.</p> <p>32540</p> <p>3. On 2/19/25 at 7:55 a.m., a surveyor observed an Enhanced Barrier Precaution sign to indicate necessary precautions be used when assisting R26, to include a gown, and gloves that were needed when providing care. The surveyor observed two certified Nursing Assistants (CNA) assisting R26 to reposition in bed, both CNAs did not wear a protective gown and one CNA did not wear gloves when assisting R26 with repositioning, they failed to follow the enhanced barrier precautions (EBP) for R26.</p> <p>On 2/19/25 at 9:00 a.m., a surveyor confirmed the above finding with the charge nurse.</p> <p>33242</p> <p>4. On 2/19/25 at 8:13 a.m., a surveyor observed CNA take R28 into the bathroom by wheelchair. The surveyor observed an Enhanced Barrier Precaution sign on the doorframe area. CNA was not wearing a gown when entering or exiting the bathroom. At 8:21 a.m., the surveyor observed Registered Nurse (RN) go into R28's bathroom and then observed her transporting R28 in a wheelchair out of the bathroom. At 8:25 a.m., during an interview with a surveyor, RN stated that she assisted R28 with toileting hygiene and transferred R28 to the wheelchair and did not know that R28 was on enhanced barrier precautions, but would check why. On 2/19/25 at 8:50 a.m., during an interview with a surveyor, and with a CNA present, RN stated that R28 tested positive for Vancomycin-Resistant Enterococcus (VRE) and that they should be wearing gowns when providing care to R28. On 2/19/25 at 9:21 a.m., during an interview with a surveyor, Infection Preventionist confirmed that R28 was on EBP for VRE in the urine and that is why the sign is posted outside the door.</p> <p>5. The facility's Water Management Program indicated the individual or team responsible for the Water Management Program manages the following:</p> <p>Documented results of all monitoring activities;</p> <p>Corrective actions and procedures to follow if a test result outside of acceptable limits is obtained; and</p> <p>Documented corrective actions taken when the control limits are not maintained.</p> <p>The Control Locations Management Log identified areas to monitor (action item), control ranges, and minimum frequency of checks. Further review included multiple action items that included: check hot water temperatures of faucets to ensure proper heating (monthly), clean showerheads and run hoses weekly, ensuring all active outlets are flushed weekly, and cleaning the ice machine at least twice a year, with more items listed.</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 - Some</p>	<p>On 2/19/25 at 10:18 a.m., during an interview with a surveyor, the Forest Hill Maintenance Specialist stated that he only checks the water temperatures that comes into the boiler room that is generated by the hospital. He does not check hot water temperatures at faucets to ensure proper heating or any other monitoring that was identified on the Control Locations Management Log. On 2/19/25 at 10:30 a.m., during an interview with a surveyor, the Administrator stated that he would check for further information regarding action items that were to be monitored.</p> <p>On 2/19/25 at 12:20 p.m., during an interview with a surveyor, the Administrator confirmed that the facility is not monitoring the action items identified per Water Management Policy except for the ice machine and boiler room checks.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>33242</p> <p>Based on record review, facility policy review, and interview, the facility failed to ensure residents were offered pneumococcal immunizations for 1 of 5 residents reviewed for immunizations (Resident #34 [R34]).</p> <p>Finding:</p> <p>The facility's policy, Pneumococcal/Influenza Immunization Policy, last revised 2/12, indicated that all patients will be offered the vaccine unless contraindicated due to health history. Administration of the vaccine will be in accordance with the Pneumococcal Immunization/Influenza Standing Order.</p> <p>On 2/19/25, R34's clinical record was reviewed. The surveyor could not find evidence that R34 was offered, declined, or had received a Pneumococcal Immunization.</p> <p>On 2/20/25 at 9:31 a.m., during an interview with a surveyor, the Infection Preventionist stated that there was no offering, history of receiving, or declination of a Pneumococcal Immunization in R34's clinical record and that R34's Resident Representative consented yesterday, after the surveyor asked for further information on R34's vaccination status.</p>