

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/29/2024
NAME OF PROVIDER OR SUPPLIER  Oxford Rehabilitation & Health Care Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 689 Main Street Haverhill, MA 01830	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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** 36797</b></p> <p>Based on interview, observations and a review of invoices, the facility failed to ensure a homelike environment for two of two resident occupied floors. Specifically, the facility failed to ensure bedroom ceilings, walls, furniture, bathrooms and floors were undamaged and clean.</p> <p>Findings include:</p> <p>1. On 3/28/24 at 12:34 P.M. the surveyor started an observation of the second floor rooms</p> <p>room [ROOM NUMBER] - The bathroom ceiling was stained brown.</p> <p>room [ROOM NUMBER]- The bathroom ceiling was stained brown, behind bed A and B, the walls were scuffed and patched, without paint.</p> <p>room [ROOM NUMBER] - The bathroom ceiling was stained brown.</p> <p>room [ROOM NUMBER] - A hole in the wall behind bed B.</p> <p>room [ROOM NUMBER] - Mouse droppings under the radiator and the bathroom ceiling was stained brown.</p> <p>room [ROOM NUMBER] -The bathroom ceiling was stained brown and the bathroom heat vent was coming off the wall.</p> <p>room [ROOM NUMBER] - Holes in the wall behind bed B, the bed B head board was broken, there were mouse droppings in corners of the room, the bathroom light was not working, there were holes in the bathroom wall and the heat vent was rusted.</p> <p>room [ROOM NUMBER] - Walls on the side of bed A, behind bed B and C were patched and not painted. There were mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER] - Broken floor tile next to the door threshold, a hole in the wall behind bed C, mouse droppings in corners of the room. The bathroom soap dispenser was broken and the ceiling tiles were stained brown.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>room [ROOM NUMBER] - Holes in the wall behind bed B, the privacy curtain had a brown substance covering approximately a 12 inch area. Bathroom wall tile was broken and missing,</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room, the bathroom ceiling light cover was missing, the heat vent was coming off the wall.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room, there was a hole in the wall behind bed C, the windowsill plaster was cracked and crumbling.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room, there was a hole in the wall behind bed C, a hole behind the baseboard on the wall across from bed B and the baseboard was pulling away from the wall exposing multiple openings into the wall.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room, and the bathroom ceiling tile was stained brown.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room, the wall behind bed A was patched and without paint, there were holes in the ceiling tiles.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room, the outside wall and windowsill was patched and without paint.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room, a wall fan across from bed C was covered with a thick coating of dust.</p> <p>room [ROOM NUMBER] - Mouse droppings in the corners of the room, there was a hole in the wall under a window, a hole behind bed A, and a hole in the bathroom wall with a plastic bag stuffed in part of it.</p> <p>room [ROOM NUMBER] - Mouse droppings in corners, there was a hole in the wall under the heating vent that was falling off the wall. A patched, unpainted area behind bed A.</p> <p>Hallway at nurse's station - Nine ceiling tiles were stained brown.</p> <p>Men's hallway bathroom - Ceiling tile was stained brown.</p> <p>Unit shower room- Corner floor tile was broken and missing.</p> <p>On 3/28/24 at 1:18 P.M., Certified Nurse's Aide (CNA) #1 and the surveyor observed mouse droppings in several of the rooms on the second floor.</p> <p>During an interview on 3/28/24 at 1:18 P.M., CNA #1 said mouse droppings are all over the place in all the rooms. CNA #1 said that housekeeping staff had already cleaned the rooms that day.</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 - Many</p>	<p>On 3/28/24 at 1:20 P.M., the Director of Housekeeping Services and the surveyor observed mouse droppings in several of the rooms on the second floor, the floors were dirty with a black buildup on edges of the floor where it meets the walls.</p> <p>During an interview on 3/28/24 at 1:20 P.M., the Director of Housekeeping Services said that the housekeeper had already cleaned the unit. He said that it is the expectation that the housekeeper would have cleaned all the corners of the rooms and the mouse droppings on the window sill. The Director of Housekeeping Services said the rooms were not clean.</p> <p>15016</p> <p>2. On 3/28/24 at 4:36 P.M., and on 3/29/24 at 9:56 A.M., the surveyors observed the first floor resident unit, accompanied by the Maintenance Director:</p> <p>First floor hallway exterior exit - A gap under the door sweep measuring approximately one inch high by four inches long.</p> <p>First floor hallway - Twelve ceiling tiles have deep gouges each measuring approximately 2 1/2 feet.</p> <p>Shower room [ROOM NUMBER] - Dark splotches on the ceiling consistent with mold.</p> <p>Shower room [ROOM NUMBER] - Broken shower hose wrapped in tape.</p> <p>room [ROOM NUMBER] - Scuff marks on the bathroom door, tiles broken in the bathroom.</p> <p>room [ROOM NUMBER] - Scuff marks on the door, mouse droppings on the bedroom floor.</p> <p>room [ROOM NUMBER] - Leaking sink with a bucket underneath collecting water. The Resident said it has been leaking for a few months. Scuff marks on the bedroom door and the bathroom doors.</p> <p>room [ROOM NUMBER] - Mismatched/unfinished paint splotches, mouse droppings on the floor, paint chipping off the cork board and above the bed.</p> <p>room [ROOM NUMBER] - Hole under the sink in the bathroom consistent with mouse tunnels, broken storm window does not close. Broken drawer by A bed and broken white board above the window for C bed.</p> <p>room [ROOM NUMBER] - Paint chipping behind the bed and on the entrance door and baseboards, discoloration of ceiling consistent with water damage.</p> <p>room [ROOM NUMBER] - Mouse droppings on the floor behind the bedroom door, warped base coverings, two broken outlet covers, and paint chipping off the baseboard.</p> <p>room [ROOM NUMBER] - Water marks on the ceiling, and scuff marks on the bedroom and bathroom doors. Mice droppings under the radiator, bathroom ceiling tile hanging loose, and a hole below the sink measuring approximately two inches in diameter.</p> <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>45763</p> <p>Based on interview and record review, the facility failed to ensure one Resident's (#105) grievance regarding missing personal items was addressed, out of a sample of 36 residents.</p> <p>Findings include:</p> <p>Review of the undated facility policy, titled Grievance Policy, indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> <li>- The facility will appoint a grievance officer who will be responsible for overseeing the grievance process including: <ul style="list-style-type: none"> <li>- Receiving and tracking grievances</li> <li>- Conducting any necessary investigations;</li> <li>- Maintaining the confidentiality of information associated with a grievance (e.g. identity of a resident who makes an anonymous complaint);</li> <li>- Issuing written grievance decisions to the resident if requested; and</li> <li>- Coordinating with the state and federal agencies if necessary.</li> </ul> </li> <li>- Upon receipt of the grievance, the staff person receiving the grievance shall immediately notify the grievance officer.</li> <li>- The grievance officer shall begin the grievance process by logging a summary of the grievance (if oral), the date the grievance was received and by initiating an investigation.</li> <li>- Review of any grievances filed should be completed within seven (7) days. If the review cannot be completed within this timeframe, the grievance officer should communicate the status of the review and an update time in which it is expected the review will be completed.</li> <li>- Upon completion of the review, the grievance officer should document the following: <ul style="list-style-type: none"> <li>- The date the grievance was received;</li> <li>- A summary of the resident's grievance;</li> <li>- Steps taken to investigate the grievance;</li> <li>- A summary of the pertinent findings or conclusions regarding the grievance,</li> <li>- A statement as to whether the grievance was confirmed or not; and</li> </ul> </li> </ul> <p>(continued on next page)</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Any corrective action taken or to be taken in response.</li> <li>- The grievance officer shall be responsible for providing the grievance sheet to the facility.</li> <li>- Records regarding grievances shall be retained at the facility for at least three (3) years.</li> <li>- The Director of Social Services has been appointed as the Grievance Officer.</li> </ul> <p>Resident #105 was admitted to the facility in July 2023 with diagnoses including Post Traumatic Stress Disorder (PTSD), anxiety, and depression.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 1/11/24, indicated that Resident #105 scored a 14 out of 15 on the Brief Interview for Mental Status (BIMS), which indicates the Resident was cognitively intact.</p> <p>During an interview on 03/26/24 at 9:00 A.M., Resident #105 said a box containing make up/facial products and jewelry had been missing for over a week. The Resident said he/she had told multiple staff members about his/her missing items, and that he/she also completed a written grievance about the items and handed it to the facility receptionist.</p> <p>During an interview on 3/28/24 at 12:22 P.M., Certified Nursing Assistant (CNA) #5 said she was aware that Resident #105's makeup had been missing for a few weeks. CNA #5 said Resident #105 told multiple staff members about his/her missing items. The CNA said that staff should let the social worker and nurse know if a resident's items go missing, but she was not sure if any staff had communicated the grievance to the social worker.</p> <p>On 3/28/24 at 9:00 A.M. the surveyor heard a resident say there are no grievance forms up here, can someone get me a grievance form on the 1st floor unit. The surveyor observed that there were no grievance forms available on the 1st floor unit.</p> <p>During an interview on 3/28/24 at 12:24 P.M., the unit secretary said she was aware that Resident #105's jewelry had been missing for over a month, the unit secretary said Resident #105 told everybody about his/her missing items. The unit secretary said there weren't grievance forms available on the unit at the time of the Resident's initial report so she told the Resident to go to a different floor to get a grievance form.</p> <p>During an interview on 3/29/24 at 8:35 A.M., unit manager #2 said the expectation was that when a resident voiced a grievance, a staff member would bring a grievance form to the resident and facilitate the grievance process; the completed form would then be brought to the social worker.</p> <p>During an interview on 3/29/24 at 9:16 A.M., the facility receptionist said residents give her written grievances, and that she will pass them along to be reviewed. The receptionist said if Resident #105 had given her a written grievance she would have put it in either the social workers or administrator's mailbox.</p> <p>During an interview on 3/29/24 at 9:50 A.M., the Social Worker said a grievance should be completed for missing items, and that if a grievance was completed for Resident #105's missing items, it would have been in the grievance binders.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the 2023 and 2024 grievance binders failed to indicate that a grievance regarding Resident #105's missing items was ever reviewed, filed, investigated or addressed.</p> <p>During an interview on 3/29/24 on 9:52 A.M., the administrator said all grievances are filed in the grievance binders, and that the facility receptionist often helps facilitate the grievance process. The administrator said that when a resident writes a grievance, the grievance is communicated up the chain of command according to the facility policy. The administrator said there should be grievance forms available on each unit. The administrator said he was unaware of Resident #105's missing items.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>45763</p> <p>Based on interview and record review, the facility failed to report an allegation of sexual abuse to state officials for one Resident (#105) out of a total sample of 36 residents.</p> <p>Findings include:</p> <p>Review of the facility policy, titled Abuse, Neglect, and Exploitation, implemented February 2023 indicated, but was not limited to, the following:</p> <p>The facility will have written procedures that include:</p> <ul style="list-style-type: none"> <li>-Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable). Within specified timeframes:</li> <li>-Immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury.</li> <li>-The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</li> </ul> <p>Resident #105 was admitted to the facility in July 2023 with diagnoses including Post Traumatic Stress Disorder (PTSD), anxiety, and depression.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 1/11/24, indicated that Resident #105 scored a 14 out of 15 on the Brief Interview for Mental Status (BIMS), which indicates the Resident was cognitively intact.</p> <p>During an interview on 03/26/24 at 9:00 A.M., Resident #105 said he/she was sexually assaulted around 3 A. M. last week. The Resident said he/she did not see who did it, but that someone had entered his/her room, felt his/her breast and twisted his/her nipple. Resident #105 said he/she had told the nurse, and the unit secretary.</p> <p>During an interview on 3/27/24 at 2:04 P.M., the unit secretary said Resident #105 had reported to her last week that somebody had entered the Resident's room in the middle of the night and was playing with his/her nipples. The unit secretary said she reported this to Unit Manager #1 as Resident #105's report was concerning for potential sexual abuse.</p> <p>During an interview on 3/27/24 at 1:59 P.M., Unit Manager #2 said the unit secretary had told her that Resident #105 had reported somebody had groped his/her breast in the middle of the night on 3/21/24. Unit Manager #2 said she had reported this to the Director of Nursing (DON) as the Resident's report was concerning for potential sexual abuse. Unit Manager #1 said all allegations of abuse must be reported to state officials within two hours.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/27/24 at 2:10 P.M., the DON said all allegations of abuse must be reported to state officials within two hours. The DON said that Resident #105 had reported that somebody had fondled his/her breast between 3-4 A.M., on 3/21/24. The DON said that an investigation had begun immediately, but was still ongoing. The DON said the allegation should have been reported to state officials within two hours.</p> <p>Review of the Health Care Facility Reporting System, as of 3/25/24, failed to indicate that Resident #105's allegation of sexual abuse had been reported to the State Agency (SA).</p> <p>During a follow-up interview on 3/27/24 at 3:30 P.M., the DON said she had initiated the report on 3/21/24, but that the report was never submitted.</p> <p>Review of the incident report form, dated 3/21/24, indicated that Resident #105 had reported to staff that he/she was touched inappropriately between the hours of 3 A.M., and 5 A.M. on 3/21/24. Further review of the incident report form indicated that it had not yet been submitted to the State Agency, and failed to indicate that the incident was reported to the police.</p> <p>During a follow-up interview on 3/29/24 at 10:55 A.M. the DON said any allegation of abuse must be reported to the police. The DON said that the incident had not been reported to the police.</p> <p>During a follow-up interview on 3/29/24 at 12:36 P.M., Resident #105 said he/she would have liked the sexual assault to have been reported to the police.</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> 36797</p> <p>Based on observation, record review and interview, the facility failed to ensure for five Residents (#7, #17, #23, #36 and #62) that care plans were implemented, out of a total sample of 36 residents. Specifically:</p> <ol style="list-style-type: none"> <li>For Residents #7, #17, #23 and #62, the facility failed to provide supervision with meals, per the plan of care.</li> <li>For Resident #36, the facility failed to ensure his/her heels were offloaded.</li> </ol> <p>Findings include:</p> <p>Review of the facility policy titled Activities of Daily Living (ADL) dated April 2015 indicated the following: A program of assistance and instruction in ADL skills is developed and implemented based on individual evaluation to encourage the highest level of functioning.</p> <ol style="list-style-type: none"> <li>Resident #7 was admitted to the facility in January 2011 with diagnoses including bipolar disorder, depression and anxiety, stroke and dysphagia (difficulty eating).</li> </ol> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #7 scored a 14 out of 15 on the Brief Interview for Mental Status exam indicating intact cognition. Further review indicated that Resident #7 requires supervision for eating.</p> <p>Review of the hospital record titled 'Transition Record' and dated 4/18/22, indicated Resident #7 presented to the ER (emergency room ) after a suicide attempt by means of cutting his/her wrists with a butter knife.</p> <p>Review of the facility document titled 'Behavioral Health Group', dated 3/11/24, indicated that Resident #7 has a history of suicide attempts including walking into traffic hoping to be hit by a car.</p> <p>Review of the care plan indicated that Resident #7 requires continual supervision of a 1:8 ratio for eating. Further review indicated a focus for alteration of mood as demonstrated by suicidal ideation/depressed mood with an intervention of no sharp utensils to be used during meals, rounded spoons provided for safety.</p> <p>On 3/26/24 at 8:47 A.M. and 12:40 P.M., the surveyor observed Resident #7 lying in bed eating. The surveyor observed a plastic fork on the tray with sharp tines.</p> <p>On 3/27/24 at 8:20 A.M., and 12:16 P.M., the surveyor observed Resident #7 lying in bed eating. The surveyor observed a plastic fork on the tray with sharp tines.</p> <p>During an interview on 3/27/24 at 12:40 P.M., Nurse #1 said that she would not expect that Resident #7 would have a fork on his/her meal trays if the care plan was for rounded utensils only.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Oxford Rehabilitation & Health Care Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE  689 Main Street Haverhill, MA 01830	
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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>During an interview on 3/27/24 at 12:42 P.M., Unit Manager #1 said that she would not expect that Resident #7 would have a fork on his/her meal trays if the care plan was for rounded utensils only.</p> <p>2. Resident #17 was admitted to the facility in June 2006 with diagnoses including stroke affecting the right side and dysphagia (difficulty eating).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #17 is severely cognitively impaired.</p> <p>Review of the care plan dated 2/1/24, indicated that Resident #17 requires continual supervision small group 1:8 ratio to assist.</p> <p>Review of the facility document titled 'Documentation Survey Report v2' (where the nurse's aides document level of help required each shift) dated March 2024, indicated that Resident #17 required supervision to limited assist 23 out of 27 days for eating.</p> <p>On 3/26/24 at 8:35 A.M. and 12:08 P.M., the surveyor observed Resident #17 in his/her room sitting in a wheelchair eating breakfast without a staff member supervising.</p> <p>On 3/27/24 at 8:07 A.M., and 12:15 P.M., the surveyor observed Resident #17 in his/her room sitting in a wheelchair eating breakfast without a staff member supervising.</p> <p>On 3/28/24 at 8:06 A.M., the surveyor observed Resident #17 in his/her room sitting in a wheelchair eating breakfast without a staff member supervising.</p> <p>During an interview on 3/28/24 at 8:08 A.M., Certified Nurse's Aide (CNA) #2 said that no one has told her which residents need to be supervised with eating. CNA #2 said that she didn't really know where to find out where to find the care plan.</p> <p>3. Resident #23 was admitted to the facility in January 2019 with diagnoses including Alzheimer's disease, bipolar disorder and anxiety disorder.</p> <p>Review of the care plan dated 1/11/24, indicated that Resident #23 requires continual supervision small group 1:8 ratio to limited assist due to progressive dementia.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #23 is severely cognitively impaired. Further review indicated that Resident #23 required substantial to maximal assist with eating.</p> <p>Review of the facility document titled 'Documentation Survey Report v2' (where the nurse's aides document level of help required each shift) dated March 2024, indicated that Resident #23 requires supervision to maximum assist with eating.</p> <p>On 3/26/24 at 8:10 A.M., and 12:10 P.M., the surveyor observed Resident #23 in bed, a tray of food placed in front of him/her and without staff in the room supervising, the food had not been touched.</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>During an interview on 3/26/24, at 12:18 P.M., Certified Nurse's Aide (CNA) #1 said that it is the nurse that decides if the resident gets out of bed to eat. CNA #1 then said that Resident #23 eats very slowly and needs encouragement. CNA #1 also said that someone has to be in the room supervising the Resident when he/she is eating.</p> <p>4. Resident #36 was admitted to the facility in September 2022 with diagnoses including brain cancer, dementia and adult failure to thrive.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #36 is severely cognitively impaired. Further review indicated that Resident #36 is totally dependent for all activities of daily living.</p> <p>Review of the doctor's orders dated March 2024 indicated an order to offload heels every shift as tolerated.</p> <p>Review of the progress notes dated February and March 2024 failed to indicated that Resident #36 refused to off load his/her heels.</p> <p>On 3/26/24 at 8:05 A.M., and 12:53 P.M., the surveyor observed that Resident #36's heels were not off loaded, in bed this morning and while in the reclining geri-chair (g-chair) during lunch.</p> <p>On 3/27/24 at 7:36 A.M., the surveyor observed Resident #36 lying in bed with both heels on the mattress, not off loaded.</p> <p>On 3/27/24 at 12:19 P.M., the surveyor observed Resident #36 in the 2nd floor dining room sitting in a g-chair. The surveyor observed that Resident #36's heels were directly on the footrest of the g-chair and not off loaded.</p> <p>On 3/28/24 at 8:14 A.M., the surveyor observed Resident #36 lying in bed with both heels on the mattress, not off loaded.</p> <p>During an interview on 3/28/24 at 8:15 A.M., Certified Nurse's Aide (CNA) #3 said that Resident #36 is supposed to have a pillow under his/her calves to keep his/her heels off of the mattress.</p> <p>5. Resident #62 was admitted to the facility in July 2017 with diagnoses including Alzheimer's disease and muscle wasting with atrophy.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #62 scored a 2 out of 15 on the Brief Interview for Mental Status exam, indicating severe cognitive impairment. Further review indicated that Resident #62 required supervision with eating.</p> <p>Review of the care plan dated 3/18/24, indicated that Resident #62 requires continual supervision small group 1:8 ratio to assist with encouragement and reminders with increased fatigue and confusion.</p> <p>Review of the facility document titled 'Documentation Survey Report v2' (where the nurse's aides document level of help required each shift) dated March 2024, indicated that Resident #62 requires supervision to moderate assist with eating.</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>On 3/26/24 at 8:49 A.M., and at 12:07 P.M., the surveyor observed Resident #62 in his/her room, eating alone, no staff supervising while the Resident was eating.</p> <p>On 3/28/24 at 08:05 AM the surveyor and Certified Nurse's Aides (CNA) #3 and #4 observed Resident #62 in bed eating without staff supervision.</p> <p>During an interview on 3/28/24 at 8:05 A.M., CNA #3 and CNA #4 said that Resident #62 is supposed to be supervised while eating.</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45763</p> <p>Based on observations, record review, and interviews, the facility failed to ensure enteral nutrition provided via a gastrostomy tube (a tube surgically inserted through the abdominal wall directly into the stomach with the purpose of delivering food, typically in the form of liquid formula) was provided according to professional standards. Specifically, the facility failed to ensure that Resident #112's enteral nutrition was administered within the physician-prescribed parameters resulting in a clinically significant and unintentional weight gain.</p> <p>Findings include:</p> <p>Review of the facility policy, titled Enteral Feeding, dated April 2015, indicated the following:</p> <p>-Enteral feeding provides an alternative method of nutritional support via a gastrostomy or jejunostomy tube and is used to enhance and maintain nutritional status when there is an inability to take adequate nutrients orally.</p> <p>Procedure:</p> <p>-Check physician order for formula, rate and water flushes</p> <p>Resident #112 was admitted to the facility in December 2023 with diagnoses including traumatic brain dysfunction.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #112 was unable to complete a Brief Interview for Mental Status (BIMS) as the Resident was rarely or never understood. Further review of the MDS indicated resident #112 required partial assistance with eating.</p> <p>Review of Resident #112's weights and vitals summary indicated the following weight recordings:</p> <p>12/11/23 - 178.4 (pounds)</p> <p>12/25/23 - 182.9 lbs.</p> <p>1/8/24 - 184.4 lbs.</p> <p>2/6/24 - 189.2 lbs.</p> <p>3/6/24 - 192 lbs.</p> <p>3/25/24 - 186.1 lbs.</p> <p>Further review of Resident #112's weights and vitals summary indicated a clinically significant weight gain from 12/9/23 to 3/6/24 of 13.6 lbs., or 7.6% of the Resident's total body weight gained in three months.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Dietitian Note, dated 3/7/24, indicated Resident #112 triggered for significant weight gain as evidence by a 13.6 lb. weight gain, 7.6% of the Resident's total body weight gained in three months.</p> <p>Review of Resident #112's care plan indicated the Resident receives feeding via a gastric tube due to dysphagia (difficulty swallowing) secondary to anoxic brain injury. The care plan had the following interventions:</p> <p>-G-tube (gastrostomy tube) feeding as ordered</p> <p>Review of Resident #112's active physician orders indicated the following order:</p> <p>-Enteral Feed Order with meals Twocal HN (a calorie and protein dense nutrition formula containing 475 calories per 240 milliliters) 240 mL (milliliters) VGT (via gastrostomy tube) if resident consumes &lt;75% meals, initiated 12/11/23.</p> <p>During an interview on 3/28/24 at 12:20 P.M., CNA #5 said Resident #112 has a good appetite.</p> <p>During and interview on 3/28/24 at 12:34 P.M., CNA #6 said Resident #112 will typically finish 75-100% of his/her meals.</p> <p>During an interview on 3/28/24 at 2:40 P.M., Nurse #2 said Resident #112 should only receive his enteral nutrition if he/she eats less than 75% of his/her meal, and that if a nurse checks off that the enteral nutrition was administered and documents 240 that 240 mL of enteral nutrition formula was administered at that time.</p> <p>During an interview on 3/28/24 at 2:48 P.M. the Registered Dietitian (RD) said Resident #112 was eating well. The RD said if the Resident ate 75% or more of his/her meal nursing should not administer the enteral nutrition as this could potentially lead to weight gain. The RD said Resident #112's weight goal was to maintain his/her weight, but that the Resident had experienced a significant, unintentional weight gain.</p> <p>Review of Resident #112's most recent nutrition evaluation, dated 3/6/24, indicated the Resident was overweight according to his/her body mass index (a calculation approximating body fat using height and weight).</p> <p>During an interview on 3/28/24 at 3:16 P.M., Resident #112's family member said some weight loss would likely be beneficial, and that weight gain would be undesirable as the Resident was already overweight and had a recent cardiac event. The family member said Resident #112 eats well when he/she receives food he/she likes.</p> <p>Review of Resident #112's recorded intakes in the documentation survey report and documentation of enteral nutrition administration in the medication administration record indicated that nursing staff administered 240 mL of enteral nutrition formula, despite a recorded intake of 75-100%, nine times in December 2023, seven times in January 2024, five times in February 2024, and seven times in March 2024.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/29/24 at 10:33 A.M., the Director of Nursing (DON) said she would expect nursing staff to follow the prescribed parameters for an enteral nutrition order. The DON said that when nursing staff document 240 and check the order off as completed that this indicated 240 mL of enteral nutrition feeding formula was administered to Resident #112.</p>

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15016</p> <p>Based on interview, record review and observation for one resident (Resident #63) of a total of 36 sampled residents, the facility failed to implement medication orders and treatments for peripherally inserted central catheter (PICC) line sites. Specifically: the facility failed to document administration of the antibiotic ceftriaxone and saline flushes, assess the PICC line site, change and label the dressing, change the needless connector, change the tubing, or measure the external catheter length.</p> <p>The facility policy Central Venous Access Device Catheter Dressing Change dated January 2022, included but was not limited to:</p> <ul style="list-style-type: none"> <li>- Refer to the IV order form [Infusion Therapy Flow Sheet] for dressing change frequency.</li> <li>- Dressing changes will occur according to the IV order and when the dressing is compromised (drainage, moisture observed, loose, soiled).</li> <li>- Assessment should occur at least every two hours during a continuous infusion, before during and after medication administration, during dressing changes, at a minimum of once each shift, when not in use.</li> <li>- With each site assessment, the external catheter length is measured.</li> <li>- Label dressing with date, time, and nurse's initials.</li> </ul> <p>Resident #63 was admitted to the facility in March 2024, and had active diagnoses which included: acute and subacute infective endocarditis (inflammation of the inner lining of the heart chambers and valves) acute osteomyelitis of vertebrae (infection of the spinal bones), and discitis (infection of the discs that cushion the vertebrae).</p> <p>Review of Resident #63's Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status score of 14/15 points, signifying intact cognition. Further review of the MDS assessment indicated Resident #63 was independent with all activities of daily living and was prescribed an antibiotic.</p> <p>Review of Resident #63's current care plan indicated he/she received intravenous therapy of Ceftriaxone (an antibiotic). He/she had a PICC line located in the right arm, 4 French single lumen. Interventions included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- Change IV (intravenous) tubing per policy and as needed.</li> <li>- IV as ordered.</li> <li>- Observe insertion site for signs and symptoms of infection (i.e., pain, redness, swelling warmth, infiltrate) and document.</li> </ul> <p>(continued on next page)</p>

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A 4 French (4 French refers to the outer diameter of the lumen (catheter). Specifically, a 4 French catheter has an outer diameter of approximately 1.33 millimeters.</p> <p>Review of Resident #63's physician orders dated March 2024 indicated:</p> <ul style="list-style-type: none"> <li>- Ceftriaxone sodium intravenous solution reconstituted two grams start date 3/8/24, use intravenously one time a day for endocarditis until 4/4/24.</li> <li>- Flush intravenous line with 10 milliliters (ml) of normal saline every shift.</li> </ul> <p>Review of Resident #63's Infusion Medication Administration Record dated March 2024, indicated that beginning on 3/8/24 at 8:00 A.M.:</p> <ul style="list-style-type: none"> <li>- Administer ceftriaxone two grams once daily at 8:00 A.M., with an end date of 4/4/24.</li> <li>- PICC line to be flushed with 10 milliliters of normal saline before and after medication administration.</li> </ul> <p>Review of the Infusion Medication Administration Record and nursing notes indicated daily administration of ceftriaxone and saline flushes only occurred on 3/9/24, 3/11/24, 3/12/24, 3/18/24, 3/20/24 and 3/25/24. Staff failed to document administration of ceftriaxone and saline flushes 13 out of 19 days.</p> <p>Review of Resident #63's Infusion Therapy Flowsheet dated March 2024, indicated:</p> <ul style="list-style-type: none"> <li>- Site assessment to occur at least once every shift (8:00 A.M., 2:00 P.M. and 8:00 P.M.), beginning on 3/8/24.</li> <li>- Transparent dressing change weekly and as needed, beginning on 3/12/24.</li> <li>- Needleless connector change weekly and as needed, beginning on 3/8/24.</li> <li>- Intermittent tubing change to be done every 24 hours, beginning on 3/8/24.</li> <li>- External catheter length documented prior to medication administration, weekly and as needed, beginning on 3/9/24.</li> </ul> <p>Review of Resident #63's Infusion Therapy Flowsheet dated March 2024 and nursing notes dated 3/9/24 to 3/26/24 indicated staff documented PICC line site assessment completion only on 3/9/24 and did not resume site assessments until 3/26/24. Staff failed to document site assessment 17 out of 19 days. The Infusion Therapy Flowsheet and nursing notes indicated staff did not document weekly dressing changes, weekly needleless connector changes, daily tubing changes, or weekly measurements of the catheter length.</p> <p>Review of Resident #63's weekly skin checks dated March 2024 did not reference the PICC line.</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/24 at 9:15 A.M., the surveyor observed Resident #63's PICC line dressing. The dressing was undated, dirty, and approximately half of the dressing had lifted off the skin. At this time, Resident #63 said staff had not changed the tubing or dressing since his/her admission to the facility on [DATE].</p> <p>On 3/27/24 at 12:11 P.M., the surveyor observed a new dressing on Resident #63's PICC line site, dated 3/27/24.</p> <p>During an interview with the Clinical Nurse on 3/28/24 at 12:47 P.M., she reviewed Resident #63's PICC line orders, the Infusion Medication Administration Record, and the Infusion Therapy Flowsheet. The Clinical Nurse said that since the Resident's admission on 3/6/24 there had been no documented external catheter length measurements, no needleless connector changes, no tubing changes, and no dressing changes, until 3/26/24.</p> <p>During an interview with the Nursing Supervisor on 3/27/24 at 12:15 P.M., she said it was facility policy to date dressings and to change dirty dressings. The Nursing Supervisor said nursing staff should document the administration of antibiotics and saline flushes in the Infusion Medication Administration Record and PICC line treatments in the Infusion Therapy Flowsheet.</p> <p>During an interview with the Director of Nursing on 3/28/24 at 2:50 P.M., she said it was facility policy to follow physician orders for medication administration, to measure external catheter length, assess the PICC line site and change the tubing.</p>

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45763</b></p> <p>Based on observation, interview, and record review, the facility failed to provide dental services for one Resident (#105) out of a total sample of 36 residents. Specifically, the facility failed to facilitate the replacement of Resident #105's dentures.</p> <p>Findings include:</p> <p>Review of the facility policy, titled Dental Services/Dentures, revised September 2017, indicated the following:</p> <p>Procedure:</p> <ul style="list-style-type: none"> <li>-Staff will assist residents in obtaining routine and emergency dental care. Services will be provided by the resident's dentist of choice, or by the facility's consulting dentist.</li> <li>-Staff will make transportation arrangements and/or provide transportation as necessary to the dentist's office for care, if such care is not able to be provided at the facility.</li> <li>-Nursing personnel will be responsible for supervision, and implementation of any prescribed changes made by the dentist and authorized by the resident's attending physician.</li> <li>-The appropriate health care professional will document the provision of dental services and oral hygiene procedures in the resident's clinical record.</li> </ul> <p>Loss or Damage of Dentures:</p> <ul style="list-style-type: none"> <li>-The facility must promptly, within 3 days refer the resident with lost or damaged dentures to dental services. If a referral does not occur within 3 days, the facility must provide documentation of what was done to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.</li> <li>-The facility will assist the residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</li> <li>-An investigation will be conducted to determine the cause for loss or damage to a resident's dentures. If staff mishandling of dentures is found to be a causative factor, the facility will be responsible for repair or replacement.</li> </ul> <p>Resident #105 was admitted to the facility in July 2023 with diagnoses including malnutrition.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #105 scored a 14 out of 15 on the Brief Interview for Mental Status (BIMS), which indicates the Resident was cognitively intact.</p> <p>Review of Resident #105's dental care-plan indicated the following interventions:</p> <p>(continued on next page)</p>

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Dental consult as needed</p> <p>-Monitor for difficulty chewing/swallowing</p> <p>-Monitor mouth every day for lesions</p> <p>During an interview and observation on 3/27/24 at 9:08 A.M., Resident #105 said he/she had lost his/her bottom dentures on November 22, 2023. The surveyor observed that the Resident was missing his/her bottom teeth. The Resident said he/she had gone back to the dentist and was told how much it would cost to replace the dentures. Resident #105 said he/she could not afford to pay for the new dentures. Resident #105 said he/she was having trouble chewing without his/her bottom dentures, and would like to have new dentures.</p> <p>Review of Resident #105's dental clinical notes report indicated the Resident received new upper and lower dentures on 11/8/23. Further review of the dental clinical notes report indicated Resident #105 had attended a dental appointment on 12/12/23 with the chief complaint i lost my lower denture and I need new denture (sic.). The report indicated Pt (patient) was given prices for the dentures and prices for each appointment to start denture steps. Pt (patient) will come back when he/she has finances.</p> <p>Review of Resident #105's dietitian note, dated 1/11/23, indicated the Resident had reported difficulty chewing related to missing bottom dentures to the Registered Dietitian (RD) on 1/11/23.</p> <p>During an interview on 3/29/24 at 3:38 A.M., Unit Manager #2 said if a resident lost their dentures that staff would follow up with the dentist to replace them. Unit Manager #2 said Resident #105 had gone to a dental appointment on 12/12/23 and that the Resident was provided the cost for new dentures. Unit Manager #2 said that the Resident's insurance did not cover the new dentures, and as Resident #105 could not afford new dentures no plans or appointments for denture replacement were made. Unit Manager #2 said no interventions ensuring Resident #105 could still eat or drink adequately were implemented until the Resident's food preferences were updated by the RD on 1/11/24, 50 days after Resident #105's dentures went missing.</p> <p>During an interview on 3/29/24 at 10:09 A.M. the RD said Resident #105 had lost his/her dentures, and to address this the RD updated food preferences on 1/11/24, 50 days after Resident #105 reports he/she had lost his/her dentures. The RD said she is unaware of what immediate interventions were implemented when the Resident first lost his/her dentures, and that nursing will typically implement initial interventions when dentures are lost.</p> <p>During a follow-up interview on 3/29/24 at 1:28 P.M., unit manager #2 reviewed the appointment scheduling system, Unit Manager #2 said Resident #105 had no upcoming dental appointments scheduled, and the most recent appointment was the appointment on 12/12/23. Further review of the appointment scheduling system with Unit Manager #2 indicated the following notation under the 12/12/23 appointment:</p> <p>dental for emergency exam, lower denture replacement</p> <p>Unit Manager #2 said staff were aware of the dentists recommendation for denture replacement and financial liability at the time of Resident #105's return to the facility from the dental appointment.</p> <p>(continued on next page)</p>

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/29/24 at 1:16 P.M., the Administrator said he was not aware of Resident #105's missing dentures, and that the expectation was that staff review any recommendation's made by the dentist when the Resident returned to the facility from the dental appointment. The Administrator said that if a Resident was having trouble chewing after losing his/her dentures and the Resident could not afford new dentures, the facility would be responsible for paying for the new dentures.</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15016</b></p> <p>Based on interview and observation, the facility failed to be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, the facility failed to: 1. Ensure its roof did not leak, which caused chronic widespread damage to bedroom and hallway ceiling tiles in resident care areas and 2. Ensure it had an effective pest control program.</p> <p>Findings include:</p> <p>1. On 5/6/24 throughout the morning, the surveyors observed the first and second floor resident bedrooms and common areas.</p> <p>First floor:</p> <p>room [ROOM NUMBER] - Two ceiling tiles had brown stains. One ceiling tile had a stain approximately a foot in diameter and the other ceiling tile had two splotches of brown stains.</p> <p>room [ROOM NUMBER] - Two bedroom ceiling tiles by entrance door are bulging and have brown stains measuring approximately 24 inches x 30 inches. Two bathroom ceiling tiles above the toilet have dark brown stains measuring approximately 24 inches x 24 inches.</p> <p>room [ROOM NUMBER] - Bathroom ceiling tile is stained brown.</p> <p>Second floor:</p> <p>room [ROOM NUMBER] - The bathroom ceiling was stained brown.</p> <p>room [ROOM NUMBER] - The bathroom ceiling was stained brown.</p> <p>room [ROOM NUMBER] - The ceiling tiles above bed C were stained brown.</p> <p>room [ROOM NUMBER] - The ceiling tile above bed A had a brown stain greater than a foot in diameter.</p> <p>room [ROOM NUMBER] - The ceiling tile above bed A had a brown stain greater than a foot in diameter.</p> <p>room [ROOM NUMBER] - The bathroom ceiling tile had a brown stain greater than a foot in diameter.</p> <p>room [ROOM NUMBER] - The bathroom ceiling tile had a brown stain greater than a foot in diameter.</p> <p>room [ROOM NUMBER] - The bathroom ceiling tiles had brown stains greater than a foot in diameter.</p> <p>room [ROOM NUMBER] - The bathroom ceiling tile had a brown stain greater than a foot in diameter.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hallway at nurse's station - Thirteen ceiling tiles were stained brown.</p> <p>During an interview on 5/6/24, at 10:26 A.M., the Maintenance Director said the roof had been leaking for at least three years and during that time roofing contractors provided three quotes to replace the roof, but facility management had not approved any of these. The Maintenance Director said the last request for a quote to replace the roof, that he was aware of, was submitted approximately eleven months ago. The Maintenance Director said he tries to keep up with replacing damaged ceiling tiles, but the roof leaks every time it rains, and the ceiling tiles become wet and stained brown. The Maintenance Director said he had not been able to order more ceiling tiles to fix the second floor ceilings until 5/2/24, and these had not yet arrived.</p> <p>The Maintenance Director said the water stains on room [ROOM NUMBER]'s ceiling are a result of water gathering from the air conditioner above that room, or rain from the previous night. He said he will have to access the roof and seal any openings, so the water does not drip into room [ROOM NUMBER]'s ceiling. The Maintenance Director said he had no more ceiling tiles to replace the stained ceiling tiles in room [ROOM NUMBER].</p> <p>During an interview on 5/6/24 at 11:27 A.M., the Administrator said he submitted an order for more ceiling tiles on 5/2/24. The Administrator said he is aware the ceiling tiles get wet after it rains and that the roof needs to be replaced. The Administrator said he recently obtained a quote from a contractor for replacing the roof, but that the work had not been approved by his manager.</p> <p>2. On 5/6/24 at 7:52 A.M., the surveyor began interviewing residents on the first floor unit:</p> <p>room [ROOM NUMBER] - One Resident said he/she hears rodents running on top of the ceiling tiles every night.</p> <p>room [ROOM NUMBER] - One Resident said he/she has seen mice running on the bedroom floor.</p> <p>room [ROOM NUMBER] - Two Residents said they hear rodents running on top of their ceiling tiles every night and during the day running in and out of the bathroom and entry door.</p> <p>room [ROOM NUMBER] - Two Residents said they have seen mice in the bedroom during the day, a few days every week, and they run under the nightstands. One Resident said that approximately two weeks ago he/she woke up at night and a mouse was sitting on his/her shoulder.</p> <p>room [ROOM NUMBER] - One Resident said he/she hears rodents running on top of the ceiling tiles every night.</p> <p>room [ROOM NUMBER] - One Resident said he/she hears rodents running on top of the ceiling tiles every night. The Resident said one day he/she found a mouse on his/her bed.</p> <p>room [ROOM NUMBER] - One Resident said he/she hears rodents running on top of their ceiling tiles every night. The Resident said he/she sees mice during the day running in and out of the bathroom and entry door.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>room [ROOM NUMBER] - Two Residents said they hear rodents running on top of their ceiling tiles every night. One Resident said he/she sees mice every day running from behind the head of his/her bed and under the bathroom door.</p> <p>3. On 5/6/24 at 7:56 A.M., the surveyor began interviewing residents on the first floor unit:</p> <p>room [ROOM NUMBER] - One Resident said he/she hears rodents running in the room.</p> <p>room [ROOM NUMBER] - One Resident said he/she has seen mice running on the bedroom floor.</p> <p>room [ROOM NUMBER] - One Resident said he/she hears rodents running around,, especially at night.</p> <p>room [ROOM NUMBER] - One Resident said he/she hears rodents running around, especially at night.</p> <p>room [ROOM NUMBER] - One Resident said he/she hears rodents running on top of the ceiling tiles every night and has seen small mice in the corner.</p> <p>room [ROOM NUMBER] - One Resident said he/she sees mice running around mostly at night but sometimes during the day.</p> <p>REF to F925</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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> 15016</p> <p>Based on interview, record review and observation for two Residents (#63, #115) out of a total of 36 sampled residents, the facility failed to document medication orders and treatments for peripherally inserted central catheter (PICC) line sites. Specifically:</p> <ol style="list-style-type: none"> <li>1. For Resident #63, the facility failed to document administration of the antibiotic ceftriaxone and saline flushes, assess the PICC line site, change and label the dressing, change the needless connector, change the tubing, or measure the external catheter length.</li> <li>2. For Resident #115, the facility failed to document PICC line site assessment, dressing changes, changing needleless connectors, and measuring external catheter length.</li> </ol> <p>The facility policy Central Venous Access Device Catheter Dressing Change dated January 2022, included but was not limited to:</p> <ul style="list-style-type: none"> <li>- Refer to the IV order form [Infusion Therapy Flow Sheet] for dressing change frequency.</li> <li>- Dressing changes will occur according to the IV order and when the dressing is compromised (drainage, moisture observed, loose, soiled).</li> <li>- Assessment should occur at least every two hours during a continuous infusion, before during and after medication administration, during dressing changes, at a minimum of once each shift, when not in use.</li> <li>- With each site assessment, the external catheter length is measured.</li> <li>- Label dressing with date, time, and nurse's initials.</li> </ul> <p>1. Resident #63 was admitted to the facility in March 2024, and had active diagnoses which included: acute and subacute infective endocarditis (inflammation of the inner lining of the heart chambers and valves) acute osteomyelitis of vertebrae (infection of the spinal bones), and discitis (infection of the discs that cushion the vertebrae).</p> <p>Review of Resident #63's Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status score of 14/15 points, signifying intact cognition. Further review of the MDS indicated Resident #63 was independent with all activities of daily living and was prescribed an antibiotic.</p> <p>Review of Resident #63's current care plan indicated he/she received intravenous therapy of Ceftriaxone (antibiotic). He/she had a PICC line located in the right arm, 4 French single lumen. Interventions included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- Change IV (intravenous) tubing per policy and as needed.</li> </ul> <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 - Few</p>	<ul style="list-style-type: none"> <li>- IV as ordered.</li> <li>- Observe insertion site for signs and symptoms of infection (i.e., pain, redness, swelling warmth, infiltrate) and document.</li> <li>A 4 French (4 French refers to the outer diameter of the lumen (catheter). Specifically, a 4 French catheter has an outer diameter of approximately 1.33 millimeters.</li> <li>Review of Resident #63's physician orders dated March 2024 indicated: <ul style="list-style-type: none"> <li>- Ceftriaxone sodium intravenous solution reconstituted two grams start date 3/8/24, use intravenously one time a day for endocarditis until 4/4/24.</li> <li>- Flush intravenous line with 10 milliliters (ml) of normal saline every shift.</li> </ul> </li> <li>Review of Resident #63's Infusion Medication Administration Record dated March 2024, indicated that beginning on 3/8/24 at 8:00 A.M.: <ul style="list-style-type: none"> <li>- Administer ceftriaxone two grams once daily at 8:00 A.M., with an end date of 4/4/24.</li> <li>- PICC line to be flushed with 10 milliliters of normal saline before and after medication administration.</li> </ul> </li> <li>Review of the Infusion Medication Administration Record and nursing notes indicated daily administration of ceftriaxone and saline flushes only occurred on 3/9/24, 3/11/24, 3/12/24, 3/18/24, 3/20/24 and 3/25/24. Staff failed to document administration of ceftriaxone and saline flushes 13 out of 19 days.</li> <li>Review of Resident #63's Infusion Therapy Flowsheet dated March 2024, indicated: <ul style="list-style-type: none"> <li>- Site assessment to occur at least once every shift (8:00 A.M., 2:00 P.M. and 8:00 P.M.), beginning on 3/8/24.</li> <li>- Transparent dressing change weekly and as needed, beginning on 3/12/24.</li> <li>- Needleless connector change weekly and as needed, beginning on 3/8/24.</li> <li>- Intermittent tubing change to be done every 24 hours, beginning on 3/8/24.</li> <li>- External catheter length documented prior to medication administration, weekly and as needed, beginning on 3/9/24.</li> </ul> </li> <li>Review of Resident #63's Infusion Therapy Flowsheet dated March 2024 and nursing notes dated 3/9/24 to 3/26/24 indicated staff documented PICC line site assessment completion only on 3/9/24 and did not resume site assessments until 3/26/24. Staff failed to document site assessment 17 out of 19 days. The Infusion Therapy Flowsheet and nursing notes indicated staff did not document weekly dressing changes, weekly needleless connector changes, daily tubing changes, or weekly measurements of the catheter length.</li> </ul> <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 - Few</p>	<p>Review of Resident #63's weekly skin checks dated March 2024 did not reference the PICC line.</p> <p>On 3/27/24 at 9:15 A.M., the surveyor observed Resident #63's PICC line dressing. The dressing was undated, dirty, and approximately half of the dressing had lifted off the skin. At this time, Resident #63 said staff had not changed the tubing or dressing since his/her admission to the facility on [DATE].</p> <p>On 3/27/24 at 12:11 P.M., the surveyor observed a new dressing on Resident #63's PICC line site, dated 3/27/24.</p> <p>During an interview with the Clinical Nurse on 3/28/24 at 12:47 P.M., she reviewed Resident #63's PICC line orders, the Infusion Medication Administration Record, and the Infusion Therapy Flowsheet. The Clinical Nurse said that since the Resident's admission on 3/6/24 there had been no documented external catheter length measurements, no needleless connector changes, no tubing changes, and no dressing changes, until 3/26/24.</p> <p>During an interview with the Nursing Supervisor on 3/27/24 at 12:15 P.M., she said it was facility policy to date dressings and to change dirty dressings. The Nursing Supervisor said nursing staff should document the administration of antibiotics and saline flushes in the Infusion Medication Administration Record and PICC line treatments in the Infusion Therapy Flowsheet.</p> <p>During an interview with the Director of Nursing on 3/28/24 at 2:50 P.M., she said it was facility policy to follow physician orders for medication administration, to measure external catheter length, assess the PICC line site and change the tubing.</p> <p>2. Resident #115 was admitted to the facility in February 2024, and had active diagnoses which included osteomyelitis of vertebrae (infection of the spinal bones) and discitis (infection of the discs that cushion the vertebrae).</p> <p>Review of Resident #115's hospital discharge record dated 2/28/24, indicated a peripherally inserted central catheter (PICC) line was inserted on 2/23/24.</p> <p>Review of Resident #115's Minimum Data Set (MDS) assessment dated [DATE], indicated a Brief Interview for Mental Status score of 15/15, signifying intact cognition. Further review of the MDS indicated the Resident was independent with activities of daily living and was prescribed an antibiotic.</p> <p>Review of Resident #115's most recent care plan indicated he/she receives intravenous (IV) therapy for vertebral osteomyelitis. Interventions included, but was not limited to:</p> <ul style="list-style-type: none"> <li>- Change IV tubing per policy and as needed.</li> <li>- IV as ordered.</li> <li>- Observe insertion site for signs and symptoms of infection (i.e., pain, redness, swelling, warmth, infiltrate) and document.</li> </ul> <p>Review of Resident #115's physician orders indicated:</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 - Few</p>	<p>- Vancomycin HCL intravenous solution 1000 mg/200 milliliters. Use 1000 milligrams intravenously every 12 hours as related to osteomyelitis of vertebrae, dated 3/15/24 with an end date of 4/5/24.</p> <p>- Cefepime two grams every 8 hours, dated 3/16/24 with an end date of 4/5/24.</p> <p>The orders did not include saline flushes.</p> <p>Review of Resident #115's Infusion Medication Administration Record and nursing notes, dated March 2024, indicated:</p> <p>- No staff initials to document twice daily vancomycin administration between 3/15/24 and 3/27/24.</p> <p>- No staff initials to document daily administration of cefepime at 1:00 P.M. and 9:00 P.M. between 3/15/24 and 3/27/24.</p> <p>- No staff initials to document daily saline flushes at 1:00 P.M. and 9:00 P.M. between 3/15/24 and 3/27/24.</p> <p>Staff failed to document administration of vancomycin, cefepime and saline flushes daily for 12 out of 12 days.</p> <p>Review of Resident #115's Infusion Therapy Flowsheet dated March 2024, indicated:</p> <p>- Site assessment before and after medication administration, beginning on 3/17/24.</p> <p>- Transparent dressing change weekly and as needed, beginning on 3/16/24.</p> <p>- Needleless connector change weekly and as needed, beginning on 3/16/24.</p> <p>- Intermittent tubing changes every 24 hours, beginning on 3/17/24</p> <p>- External catheter length prior to medication administration, weekly and as needed, beginning on 3/28/24.</p> <p>Review of Resident #115's Infusion Therapy Flowsheet and nursing notes dated 3/15/24 to 3/27/24, indicated:</p> <p>- Staff failed to document site assessment four times daily from 3/17/24 to 3/26/24.</p> <p>- Staff failed to document transparent dressing changes on 3/23/24.</p> <p>- Staff did not document changing needleless connectors</p> <p>- Staff failed to document external catheter length.</p> <p>Review of the weekly skin checks for March 2024 indicated there was no reference to Resident #115's PICC line.</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 - Few</p>	<p>During an interview with the Nursing Supervisor on 3/27/24 at 12:15 P.M., she said it was facility policy to document the administration of antibiotics and saline flushes in the Infusion Medication Administration Record and PICC line treatments in the Infusion Therapy Flowsheet.</p> <p>During an interview with the Director of Nursing on 3/28/24 at 2:50 P.M., she said it was facility policy to follow physician orders for medication administration, to measure external catheter length, assess the PICC line site and change the tubing.</p>		

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NAME OF PROVIDER OR SUPPLIER  Oxford Rehabilitation & Health Care Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE  689 Main Street Haverhill, MA 01830	
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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>43807</p> <p>Based on interviews and policy review, the facility failed to have an effective Quality Assurance Performance Improvement (QAPI) program that had a systematic analysis and action plan to rectify identified issues. Specifically, after implementing actions to manage environmental concerns in the facility which included pest control management, cleanliness in the facility and managing repairs needed in the facility, the facility failed to measure the success and track the performance to ensure improvements were sustained.</p> <p>Findings include:</p> <p>A review of the facility policy titled 'Policy &amp; Procedure Manual Quality Assurance and Performance Improvement (QAPI)' with no revision date indicated the following.</p> <p>-It is the policy of this facility to develop, implement, and maintain an effective, comprehensive, data driven QAPI program that focuses on indicators of the outcomes of care and quality of life and addresses all the care and unique services the facility provides.</p> <p>-The QAPI plan will address the following elements:</p> <ol style="list-style-type: none"> <li>a. Design and scope of the facility's QAPI program and QAA Committee responsibilities and actions.</li> <li>b. Policies and procedures for feedback, data collection systems, and monitoring.</li> <li>c. Process addressing how the committee will conduct activities necessary to identify and correct quality deficiencies. Key components of this process include, but are not limited to, the following: <ol style="list-style-type: none"> <li>i. Sidetracking and measuring performance.</li> <li>ii. Establishing goals and thresholds for performance improvements.</li> <li>iii. Identifying and prioritizing quality deficiencies.</li> <li>iv. Systematically analyzing underlying causes of systemic quality deficiencies.</li> <li>v. Developing and implementing corrective action or performance improvement activities.</li> <li>vi. Monitoring and evaluating the effectiveness of corrective action/performance improvement activities and revising as needed.</li> </ol> </li> </ol> <p>During a telephone interview on 3/25/24 at 11:18 A.M., the Ombudsman said the residents in the facility have been reporting an increase in mice in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/24 at 12:32 P.M., a Resident Council Meeting was held with thirteen residents in attendance. Ten out of the thirteen residents in attendance stated that the facility had a problem with mice, they said there were mice droppings in all their rooms. The residents said that the mice hide in the walls and come out into their rooms through the holes in the walls.</p> <p>During an interview on 4/1/24 at 2:16 PM, the Administrator said environmental rounds are completed daily, he said all managers are assigned rooms to monitor. He said any issues and concerns are discussed at morning meeting then dealt with as needed. The Administrator said the main project he is currently working on is replacing the ceiling tiles in several resident rooms. He said most of the ceilings tiles in the resident rooms have brown stains. He said the dirty rooms, broken equipment, broken furniture, and holes in the walls need to be addressed as well. The Administrator said there is still an ongoing mice problem in the facility. He said he has hired a pest control management company to take care of the problem, he said it has been difficult to manage the mice problem in the facility.</p> <p>Ref. F925</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>36797</p> <p>Based on observation, document review and interview, the facility failed to ensure staff adhered to infection control practices during a medication pass.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Medication Administration-Oral' dated June 2015 indicated in #14, do not touch the medication when opening the bottle or unit dose packaging.</p> <p>During medication pass on 3/27/24 at 7:39 A.M., the surveyor observed Nurse #1 dispense five medications by using her fingers to place the medications into a medication cup.</p> <p>During an interview on 3/27/24 at 7:43 A.M., Nurse #1 said that she should not have touched the medication.</p>

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15016</p> <p>Based on observation and interview the facility failed to ensure the call device system was working in one bedroom located on the first floor (room [ROOM NUMBER]).</p> <p>Findings include:</p> <p>On 5/6/24 at approximately 7:52 A.M., the surveyor entered room [ROOM NUMBER], and the Resident located in Bed C asked the surveyor to jiggle the call light string to turn off the call light. The Resident said the call light apparatus was broken and if the call light string was not hung in just the right way it would activate the system for each of the three beds in the room. The surveyor observed that the call lights for all three beds were activated, even though no one had pulled their call light strings. The surveyor moved the call light string in different directions and eventually the call lights turned off. The Resident said the call light system had not been functioning properly for many weeks. The Resident said he/she had told nursing about this issue many times over the past few weeks but it was still broken.</p> <p>During an interview on 5/6/24 at 10:26 A.M., the Maintenance Director said he was unaware of the broken call light in room [ROOM NUMBER], and that nursing staff had not informed him it was not functioning properly</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36797</b></p> <p>Based on interview, observations and review of Pest Control Logs and the Pest Control contract, the facility failed to ensure an effective pest control program on two of two resident occupied floors.</p> <p>Findings include:</p> <p>Review of the Pest Control Services Agreement dated 8/8/2018, indicated a technician will inspect and treat for pests, including rodents, on a monthly basis. The agreement indicated that the resident bedroom will be treated upon request.</p> <p>Review of the Pest Control invoices indicated that from September 2023 through February 2024, technicians inspected and treated the building. Review of the Pest Control log, kept on the first and second floor nursing stations, indicated the Pest Control company had not inspected or treated resident bedrooms during November and December 2023, and as of 3/29/24 had not inspected or treated for pests, including rodents, during March 2024.</p> <p>Review of the Pest Control logs indicated 24 entries in which resident and staff reported mice in different locations, which included:</p> <ul style="list-style-type: none"> <li>- Bedrooms, bathrooms and closets</li> <li>- Running back and forth near windows</li> <li>- Medical records room</li> <li>- A hallway heater</li> <li>- Dirty utility room</li> <li>- Dayrooms</li> </ul> <p>A Pest Control entry by nursing staff dated 1/17/24, indicated Everywhere mice please help we can't even sit. [sic]</p> <p>1. On 3/28/24 at 12:34 P.M. the surveyor started an observation of the second floor unit:</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room and under the nightstands.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings under the radiator.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room and under the radiator.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>room [ROOM NUMBER]- Mouse droppings in the corners of the room.</p> <p>On 3/28/24 at 1:18 P.M., Certified Nurse's Aide (CNA) #1 and the surveyor observed mouse droppings in several of the rooms on the second floor.</p> <p>During an interview on 3/28/24 at 1:18 P.M., CNA #1 said that the mouse droppings are all over the place in all the rooms. CNA #1 said that house keeping staff had already cleaned the rooms that day.</p> <p>On 3/28/24 at 1:20 P.M., the Director of Housekeeping Services and the surveyor observed mouse droppings in several of the rooms on the second floor.</p> <p>15016</p> <p>2. On 3/28/24 at 4:36 P.M., and on 3/29/24 at 9:56 A.M., accompanied by the Maintenance Director, the surveyors started an observation of the first floor unit:</p> <p>room [ROOM NUMBER] - Mouse droppings on the floor.</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>room [ROOM NUMBER] - Mouse droppings on the floor.</p> <p>room [ROOM NUMBER] - Hole under the sink in the bathroom consistent with mouse tunnels.</p> <p>room [ROOM NUMBER] - Mouse droppings behind the bedroom door.</p> <p>room [ROOM NUMBER] - Mouse droppings under the radiator. Mouse-sized hole, measuring approximately two inches in diameter, below the bathroom cabinets.</p> <p>room [ROOM NUMBER] - Two holes in the ceiling measuring approximately two inches in diameter.</p> <p>room [ROOM NUMBER] - Three holes in the ceiling each measuring approximately two inches in diameter.</p> <p>room [ROOM NUMBER] - Two holes in the ceiling measuring approximately two inches in diameter.</p> <p>room [ROOM NUMBER] - Mouse droppings behind the bathroom toilet.</p> <p>room [ROOM NUMBER] - Hole in the ceiling, measuring approximately two inches in diameter.</p> <p>room [ROOM NUMBER] - Mouse droppings under the radiator.</p> <p>room [ROOM NUMBER] - Mouse dropping on the closet floor.</p> <p>room [ROOM NUMBER] - Hole under the bathroom cabinet measuring approximately two inches in diameter.</p> <p>Hallway exterior door - a gap between the floor and the bottom of the door measuring approximately two inches x seven inches, allowing rodents to enter and exit.</p> <p>During the observations on 3/28/24 and 3/29/24, the surveyor interviewed residents about the condition of their bedrooms. Residents said they see mice daily, during the daytime and at night. Residents said they have seen mice enter and exit holes in ceilings and under the bathroom cabinets. Residents from different bedrooms said they have seen mice run up and down the bedroom divider curtains to enter and exit the ceiling holes, and on wheelchairs. Residents said they no longer use their air conditioning units because when turned on, they smell of mice. A Resident said he/she found a dead mouse in his/her purse, located in the closet, and mouse droppings on the closet floor. A Resident said approximately three weeks ago, a ceiling tile in the hallway bathroom fell on to his/her head and mouse urine and droppings fell on to him. Residents said they have seen the Pest Control Technician treating for mice in the hallways and common areas, but not the bedrooms.</p>