

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Chestnut Hill of East Longmeadow		STREET ADDRESS, CITY, STATE, ZIP CODE 32 Chestnut Street East Longmeadow, MA 01028	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure that a Significant Change in Status Minimum Data Set [MDS] Assessments (SCSA) was completed for one Resident (#34) out of a total sample of 24 residents.</p> <p>Specifically, for Resident #34, the facility failed to ensure that a SCSA was completed</p> <p>Findings include:</p> <p>Review of the facility policy titled Comprehensive Assessments, revised March 2022, indicated the following:</p> <p>-Significant Change in Status Assessment- the SCSA is a comprehensive assessment for a resident that must be completed when the IDT [interdisciplinary team] has determined that a resident meets the significant change guidelines for either major improvement or decline. It can be performed at any time after completion of an admission assessment, and its completion dates (MDS/CAA(s)/care plan) depend on the date the IDT's determination was made that the resident had a significant change.</p> <p>-A significant change is a major decline or improvement in a resident's status that:</p> <p>&gt;will not normally resolve itself without intervention by staff or implementing standard disease-related clinical interventions. The decline is not considered self-limiting</p> <p>&gt;impacts more than one area of the resident's health status</p> <p>&gt;requires review and/or revision of the care plan</p> <p>Resident #34 was admitted to the facility in January 2025 with diagnoses including Dementia.</p> <p>Review of the MDS assessment dated [DATE], indicated Resident #34:</p> <p>-required partial assistance for upper body dressing</p> <p>-required supervision to roll left and right</p> <p>-required substantial assistance transferring to and from chair to bed</p> <p>-required supervision to wheel 50 feet in a wheelchair with two turns</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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the MDS assessment dated [DATE], indicated Resident #34:</p> <ul style="list-style-type: none"> -required substantial assistance with upper body dressing -was dependent on staff for rolling left and right -was dependent on staff for transferring to and from chair to bed -was dependent on staff to wheel 50 feet in a wheelchair with two turns <p>Review of Resident #34's medical record failed to indicate that a SCSA had been completed after the Resident had a decline in activities of daily living (ADLs) that was not self-limiting.</p> <p>During an interview on 5/20/25 at 9:06 A.M., Consulting Staff #1 said in February 2025 Resident #34 had a fall with injury and the IDT believed that the decline in his/her Activities of Daily Living (ADLs) would be self-limiting. Consulting Staff #1 further said that at the time of the 4/9/25 MDS Assessment, the Resident was no longer receiving therapy and still had an overall decline in more than 2 areas of his/her ADLs. Consulting Staff #1 said at that time a significant SCSA should have been completed but it was not.</p>

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2) Resident #67 was admitted to the facility in November 2022 with diagnoses including Diabetes Mellitus.</p> <p>Review of the MDS assessment dated [DATE], indicated Resident #67:</p> <p>-was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15 total possible points.</p> <p>-experienced no falls with major injury (bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematomas) since admission, or the prior assessment (whichever is most recent).</p> <p>Review of the MDS assessment dated [DATE], indicated Resident #67:</p> <p>-was cognitively intact as evidenced by a BIMS of 14 out of 15 total possible points.</p> <p>-had experienced one fall with major injury since the prior MDS Assessment.</p> <p>During an interview on 5/14/25 at 10:01 A.M., Resident #67 said he/she had not experienced any major injuries related to falling while at the facility.</p> <p>Review of Resident #67's clinical record failed to indicate evidence the Resident had sustained a fall with major injury anytime between the 1/9/25 and 4/9/25 MDS Assessments.</p> <p>During an interview on 5/20/25 at 2:15 P.M., Consulting Staff #1 said she reviewed Resident #67's clinical record and the Resident had not experienced a fall with major injury. Consulting Staff #1 said Resident #67's MDS assessment dated [DATE], had been coded inaccurately and should not have been coded to indicate the Resident had experienced a fall with major injury.</p> <p>Based on interview, and record review, the facility failed to accurately complete a Comprehensive Minimum Data Set (MDS) Assessment reflective of the status of two Residents (#120 and #67) out of a total sample of 24 residents.</p> <p>Specifically,</p> <p>1) For Resident #120, the facility failed to accurately code the Resident's discharge destination to home on the MDS Assessment, resulting in an inaccurate assessment of the Resident's discharge location to a short-term general hospital.</p> <p>2) For Resident #67, the facility failed to accurately code the Resident's status relative to falls on one MDS Assessment, when the Resident was coded as having experienced one fall with major injury and the Resident did not sustain any falls, resulting in an inaccurate assessment of the Resident's health conditions.</p> <p>Findings include:</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>1) Resident #120 was admitted to the facility in February 2025 with diagnoses including Atrial Flutter.</p> <p>Review of Resident #120's MDS assessment dated [DATE], indicated the following:</p> <ul style="list-style-type: none"> -the Resident was discharged to a Short-Term General Hospital (acute hospitals, IPPS) <p>Review of Resident #120's Clinical Nurse Progress Note dated 2/28/25, indicated the following:</p> <ul style="list-style-type: none"> -the Resident was discharged home with medications and services. <p>During an interview on 5/20/25 at 1:30 P.M., the MDS Nurse said that Resident #120's 2/28/25 MDS had been coded as discharge to the hospital in error instead of discharge home.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>Based on record review, and interview, the facility failed to refer one Resident (#37) for a Preadmission Screening and Resident Review (PASRR- a federal and state-required process that is designed to, among other things, identify evidence of serious mental illness [SMI] and/or intellectual or developmental disabilities [ID/DD] in all individuals [regardless of source of payment] seeking admission to Medicaid-or Medicare-certified nursing facilities) Level II Evaluation (an evaluation conducted to determine if an individual with a newly evident or possible SMI, ID, or a related condition for Level II resident review upon a significant change in status assessment) out of a total sample of 24 residents.</p> <p>Specifically, for Resident #37, the facility failed to refer the Resident for a Level II PASRR Evaluation after receiving a new mental health disorder diagnosis.</p> <p>Findings include:</p> <p>Resident #37 was admitted to the facility in April 2023 with diagnoses including Multiple Sclerosis.</p> <p>Review of the Diagnosis List indicated Resident #37 had the following diagnoses:</p> <ul style="list-style-type: none"> -Adjustment Disorder, dated 5/25/23. -Depression, dated 2/21/24. -Anxiety Disorder, dated 2/21/24. -Delusional Disorder, dated 12/22/24. <p>Review of the PASRR completed on 4/18/23, indicated the following:</p> <ul style="list-style-type: none"> -Resident had no documented diagnoses of mental illness or disorder. -Resident screened negative for Serious Mental Illness screening and PASSR evaluation was not indicated at that time. <p>Review of the Behavioral Health Note dated 5/25/23, indicated Resident #37 had a diagnosis of adjustment disorder.</p> <p>Further review of Resident #37's medical record failed to indicate documented evidence that a PASRR Level II Evaluation was conducted after a newly evident or possible serious mental health disorder was identified on 5/25/23 (Adjustment Disorder) and 12/22/24 (Delusional Disorder).</p> <p>During an interview on 5/20/25 at 11:20 A.M., with Social Worker (SW) #1 and the Consulting Nurse, SW #1 said anytime the facility identifies a new mental health diagnosis, a new PASSR should be completed and submitted to the PASSR office for review. The Consulting Nurse said that the facility was unable to provide evidence that this occurred.</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to provide Behavioral Health Care and services to attain or maintain the highest practicable mental and psychosocial wellbeing for one Resident (#109) out of a total sample of 24 residents.</p> <p>Specifically, for Resident #109, the facility failed to obtain Behavioral Health Services timely when the Resident was taking antidepressant medications and had consented for Behavioral Health Services.</p> <p>Findings include:</p> <p>Review of the facility's Behavioral Health Services Policy, effective 12/6/21, indicated:</p> <p>-Purpose: To Provide our residents with the necessary Behavioral Health Services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>-Procedure: The facility will ensure that a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post traumatic stress disorder, receives appropriate treatment and services.</p> <p>-The facility will initiate referrals to psychiatric services, having the resident or responsible party signed consent, as behavioral health concerns are identified.</p> <p>Resident #109 was admitted to the facility in July 2024 with diagnoses including hemiplegia and hemiparesis following Cerebral Infarction affecting the right side, Atrial Fibrillation (A-fib), neuromuscular dysfunction of bladder and Type 2 Diabetes.</p> <p>Review of a Provider Progress Note dated 7/25/24, indicated Resident #109 had a diagnosis of Depression and was on medications for Depression.</p> <p>Review of Resident #109's initial Social Services assessment dated [DATE], indicated:</p> <p>-The Resident scored a 15 out 15 on the Brief Interview of Mental Status (BIMS), indicating he/she was cognitively intact.</p> <p>-The Resident lived with family and was independent for all functional needs prior to admission, including shopping, meal preparation, personal care, driving and finances.</p> <p>-The Resident was responsible for himself/herself and could make healthcare decisions.</p> <p>-The Resident planned on being discharged from the facility and was motivated to return to the community.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Psychiatric Consultant Request for Services form dated 7/27/24, indicated the Resident requested to be seen by Behavioral Health Services.</p> <p>Review of Resident #109's clinical record failed to include any evidence that the Resident received Behavioral Health Services.</p> <p>Review of Resident #109's Care Plan for Antidepressant Medications, initiated 8/14/24, indicated the Resident used antidepressant medications, with the following interventions.</p> <ul style="list-style-type: none"> -Provide support/reassurance as needed. -Social Work, Psychiatric Consults as appropriate. <p>Review of Resident 109's Care Plan for Depression, initiated 8/14/24, indicated the Resident was at risk for symptoms of depression related to his/her history of depression and had symptoms of (feeling tired, falling or staying asleep, poor appetite etc.).</p> <p>Interventions included:</p> <ul style="list-style-type: none"> -Please provide me with psychiatric services as needed . -Please provide me with support, reassurance and re-direction as needed. <p>Review of Resident 109's May 2025 Physician orders, indicated:</p> <ul style="list-style-type: none"> -Cymbalta (medication used to treat depression) delayed release particles, 60 mg (milligrams) daily for depression, ordered 7/25/24. -Wellbutrin (medication used to treat depression) extended release 150 mg tablet daily for depression, ordered 7/24/24. <p>During an interview on 5/14/25 at 11:50 A.M., Resident #109 said he/she had been having increased depression lately because he/she was no longer receiving therapy and wanted to be able to do more independently. Resident #109 said he/she had been struggling with the fact that he/she was no longer independent and would be open to talking about this more.</p> <p>During an interview on 5/15/25 at 12:12 P.M., Resident #109 said he/she had not spoken to anyone at the facility regarding the increased sadness but if someone were to ask, he/she would be willing to speak with a therapist or counselor, he/she would agree because it might help to feel better. Resident #109 said he/she had depression in the past and had been on medication for many years.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/16/25 at 2:30 P.M., with the Administrator and the Social Worker (SW), the SW said she is new to the facility. The Administrator said Resident #109 had consented to Behavioral Health Services on 7/27/24, and the Consent Form should have been sent to the Psychiatric Consultant but the Administrator was unsure if it was faxed because Behavioral Health had not seen the Resident but should have. The Administrator also said the facility process included a staff member from Behavioral Health checking in weekly with the Social Worker to see if any other Residents required services and the Administrator was unsure as to why Resident #109 would not have been seen. The Administrator said the building did an audit in April 2025, and realized Resident #109 had not been seen by Behavioral Health but should have been, so the facility re-faxed the Consent Form to the Psychiatric Consultant on 4/9/25. The Administrator said that Resident #109 was still not seen after the request for services was re-faxed on 4/9/25, and was unsure why someone at the facility did not follow-up with Behavioral Health.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a medication pass error rate of less than five percent (%) for two Residents (#82 and #97), for five applicable residents, out of 26 medication pass opportunities. The medication error rate was observed to be 7.6%.</p> <p>Specifically,</p> <ol style="list-style-type: none"> 1. For Resident #82, the Resident was administered the incorrect Calcium medication when Calcium + Vitamin D 600 mg/10 mcg was administered to the Resident and Calcium 1200 mg was ordered. 2. For Resident #97, the Resident was administered the wrong medication when Senokot 8.6 mg was administered and Senna-S [Senna/Colace] 8.6 mg/50 mg was ordered. <p>Findings include:</p> <p>Review of the facility policy titled Medication and Treatment orders dated December 2021, indicated the following:</p> <ul style="list-style-type: none"> -Purpose: To assure doctors' orders are managed in a safe and consistent manner. -Policy: Orders for medications and treatments will be consistent with principles of safe and effective order writing. <p>1. Resident #82 was admitted to the facility in April 2022, with diagnoses including Multiple Sclerosis and age-related Osteoporosis.</p> <p>Review of Resident #82's Physician orders dated 5/1/25, indicated the following:</p> <ul style="list-style-type: none"> -Calcium Oral Tablet (Calcium) 1200 milligrams (mg) by mouth, one time a day for supplement, initiated 4/7/25. <p>On 5/15/25 at 9:37 A.M., during a medication administration pass, the surveyor observed Nurse #4 administer the following medication to Resident #82:</p> <ul style="list-style-type: none"> -Calcium + Vitamin D 600 mg/10 Micrograms (mcg) two tablets by mouth. <p>Review of Resident #82's May 2025 Medication Administration Record (MAR), indicated:</p> <ul style="list-style-type: none"> -Nurse #4 electronically signed that she administered Calcium Oral Tablet (Calcium) 1200 mg on 5/15/25. <p>During an interview on 5/15/25 at 11:24 A.M., Nurse #4 said that the Physician order indicated for her to administer Calcium 1200 mg, and she administered Calcium +Vitamin D 600 mg/10 mcg. Nurse #4 said that she should not have administered the Calcium +Vitamin D 600 mg/10 mcg, but that is the medication that was available in the medication cart.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #97 was admitted to the facility in September 2023, with diagnoses including metabolic encephalopathy and sepsis.</p> <p>Review of the Resident #97's Comprehensive Care Plan indicated the following:</p> <p>-The Resident had a colostomy (a surgical procedure where a portion of the large intestine is brought through the abdominal wall to carry stool out of the body) and was at risk for GI (Gastro-intestinal) distress, initiated 12/19/23.</p> <p>&gt;Interventions included: give medications as ordered, initiated 12/19/23</p> <p>-The Resident had potential for constipation related to impaired mobility, and potential use/side effects of medications, initiated 1/8/24.</p> <p>Review of the Resident #97's Physician orders dated 5/1/25, indicated the following:</p> <p>-Senna-S Oral Tablet (Sennosides-Docusate Sodium) 8.6 mg/50 mg, give 1 tablet by mouth two times a day for constipation, initiated 12/15/23.</p> <p>On 5/15/25 at 9:52 A.M., during a medication administration pass, the surveyor observed Nurse #4 administer the following medication to Resident #97:</p> <p>-Senokot 8.6 mg one tablet by mouth.</p> <p>Review of Resident #97's MAR indicated:</p> <p>-Nurse #4 had electronically signed that she administered Senna-S Oral Tablet 8.6 mg/50 mg (Sennosides-Docusate Sodium) one tablet by mouth on 5/15/25.</p> <p>During an interview on 5/15/25 at 11:24 A.M., Nurse #4 said the Physician order indicated for her to administer Senna-S 8.6 mg/50 mg one tablet, but she had administered Senokot 8.6 mg and should not have. Nurse #4 said that she did not think Senna-S tablets were available in the facility.</p> <p>During an interview on 5/15/25 at 12:38 P.M., the DON said that Nurse #4 should have only administered medications that were prescribed by the Provider for Resident #82 and Resident #97, but did not. The DON said if the medications were unavailable, Nurse #4 should have requested the medications from the facility medication stockroom and/or should have clarified the order with the Provider.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that food was palatable and served at an appetizing temperature for one unit ([NAME] Unit) of two applicable units, out of three total units.</p> <p>Specifically, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Breakfast items were served at an appetizing temperature. 2. Scrambled eggs were an appropriate texture. <p>Findings include:</p> <p>Review of the facility's Meal Presentation/Refusal Policy dated 6/22/20, indicated the following:</p> <ul style="list-style-type: none"> -The Dietary Department is responsible to provide meals in an attractive, diet accurate, properly temped manner . -Goals will include attractive food, at the appropriate temperatures and consistent with the residents' prescribed dietary orders. -Foods will be served at a palatable temperature. Cold foods- =/lt;41degrees Fahrenheit (F). Hot foods- =/gt;135 degrees F. -It is the intention of the facility to serve home-like meals while introducing new or requested meal options. <p>During a Resident Council group meeting conducted by surveyor #3 on 5/15/25 at 1:15 P.M., three out of seven residents said that breakfast items that should be hot are served cold. One of the three resident council residents specifically said that the eggs were served cold.</p> <p>On 5/16/25 at 8:34 A.M., the surveyor conducted a breakfast meal test tray on the [NAME] Unit and UM #2, Nurse #2, and the MDS Nurse also participated, with the following results:</p> <ul style="list-style-type: none"> -The pureed scrambled eggs were 60 degrees Fahrenheit (F), cool to taste, and had a gritty texture. -The oatmeal was 76 degrees F, and cool to taste. -The pureed pancake was 80 degrees F, and lukewarm to taste. -The French toast casserole was 76 degrees, and cool to taste. <p>During an interview on 5/16/25 at 8:34 A.M, Unit Manager (UM) #2 said the eggs were cool, and the French toast casserole and pancakes were good.</p> <p>During an interview on 5/16/25 at 8:34 A.M, Nurse #2 said the eggs were cool and bland, and the French toast casserole had a good taste.</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/16/25 at 8:34 A.M, the Minimum Data Set (MDS) Nurse said the eggs were cold, and the oatmeal was cool, and both items would need to be reheated. The MDS Nurse said the French toast and pancakes had a good taste.</p> <p>During an interview on 5/16/25 at 12:11 P.M., the Food Service Director (FSD) said that all hot foods should have been 135 degrees F when served. The FSD said the pureed scrambled eggs should not have had a gritty texture and would look into why that may have happened.</p> <p>During a follow-up interview on 5/16/25 at 3:35 P.M., the FSD said that the cook had added thickener to the eggs because they were too thin. The FSD said that the cook should have added more eggs instead of adding thickener and explained that thickener cannot be added to some foods without altering the texture, and eggs are one of the foods.</p> <p>Refer to F812</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, and interviews, the facility failed to prepare food in accordance with professional standards for food service safety in the facility's main kitchen.</p> <p>Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure that [NAME] #1 wore a hair restraint when preparing and cooking food, increasing the risk for food contamination. 2. Monitor the final internal temperature for cooked foods prior to serving the food to residents, increasing the residents' risks for acquiring foodborne illnesses. <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled Hair Restraint, effective 1/20/17, indicated the following: <ul style="list-style-type: none"> -Purpose: Posted and available dietary policy and protocol to define the facilities guidelines for hair restraint . -Compliance to local and federal food service code requires that anyone within the kitchen, who will have close contact with the preparation or service of food, food storage areas, equipment will keep hair effectively/appropriately restrained . -The purpose of hair restraint is to prevent hair from contacting food and food equipment surfaces, and to deter foodservice employees from touching their hair. -Allowable hair restraints: <ul style="list-style-type: none"> >hairnets, . >chef caps/beanies/chef hats, >ball caps. -The food service director (FSD) will provide disposable hairnets . at all times. <p>On 5/16/25 at 7:28 A.M., surveyor #1 observed [NAME] #1 in the facility's food preparation area of the main kitchen. Surveyor #1 observed [NAME] #1 cooking food on the grill and was not wearing any type of hair restraint.</p> <p>On 5/16/25 between 7:44 A.M. and 7:51 A.M., surveyor #2 observed the following in the facility's main kitchen:</p> <ul style="list-style-type: none"> -Cook #1 inserted a thermometer into two separate food items that were on the steam table. -Cook #1 was cooking sausage patties on the grill in the food preparation area. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Cook #1 was not wearing a hair restraint for the duration of the observation.</p> <p>During an interview on 5/16/25 at 7:51 A.M., by surveyor #2, [NAME] #1 said he usually wore a hat as a hair restraint while working and that sometimes he wore no hair restraint at all while working. [NAME] #1 said nobody said anything to him when he did not wear a hair restraint and that he was not wearing a hair restraint at that time. Surveyor #2 observed [NAME] #1 return to cooking the sausage patties and did not don (put on) a hair restraint.</p> <p>During an interview on 5/16/25 at 7:52 A.M., by surveyor #2, the FSD said all staff were required to wear hair restraints in the kitchen.</p> <p>2. Review of the facility policy titled Thermometer Policy, effective 4/24/17, indicated the following:</p> <p>-Foods prepared and served will remain outside the Food Danger Zone (135&deg; to 41&deg;).</p> <p>-Time and Temperature Controls are critical to ensure food safety.</p> <p>-All temperatures will be documented by the department's food temp log.</p> <p>-Foods not compliant to the department's food holding protocols will be removed from service and corrected.</p> <p>During a Resident Council group meeting held by surveyor #3 on 5/15/25 at 1:15 P.M., three residents said that breakfast was served cold. One of the three residents specifically said that the eggs were served cold.</p> <p>On 5/16/25 at 7:30 A.M., surveyor #2 observed the following in the facility's main kitchen:</p> <p>-The tray line began for breakfast.</p> <p>-The steam table contained:</p> <p>>Oatmeal</p> <p>>French toast</p> <p>>Cooked apples</p> <p>>Pureed eggs</p> <p>>Minced and moist pancakes.</p> <p>During an interview at the time, the FSD said the Food Temperature Log had been completed.</p> <p>Further review of the Food Temperature Log failed to indicate that temperatures had been monitored for the pureed eggs, the minced and moist pancakes and the sausage patties.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/16/25 at 7:44 A.M., surveyor #2 observed the following:</p> <ul style="list-style-type: none"> -Cook #1 inserted a thermometer into two separate food items on the steam table. -Cook #1 then walked away from the steam table and said, it's hot to [NAME] #2. -Cook #2 asked [NAME] #1 if the food was okay. -Cook #1 said the food items were hot at 80 and 100 degrees F, and to serve the food. <p>During an interview on 5/16/25 at 7:45 A.M., by surveyor #2 with [NAME] #1, and the FSD, [NAME] #1 said that the food items that he was observed to monitor the temperatures were pureed eggs and minced and moist pancakes. [NAME] #1 said that the holding temperature of the pureed eggs was 80 degrees F, and the holding temperature of the minced and moist pancakes was 100 degrees F. [NAME] #1 said the pureed eggs and the minced and moist pancakes had been on the steam table for approximately 30 minutes at the time he checked their temperatures. [NAME] #1 said that these holding temperatures were typical holding temperatures for the pureed eggs and minced and moist pancakes. The FSD said 80 and 100 degree F holding temperatures were not typical for cooked hot foods and that the food items should be held on the steam table at a temperature of 140 degrees F. The FSD then instructed [NAME] #1 to remove the pureed eggs and minced and moist pancakes from the steam table, re-heat both food items, and re-check their temperatures before plating the food items.</p> <p>During an interview on 5/16/25 at 8:38 A.M., by surveyor #1, [NAME] #1 said he was prompted to monitor the temperature of the pureed eggs and minced and moist pancakes when he did earlier that morning, because he forgot to check their final cooked temperatures.</p> <p>During a follow-up interview on 5/16/25 at 8:47 A.M., by surveyor #1, [NAME] #1 said he had cooked sausage patties on the grill that morning for some residents who requested sausage patties for breakfast. [NAME] #1 said he did not monitor the temperature for the cooked sausage patties after the sausage patties were cooked and prior to serving the sausage patties. [NAME] #1 said he never monitored the cooked temperatures for bacon or sausage patties when coming off the grill for special orders. [NAME] #1 said he assumed he was supposed to monitor the cooked temperature of the sausage patties, but he did not. [NAME] #1 also said when there were special orders from residents that required food items to be cooked on the grill which were not added to the tray line, he did not monitor the final cooked temperatures.</p> <p>During an interview on 5/16/25 at 8:55 A.M., by surveyor #1 and surveyor #2, the FSD said all food items, served both cold or hot, have to have their temperatures monitored before serving to residents. The FSD said that cooked food items must be held on the steam table at 135 degrees F. The FSD said that no food items should be served to residents that have not been monitored for temperature.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/20/25 at 11:17 A.M., by surveyor #2, the FSD said monitoring final cooked temperatures for all hot foods was required. The FSD said although the pureed eggs and minced and moist pancakes had been removed from the steam table to be re-heated on 5/16/25, dietary staff would not have known whether those food items had been initially cooked to the proper temperature since no final cooked temperature had been monitored. The FSD said that the concern with not monitoring a final cooked temperature is that the food may not be safe to serve to residents due to risk for foodborne illness. The FSD said that the Food Temperature Log for 5/16/25 was updated to reflect the temperatures of the pureed eggs and minced and moist pancakes after they were removed from the steam table and heated and did not indicate the final cooked temperature for either the minced and moist pancakes or the pureed eggs.</p> <p>During a follow-up interview on 5/20/25 at 3:01 P.M., by surveyor #2, the FSD said 12 residents were served the minced and moist pancakes, six residents were served the pureed eggs, and two residents were served the sausage patties on 5/16/25.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility failed to adhere to infection control standards of practice to prevent contamination and the spread of infections for four Residents (#276, #113, #63 and #70) out of a total sample of 24 residents.</p> <p>Specifically,</p> <p>1) For Resident #276, the facility failed to ensure that Personal Protective Equipment (PPE: items such as gowns and gloves worn to prevent the spread of infection) was worn in the Resident's room when the Resident was on Contact Precautions (measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment) for Clostridium Difficile (C-Diff: a spore forming toxin that can develop in the intestines after antibiotic use and causes watery diarrhea).</p> <p>2) For Resident #113, the facility failed to ensure that the overbed table was cleaned and disinfected after a used urinal was removed from it before placing the Resident's breakfast meal on the overbed table.</p> <p>3) For Resident #63, the facility failed to ensure that shared medical equipment was appropriately cleaned and disinfected after being used on Resident #63, who was on Contact Precautions for C-Diff infection, and before use on another resident, creating a potential for spread of a highly contagious infection.</p> <p>4) For Resident #70, the facility failed to ensure that staff wore the indicated PPE while providing care for the Resident who was on Enhanced Barrier Precautions (EBP: measures using protective barrier gowns and gloves as an infection control intervention designed to reduce transmission of multi-drug-resistant organisms [MDRO] during high contact resident care) creating increased risk of infection for the Resident.</p> <p>Findings Include:</p> <p>Review of the facility policy titled Transmission Based Precautions (TBP), dated 3/8/20, indicated the following:</p> <p>-Transmission Based Precautions are designed for patients documented or suspected of being infected or colonized with transmissible pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in the healthcare setting.</p> <p>-Examples of infections requiring Contact Precautions include but are not limited to:</p> <p>>diarrhea associated with Clostridioides [another term for clostridium] Difficile (C.Diff)</p> <p>-Additional measures for Contact Precautions</p> <p>>Gloves and Hand washing</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>-in addition to wearing gloves as outlined for Standard Precautions, wear gloves (clean non-sterile) when entering room</p> <p>>Gown</p> <p>-in addition to wearing a gown as outlined in Standard Precautions, wear a clean non-sterile gown for all interactions that may involve contact with the resident or potentially contaminated items in the resident's environment</p> <p>-When possible the use of non-critical equipment . will be designated for that resident individual use.</p> <p>-If the use of common items is unavoidable, each item must be adequately cleaned and disinfected before use on another resident.</p> <p>Review of the facility Clostridium Difficile Policy, dated 2001, indicated the following:</p> <p>-The primary reservoirs for C.Difficile are infected people and surfaces. Spores can persist on resident-care items and surfaces for several months and are resistant to some common cleaning and disinfection methods.</p> <p>-Environmental cleaning in rooms of residents with CDI (Clostridium Difficile Infection) is done with a disinfecting agent recommended for C.Difficile (e.g., household bleach and water solution or an EPA registered germicidal agent effective against C.difficile spore).</p> <p>Review of the Enhanced Barrier Precautions Policy effective 12/22/22, indicated:</p> <p>-Enhanced Barrier Precautions targets the use of a gown and gloves during high contact care activities. Given the multiple antibiotic-resistant threads, Enhanced Barrier Precautions will be used for the residents with wounds, indwelling devices, and for those with a known colonization or infection with a MDRO when Contact Precautions do not apply.</p> <p>-Examples of high contact care are:</p> <p>>Dressing</p> <p>>Bathing/showering</p> <p>>Transferring</p> <p>>Providing Hygiene</p> <p>>Changing linens</p> <p>>Changing briefs or assisting with toileting</p> <p>>Device care or use:</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>&gt;Wound care .</p> <p>1) Resident #276 was admitted to the facility in May 2025 with diagnoses including C-Diff.</p> <p>Review of Resident #276's May 2025 Physician orders indicated:</p> <p>-order for Contact Precautions for C-Diff, initiated 5/13/25</p> <p>On 5/14/25 at 9:11 A.M., the surveyor observed Resident #276's room where a Contact Precautions sign was observed hanging at the doorway.</p> <p>The surveyor observed the following relative to Certified Nurses Aide (CNA) #1 entering Resident 276's room:</p> <p>-CNA #1 performed hand hygiene and entered the Resident's room without donning (putting on) gloves or a gown.</p> <p>-CNA #1 picked up the Resident's breakfast tray, exited the room with the breakfast tray and placed it on the tray caddy.</p> <p>-CNA #1 performed hand hygiene after</p> <p>On 5/15/25 at 8:25 A.M., the surveyor observed the following relative to CNA #2:</p> <p>-CNA #2 performed hand hygiene and entered Resident #276's room without donning a gown or gloves.</p> <p>-CNA #2 answered the Resident's call bell and turned it off with an ungloved hand.</p> <p>-CNA exited the room and performed hand hygiene.</p> <p>During an interview on 5/15/25 at 12:58 P.M., the Director of Nursing (DON) said that CNA #1 should have worn a gown and gloves to enter Resident #276's room and pick up the breakfast tray, and CNA #2 should have worn a gown and gloves to answer the call bell as C-Diff is highly contagious and there was a potential to spread the infection.</p> <p>2) Review of the facility policy titled Cleaning, Disinfection and Sterilization, undated, indicated the following:</p> <p>-Purpose: to provide supplies and equipment that are adequately cleaned, disinfected or sterilized.</p> <p>-classification of devices, processes, and germicidal products:</p> <p>&gt;noncritical (touches skin),</p> <p>-examples stethoscopes, tabletops</p> <p>-[NAME] process classification: low level disinfection,</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>-EPA product classification: hospital disinfectant without label claim for tuberculocidal activity</p> <p>Resident #113 was admitted to the facility in April 2025 with diagnoses including hemiplegia.</p> <p>On 5/15/25 at 8:34 A.M., the surveyor observed the following while CNA #2 provided care for Resident #113:</p> <p>-CNA #2 entered Resident #113's room to serve a breakfast tray.</p> <p>-CNA #2 set the breakfast tray on a side table.</p> <p>-CNA #2 performed hand hygiene and donned gloves.</p> <p>-CNA #2 removed the Resident's used urinal from the overbed table and wiped down the overbed table with a dry paper towel.</p> <p>-CNA #2 doffed (removed) the gloves and performed hand hygiene.</p> <p>-CNA #2 placed the Resident's breakfast tray on the overbed table without cleaning and disinfecting the table.</p> <p>-CNA #2 then performed hand hygiene and exited the room.</p> <p>During an interview on 5/15/25 at 8:38 A.M., CNA #2 said that she should have wiped the table with a disinfectant wipe after removing the urinal due to infection control concerns.</p> <p>During an interview on 5/15/25 at 12:56 A.M., the DON said that CNA #2 should have used a disinfectant wipe to clean and disinfect the overbed table instead of a paper towel due to sanitary concerns.</p> <p>3) Resident #63 was admitted to the facility in September 2024 with diagnoses including sepsis, ulcerative chronic pancolitis, enterocolitis due to C-Diff , not specified as recurrent, and Extended Spectrum Lactamase (ESBL) Resistance.</p> <p>Review of Resident #63's May 2025 Physician orders indicated:</p> <p>-Maintain Contact Precautions every shift related to C. Difficile diagnosis, initiated 2/28/25.</p> <p>On 5/15/25 at 8:15 A.M., the surveyor observed a sign posted outside Resident #63's room indicating he/she was on Contact Precautions and should have dedicated medical equipment.</p> <p>The surveyor observed the following while Nurse #1 was providing care to Resident #63:</p> <p>-Nurse #1 removed a portable pulse oximeter (device placed on a patient's finger to measure the levels of oxygen in the blood), from her medication cart.</p> <p>-Nurse #1 entered Resident #63's room and placed the pulse oximeter on Resident #63's finger.</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>-Nurse #1 wiped the portable pulse oximeter with purple top disposable wipes before placing it back into the top drawer of the medication cart.</p> <p>On 5/15/25 at 8:28 A.M., during a medication administration pass, the surveyor observed Nurse #1 remove the portable pulse oximeter from the top drawer of the medication cart and enter another resident's room to provide medications. Nurse #1 was observed applying the portable pulse oximeter to the resident's left middle finger.</p> <p>During an interview on 5/15/25 at 8:38 A.M., Nurse #1 said that she uses the portable pulse oximeter on all residents and keeps it in her medication cart. Nurse #1 said that she had used the same portable pulse oximeter on Resident #63 and then cleaned it with the purple top disposable wipes. Nurse #1 said that Resident #63 was on Contact Precautions because he/she had C-Diff infection.</p> <p>During an interview on 5/15/25 at 8:43 A.M., Unit Manger (UM) #1 said that staff is not supposed to reuse medical equipment on residents requiring Contact Precautions. UM #1 said that Resident #63 should have had dedicated medical equipment in his/her room including a portable pulse oximeter but did not. UM #1 left the unit and returned with bleach wipes and dedicated medical equipment for Resident #63, and said that staff should have been using bleach wipes for Resident #63, but the purple wipes had been the only wipes available on the unit. UM #1 said she had reviewed the purple top wipes, and they did not contain bleach, which was the recommended cleaner for a C-Diff infection.</p> <p>4) Resident #70 was admitted to the facility in November 2020 with diagnoses including metabolic encephalopathy, Severe Protein Calorie Malnutrition and Pressure Ulcer of Sacral Region.</p> <p>Review of Resident #70's Comprehensive Care Plan indicated the following:</p> <p>-The Resident had an actual alteration in skin integrity related to pressure, on the coccyx and right lateral foot, initiated 7/15/24</p> <p>-interventions included:</p> <p>&gt;the Resident to be on Enhanced Barrier Precautions to protect him/her from getting an infection.</p> <p>&gt;Place a 'see nurse before entering' sign on my door, initiated 5/15/25.</p> <p>Review of Resident #70's Minimum Data Set (MDS) dated [DATE] indicated the Resident had a Stage 3 Pressure injury.</p> <p>On 5/15/25 at 9:12 A.M., the surveyor observed the following:</p> <p>-Resident #70 had signage outside of his/her room, indicating that he/she was on Enhanced Barrier Precautions and required staff to wear gowns and gloves during care.</p> <p>-Nurse #5 was sitting at Resident #70's bedside to assist with feeding.</p> <p>-Nurse #5 was observed with gloves on, and was not wearing a gown.</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>-Nurse #5 was reaching over the Resident's bed and was in contact with the linens on the Resident's bed.</p> <p>-Nurse #1 entered the room and assisted Nurse #5 to reposition Resident #70 in the bed by boosting him/her up in the bed, repositioning the Resident onto his/her side and re-adjusted the bed linens.</p> <p>-Nurse #1 was wearing gloves and was not wearing a gown.</p> <p>During an interview on 5/15/25 at 9:14 A.M., Nurse #1 said that she and Nurse #5 were not wearing gowns while they boosted and repositioned Resident #70, but they should have been because the Resident was on Enhanced Barrier Precautions, and they were touching the Resident.</p> <p>During an interview on 5/15/25 at 9:24 A.M., UM #1 said that Nurse #1 and Nurse #5 should have been wearing gowns and gloves to provide high contact care to Resident #70. UM #1 said that high contact care includes providing care, boosting, repositioning and any other care that required staff to come into contact with the Resident and/or the bed linens.</p> <p>During an interview on 5/15/25 at 2:45 P.M., the DON said that she expected staff to wear a gown and gloves during high contact care such as repositioning, boosting, feeding or if the staff member is coming into contact with bed linens or resident belongings.</p> <p>During an interview on 5/15/25 at 3:42 P.M., Nurse #5 said that she was not wearing a gown while feeding Resident #70 and was touching the Resident's bed linens. Nurse #5 said that while she and Nurse #1 assisted Resident #70 with repositioning and boosting, they were not wearing gowns but should have been.</p>