STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225330	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Commons	390 Orleans Road North Chatham, MA 02650

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 42742 Based on observation, interview, and record review, the facility failed to ensure professional standards of practice were followed for one Resident (#19), out of a total sample of 24 residents. Specifically, the facility failed to ensure nursing staff administered medications per physician's orders and manufacturer's recommendations. Findings include: Review of the facility's policy titled Medication Administration-General Guidelines, dated February 2019, indicated but was not limited to the following: -Five (5) Rights - right resident, right drug, right route, and right time, are applied for each medication being administered. A triple check of these five rights is recommended at three steps in the process of preparation of a medication for administration; 1) when the medication is selected, 2) when the dose is removed from the container, and finally 3) just after the dose is prepared and the medication put away. a. Check #1: Select the Medication - label, container and contents are checked for integrity, and compared against the Medication Administration Record (MAR) by reviewing the five rights. b. Check #2: Prepare the dose - the dose is removed from the container and verified against the label and the MAR by reviewing the five rights. c. Check #3: Complete the preparation of the dose and re-verify the label against the MAR by reviewing the five rights. -Medications are administered in accordance with written orders of the prescriber. Review of the Asmanex Twisthaler package insert, U.S. Food and Drug Administration (FDA) website: www.fda.gov/drugsatfda, revised January 2008, indicated but was not limited to the following: Indications and Usage: -Asmanex Twisthaler (mometasone furoate inhalation powder) is a corticosteroid indicated for maintenance treatment of asthma as prophylactic therapy in patients 4 years of age and older. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dosage and Administration: -For oral inhalation only -Instruct patients to inhale rapidly and deeply and to rinse mouth after inhalation. Warnings and Precautions: -Candida albicans infection of the mouth and larynx. Monitor patients periodically for signs of adverse effects in the mouth and pharynx. Advise patients to rinse mouth after inhalation. Resident #19 was admitted to the facility in August 2024 and had diagnoses including malignant neoplasm of oropharynx, chronic obstructive pulmonary disease (COPD, group of lung diseases that block airflow and make it difficult to breathe), malignant neoplasm of laryngeal cartilage, chronic cough, malignant neoplasm of floor of mouth, and malignant neoplasm of the tongue. Review of the Minimum Data Set (MDS) assessment, dated 8/21/24, indicated Resident #19 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15 and had a pulmonary medical condition. Review of current Physician's Orders indicated the following: -Asmanex (14 metered Doses) Inhalation Aerosol Powder Breath Activated 220 micrograms (mcg)/ACT (mometasone furoate inhalation), 2 puffs inhale orally one time a day for asthma. Rinse mouth with water after use to reduce aftertaste and incidence of candidiasis. Do not swallow, 8/15/24 On 9/5/24 at 9:27 A.M., the surveyor observed Nurse #1 administer one puff of the Asmanex Twisthaler to Resident #19. Nurse #1 did not instruct the Resident to rinse his/her mouth after inhalation per physician's orders and manufacturer's recommendation to reduce aftertaste and the incidence of candidiasis. Further, Nurse #1 did not administer the second puff per physician's orders and began to exit the room with the medication. Upon inquiry by the surveyor, Nurse #1 returned to the Resident and administered the second puff at 9:30 A.M. During an interview on 9/5/24 at 9:32 A.M., Nurse #1 said she usually gives all the medications but gets nervous when someone is watching. She said all medications should be administered per physician's orders and should have given 2 puffs of Asmanex prior to surveyor intervention. During an interview on 9/5/24 at 11:40 A.M., Nurse #1 said she should have offered water to the Resident after administering the first puff of the Asmanex but didn't. During an interview on 9/9/24 at 4:06 P.M., the Director of Nursing said nursing staff should read the doctor's orders and follow them for medication administration.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 42742 Based on observation, interview, and record review, the facility failed to provide an environment that was free from accidents and hazards for one Resident (#19), out of a total sample of 24 residents. Specifically, the facility failed to ensure unauthorized medications were not left at the bedside for the Resident, who was legally blind, to self-administer without a proper assessment of the Resident's mental and physical capabilities to reduce the risk of any potential adverse consequences. Findings include: Review of the facility's policy titled Self-Administration of Drugs, undated, indicated but was not limited to the following: -As part of their overall evaluation, the nurse will assess each resident's mental and physical abilities, to determine whether a resident is capable of self-administering medications. -In addition to general evaluation of decision-making capacity, the staff and practitioner will perform a more specific skill assessment, including but not limited to the resident's: 1. Ability to read and understand medication labels; 2. Comprehension of the purpose and proper dosage and administration time for his or her medications; 3. Ability to remove medications from a container and to ingest and swallow (or otherwise administer) them; and 4. Ability to recognize risks and major adverse consequences of his or her medications. -If the staff determine that a resident cannot safely self-administer medications, the nursing staff will administer the resident's medications. -The nurse will ask residents who are identified as being able to self-administer medications whether they wish to do so. -Self-administered medications must be stored in a safe and secure place, which is not accessible by other residents. -Staff shall identify and give to the charge nurse any medications found at the bedside that are not authorized for bedside storage, for return to the family or responsible party. Review of Allergan, Inc. manufacturer's product insert, revised June 2022, indicated but was not limited to the following: Refresh Tears Drug Facts: (continued on next page)

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	225330	A. Building B. Wing	09/11/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Purpose - Eye lubricant Uses - For the temporary relief of burning, irritation, and discomfort due to dryness of the eye or exposure to wind or sun. May be used as a protectant against further irritation. Warnings: -For external use only. -To avoid contamination, do not touch tip of container to any surface. Replace cap after using. -If solution changes color or becomes cloudy, do not use. -Stop use and ask a doctor if you experience eye pain, changes in vision, continued redness, or irritation of the eye, or if the condition worsens or persists for more than 72 hours. Directions: -Instill 1 or 2 drops in the affected eye(s) as needed. -Use before expiration date marked on container. Resident #12 was admitted to the facility in May 2024 with diagnoses including chronic kidney disease stage 3 and chronic diastolic heart failure. Review of the Minimum Data Set (MDS) assessment, dated 6/3/24, indicated Resident #12 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 13 out of 15 and had severely impaired vision. During an observation with interview on 9/4/24 at 8:59 A.M., the surveyor observed Resident #12 lying in bed. One bottle of Refresh artificial tears lubricant, 0.5 fluid ounces (oz.),15 milliliters (ml), was observed on top of the Resident's overbed tray table not stored in the packaging box and did not have a pharmacy label on it. Also observed on top of the tray table were 8 1/2 large round multicolored tablets stored inside a small white porcelain bowl. Resident #12 said the tablets were TUMS (antacids) and took them him/herself when needed. Both medications were highly visible to the surveyor. Resident #12 said the eye drop bottle was from home and used it in both eyes but did not answer as to how many drops he/she was using or how often he/she was using them and said he/she was legally blind. It was unclear if the Resident had requested to self-administer the medications. Review of current Physician's Orders indicated the following: -Calcium Carbonate (antacid) oral tablet chewable 500 milligrams (mg), give 2 tablets by mouth every 8 hours as needed for stomach upset, 5/28/24 Review of the medical record did not indicate a physician's order for the Refresh artificial tears or an order for Resident #12 to self-administer the medications or store them at the bedside. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the medical record failed to indicate a proper assessment had been conducted to determine the Resident's mental and physical capabilities to self-administer medications to reduce the risk of any potential adverse consequences. During an observation with interview on 9/5/24 at 12:59 P.M. and 9/9/24 at 11:37 A.M., the surveyor observed Resident #12 sitting in a recliner chair next to the window. One bottle of Refresh artificial tears lubricant, 0.5 fluid oz., 15 ml was observed on top of the Resident's overbed tray table not stored in the packaging box and did not have a pharmacy label on it. Also observed on top of the tray table were 6 1/2 large round multicolored tablets stored inside a small white porcelain bowl. Resident #12 said he/she was legally blind but just feels for the medications to use them him/herself and knew where they were. The Resident said he/she took them as needed. On 9/9/24 at 11:44 A.M., Nurse #5 entered the room with the surveyor to observe the medications stored at the bedside and self-administered by the Resident. Nurse #5 said she was not aware the medications were at the Resident's bedside. Resident #12 said he/she used the medications as needed and preferred to administer them him/herself. The Resident said he/she used the eye drops a couple times a day but did not answer as to how many drops were used or in which eye or both. During an interview with Nurse #5 and Unit Manager (UM) #2 on 9/9/24 at 11:52 A.M., the surveyor reviewed Resident #12's medical record with Nurse #5 who said there was a physician's order for the antacids but no order to self-administer them or store them at the bedside. Nurse #5 said there wasn't an order for the eye drops and no assessment was done for self-administration of medications. She said the Resident had visual impairment. UM #2 said the Resident was legally blind and probably could not self-administer medications safely due to his/her visual impairment. UM #2 said a self-administration assessment was not done for the Resident. She said the Resident's family brings in medications for the Resident from home but if staff see medications stored at the bedside, they should remove them and notify her. She said she was not aware the Resident had the medications in his/her room. UM #2 said there wasn't a care plan with interventions to address the family bringing in medications for the Resident. Nurse #5 said if a resident wants to keep medications at the bedside, they'll do an assessment for self-administration and keep them stored in a drawer. UM #2 said there would be a physician's order to self-administer each medication and to store them at the bedside but there wasn't. During an interview on 9/9/24 at 4:34 P.M., the Director of Nursing (DON) said if residents have medications with them when they're admitted staff would check to see if there's an order for them and perform a self-administration assessment to see if it's safe for them to self-administer. The DON said she didn't think it was safe for Resident #12 to self-administer as he/she could not really see and could not tell staff how much or when to take them. She said there was no specific consent upon admission to self-administer. She said this is only done if residents have medications in their room and wish to self-administer and that the medications should be stored in a lock box in the room. The DON said staff should have seen the medications in the room and taken them out and if the Resident insisted on self-administering them, then an assessment would have been done. She said there was no physician's order for the eye drops. She said staff want to make sure a resident is capable of self-administering and it's safe to do so.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 42742 Based on observation, interview, and record review, the facility failed to provide the necessary respiratory care and services for one Resident (#12), out of a total sample of 24 residents. Specifically, the facility failed to ensure oxygen (O2) equipment was maintained to ensure sanitary conditions to help decrease the risk of potential contamination and infection. Findings include: Review of the facility's policy titled Oxygen Administration, undated, indicated but was not limited to the following: -store tubing in a plastic bag Resident #12 was admitted to the facility in May 2024 and had diagnoses including chronic kidney disease stage 3 and chronic diastolic heart failure. Review of the Minimum Data Set (MDS) assessment, dated 6/3/24, indicated Resident #12 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 13 out of 15, did not use oxygen, and had no current respiratory infection or pulmonary disease. The MDS also indicated the Resident had severely impaired vision. Review of current Physician's Orders indicated the following: -May have supplemental O2 for comfort every shift for shortness of breath, 7/30/24 During an observation with interview on 9/4/24 at 8:59 A.M., the surveyor observed Resident #12 lying in bed. His/her nasal cannula (NC) (lightweight tube which one end splits into two prongs which are placed in the nostrils from which a mixture of O2 and air flows) tubing was observed attached to an O2 concentrator which was in the off position. The remainder of the tubing was resting on the floor potentially exposing it to environmental contaminants. The tubing was not stored in the protective bag observed hanging from the concentrator. The exterior of the concentrator was laden with dust. Resident #12 said he/she used the Oxygen at night because he/she needed it. The Resident said staff turned off the Oxygen that morning and needed staff help because he/she did not know how to work it and needed help putting on and taking off the NC because he/she could not reach it. During an observation with interview on 9/9/24 at 11:32 A.M., the surveyor observed Resident #12 sitting in a recliner chair next to the window. The Resident's NC tubing was observed attached to an O2 concentrator which was in the off position. The tubing was observed hanging over the upper siderail which was in the upright position with the end of the tubing (prongs) resting on the floor potentially exposing it to environmental contaminants. The tubing was not stored in the protective bag observed hanging from the concentrator. The exterior of the concentrator was laden with dust. Resident #12 said he/she guessed the oxygen was for some sort of respiratory reason; wheezing, but only used it at night. The Resident said assistance was needed from staff because he/she could not do anything for him/herself due to being legally blind. Resident #12 said he/she couldn't see the tubing unless staff held it up close. (continued on next page)

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	225330	A. Building B. Wing	09/11/2024

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/9/24 at 11:41 A.M., Nurse #5 entered the Resident's room with the surveyor to observe the O2 equipment. Nurse #5 said the NC tubing should not have been on the floor and should have been stored in the plastic bag when not in use. She said the O2 concentrator should be wiped down in the morning when the NC tubing is removed from the Resident's nostrils and as needed when visibly dusty/soiled. During an interview on 9/9/24 at 11:45 A.M., the surveyor reviewed Resident #12's medical record with Nurse #5 who said there was no order to wipe down the concentrator, but it was a standard of practice to do so. She said the physician's order indicated the Resident used supplemental oxygen for comfort. During an interview on 9/9/24 at 4:30 P.M., the Director of Nursing said O2 tubing should be stored in a plastic bag when not in use. She said the machines do get dusty but there was no order to wipe the machines down, including on an as needed basis.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42742 Based on observation, interview, and document review, the facility failed to ensure all medications used in the facility were stored and labeled in accordance with currently accepted professional principles. Specifically, the facility failed to: 1. Ensure medication carts were locked when not in direct supervision of the licensed nurse; and 2. Ensure staff properly labeled all medications stored in three of four medication carts reviewed once opened. Findings include: Review of the facility's policy titled Storage of Medications, dated February 2019, indicated but was not limited to the following: -Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access. -Certain medications or package types such as IV solutions, multiple dose injectable vials, ophthalmics, nitroglycerin tablets, blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to ensure medication purity and potency. -When the original seal of the manufacturer's container or vial is initially broken, the container or vial will be dated. The nurse shall place a date opened sticker on the medication and enter the date opened and/or the new date of expiration. 1. On 9/5/24 at 7:59 A.M., the surveyor observed Unit Manager (UM) #1 prepare medications for a resident from the Oyster Pond [NAME] medication cart which was positioned in the hallway next to the resident's room. UM #1 left the medication cart unlocked and unattended to retrieve an over the counter (OTC) medication in the medication room at the nurses' station which was not available in the medication cart. No other staff were in direct supervision of the cart. UM #1 returned to the medication cart approximately one to two minutes later and continued to prepare the remaining seven medications for administration. During an interview on 9/5/24 at 8:31 A.M., UM #1 said she was aware she did not lock her medication cart when she went to the medication room but should have. During an interview on 9/9/24 at 4:12 P.M., the Director of Nursing (DON) said medication carts should be locked when unattended. 2. Review of a facility document titled Medications with Shortened Expiration Dates, dated July 2015, indicated but was not limited to the following: (continued on next page)

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	225330	A. Building B. Wing	09/11/2024

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Lantus (insulin glargine, treats diabetes) - good for 28 days after opening or removing from refrigerator. Review of [NAME] Timolol (timolol maleate) manufacturer's instructions for use, dated November 2017, indicated but was not limited to the following: Stability and Storage Recommendations: -The contents of [NAME] Timolol should not be used for more than one month after the date on which the container is first opened. Review of the Arkray Assure Platinum Reference Manual, revised August 2023, indicated but was not limited to the following: Storage and Handling -When you first open the bottle, write the date on the bottle label. Use the test strips within 3 months of first opening the bottle. Oyster Pond [NAME] medication cart: On 9/5/24 at 8:21 A.M., the surveyor reviewed the Oyster Pond [NAME] medication cart with UM #1 and observed the following: -One bottle of Assure Platinum glucometer test strips (small disposable plastic strips that are used with a blood glucose meter to measure blood sugar) stored inside the cart, seal broken indicating it had been opened, bottle not labeled with the date when opened or the new date of expiration During an interview on 9/5/24 at 8:21 A.M., UM #1 said she wasn't sure if they were supposed to label the bottle once opened and wasn't sure how long it was good for once opened. Pleasant Bay East medication cart: On 9/5/24 at 9:37 A.M., the surveyor reviewed the Pleasant Bay East Unit medication cart with Nurse #1 and observed the following: -one multidose vial of Lantus 100 units/milliliter (ml) stored inside the packaging box, pop top off the vial indicating it had been opened, packaging box and vial not labeled with the date when opened or the new date of expiration, labeled with a resident's name -One bottle of Assure Platinum glucometer test strips stored inside the cart, seal broken indicating it had been opened, bottle not labeled with the date when opened or the new date of expiration (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/5/24 at 9:37 A.M., Nurse #1 said the insulin should have been labeled with the date when opened and was only good for one month. She said it had a short expiration because of the handling things and would have to discard because she did not know when it was opened. Nurse #1 said the test strip bottle was not labeled with the date when opened or the new expiration date but said they do not usually label them. She said she wasn't sure how long it would be good for but believed it was the manufacturer's expiration date on the bottle. Pleasant Bay North medication cart: On 9/5/24 at 9:52 A.M., the surveyor reviewed the Pleasant Bay North medication cart with Nurse #2 and observed the following: -One bottle of timolol maleate (treats glaucoma in the eye) 0.5% stored inside the packaging box, seal broken indicating it had been opened, packaging box and bottle not labeled with the date when opened or the new date of expiration, labeled with a resident's name -One bottle of Assure Platinum glucometer test strips stored on top of the cart, seal broken indicating it had been opened, bottle not labeled with the date when opened or the new date of expiration During an interview on 9/5/24 at 9:52 A.M., Nurse #2 said the eye drops should have been labeled with the date when opened on the packaging box and the bottle itself and was only good for 30 days. She said they don't usually label test strip bottles once opened and wasn't sure how long it would be good for. During an interview on 9/9/24 at 4:12 P.M., the DON said the process for the test strip bottles has been to use by the manufacturer's date of expiration, but she now knew this was different. She said the bottle was only good for 90 days once opened, per manufacturer's instruction, and should have been labeled with the new date of expiration once opened. The DON said Lantus is only good for 28 days after opening and was not sure how long the eye drops were good for as they weren't listed on the pharmacy's short expiration list. She said staff should have still labeled the bottle with the date when opened. She said the purpose of short expiration dates is to maintain potency and to not let bacteria get into the eye drop bottles.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43935 Based on observation, interview, and document review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and potential transmission of communicable diseases and infections when the facility was currently experiencing an outbreak of COVID-19 infection. Specifically, the facility failed to: 1. Ensure staff did not report to work or provide care to residents while acutely ill without testing to ensure they were not COVID-19 positive while in the facility; 2. Test Residents in accordance with current COVID-19 testing guidelines following a known exposure for 9 of 17 residents effected; and 3. Ensure staff properly handled medications to reduce the potential transmission of pathogens for Resident #19 during medication administration. Findings include: 1. Review of the facility's policy titled COVID-19 Test access protocol: Healthcare personnel (HCP), dated 3/14/24, indicated but was not limited to the following: - if employee presents with fever, signs/symptoms of lower respiratory illness (shortness of breath, cough, sore throat), nasal congestion, runny nose, fatigue, body aches, vomiting, diarrhea, or sudden onset of loss of taste or smell, do not report to work. - report condition to the facility, facility may test employee or employee may report to testing center/test at home - positive results should be reported by phone - if staff test is positive the facility Infection Preventionist (IP) will evaluate and conduct outbreak testing of all potentially exposed residents and staff regardless of vaccination status Review of the Centers for Disease Control and Prevention (CDC) guidance titled Infection Control Guidance: SARS-COV-2 / COVID-19, dated 6/24/24, indicated but was not limited to the following: Perform SARS-COV-2 Viral testing: - Anyone with even mild symptoms, regardless of vaccination status, should receive a viral test for SARS-COV-2 as soon as possible Review of the facility's tracking and tracing for COVID-19 positive staff member, Certified Nurse Assistant (CNA) #2 indicated but was not limited to the following: - staff member tested positive on 9/1/24 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225330	A. Building B. Wing	09/11/2024

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- tested at work due to headache and flu-like symptoms - was wearing a mask the entire shift - cared for seven residents who were identified in the contact tracing as having been exposed Review of the staff COVID-19 tracking log, provided by the facility, indicated but was not limited to the following: - CNA #2 came into work on 9/1/24 with symptoms including: nasal congestion, headache, shortness of breath, and achiness - CNA #2 felt progressively worse throughout their shift and took a test for COVID-19 and was found to be positive for COVID-19 and was sent home During an interview on 9/6/24 at 12:48 P.M., the IP said CNA #2 should have tested at the start of her shift if she didn't feel well and not just wore a mask. She said the expectation would be that she would not come into work if she felt sick or tested upon arrival if there were any potential signs or symptoms of a COVID-19 like illness to ensure she didn't potentially expose anyone. Review of the timecard for CNA #2, provided by the facility, indicated CNA #2 arrived to work at 7:12 A.M. and worked until 1:01 P.M., on 9/1/24. During an interview on 9/10/24 at 12:01 P.M., CNA #2 said she came into work on 9/1/24 feeling ill and said she had symptoms like the common cold or allergies but felt she was capable of working and decided to wear a surgical mask. She said she did not test for COVID-19 prior to coming into work or upon arrival to the facility prior to starting her assignment. She said as the shift went on, she began feeling worse and like she wasn't capable of continuing to work and told a nurse who told her she needed to test for COVID-19. She said she tested and was positive and went home. She said the following day the facility called her and she informed them she came in feeling sick and had nasal congestion, shortness of breath, a headache and body aches, and as the shift went on, she became very tired and found it difficult to work. She said they asked her which residents she worked with and spent 15 minutes or more with during the shift and she provided them with a list. She said she knew she was sick but felt she was still capable of working until about 1:00 P.M. During a follow up interview on 9/10/24 at 12:15 P.M., the IP said staff are informed not to come into work if they feel ill and to test at home prior to coming in or at the facility upon coming in to ensure they do not have COVID-19. She said CNA #2 should not have come to work in accordance with the guidelines. She said if she could locate any educational documents that the CNA had received this training she would provide it to the survey team. During an interview on 9/10/24 at 12:24 P.M., the Director of Nurses (DON) said staff are trained to not come into work if they are feeling sick and to either test at home or test immediately upon entering the facility if they feel ill to ensure they are not potentially exposing other staff and residents to COVID-19. She said CNA #2 did not follow the guideline and should not have come to work sick or waited until the afternoon to test herself for COVID-19 and the expectation for staff testing when symptomatic of COVID-19 was not met in this circumstance. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	No evidence that CNA #2 was educated to not attend work if she was ill or to test upon arriving at work could be provided to the survey team prior to exit. 2. Review of the facility's policy titled Post PHE IPC - caring for [Facility Name] Residents and Patients, dated 5/10/23, indicated but was not limited to the following: - It is the policy of the facility to follow state and federal guidance at the end of the federal health emergency, including guidelines for the management of COVID-19. TESTING: In addition to testing when symptoms are present, [Facility Name] is required to perform outbreak testing of residents and staff as soon as possible when a case is identified; if it is determined exposure occurred less than 24 hours (hrs.) ago, then testing is conducted after 24 hrs. from any exposure, if known. - Once a new case is identified the facility tests exposed residents and staff at least every 48 hrs. on the affected unit until the facility goes 7 days without a new case, unless otherwise directed by epidemiology. - In addition, the facility should immediately test any symptomatic residents or staff members. Review of the CDC guidance titled Infection Control Guidance: SARS-COV-2 (COVID-19), dated 6/24/24, indicated but was not limited to the following: Perform COVID-19 Viral testing: - Anyone with even mild symptoms, regardless of vaccination status, should receive a viral test for SARS-COV-2 (COVID-19) as soon as possible - asymptomatic patients with close contact with someone with COVID-19 infection should have a series of three viral tests for COVID-19 infection - testing is recommended immediately (but not sooner than 24 hrs. after the exposure) and, if negative again 48 hrs. (2 days) after the first negative and, if negative again 48 hrs. (2 days) after the second negative test (this is typically day 1, 3, and 5 - with the day of exposure being day zero) During an interview on 9/6/24 at 12:43 P.M., the IP said the facility is using contact tracing for positive COVID-19 staff or residents and testing those who are known to be exposed in accordance with the guidance. She said the residents who are known to be exposed are tested about 24 hrs. after a known exposure and then every two days until they are negative for seven days total. She said the information for resident testing is on the medication administration records (MAR) and/or in the progress notes for each affected resident. She said the facility is using an exposure time of 15 minutes or more within a 24-hr. period to determine if a resident or staff member has potentially been exposed to COVID-19 after having contact with a known positive case. Review of the staff COVID-19 tracking log, provided by the facility, indicated but was not limited to the following: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- CNA #2 worked on 9/1/24 with symptoms and tested positive on 9/1/24 while at the facility for COVID-19 - Activity Assistant (AA) #1 was last in the workplace on 9/1/24 and tested positive for COVID-19 at this time (this is the date the facility became aware of the known confirmed exposure from 8/30/24), symptoms started on 8/31/24 in the evening (employee last worked on 8/30/24) Review of the facility's tracking and tracing for COVID-19 positive staff member, AA #1, indicated but was not limited to the following: - staff member experienced nasal congestion, shortness of breath, body aches, and headache on 8/31/24 and tested at the facility on 9/1/24 and was positive for COVID-19 - five Residents (#95, #28, #75, #109, #15) and two additional residents were exposed to AA #1 within the 48-hour look back timeframe (8/30/24), for a total of seven exposed residents on 8/30/24 Review of the facility's tracking and tracing for COVID-19 positive staff member, CNA #2, indicated but was not limited to the following: - staff member tested positive on 9/1/24 after working on that day - four Residents (#278, #427, #43, #87) and three additional residents were exposed to CNA#2 and required COVID-19 testing, for a total of seven exposed residents on 9/1/24 The following five Residents (#95, #28, #75, #109, and #15) were all exposed to AA #1 on 8/30/24, who developed symptoms of COVID-19 on 8/31/24 and notified the facility of a positive COVID-19 test on 9/1/24, prompting outbreak testing to be initiated with a first test date of 9/1/24 expected, in accordance with the guidance. Review of the MAR for Resident #95 from 9/1/24 through 9/10/24 indicated but was not limited to the following: - COVID-19 antigen test completed and negative on 9/2/24 - COVID-19 antigen test completed and negative on 9/3/24 - COVID-19 antigen test completed and negative on 9/6/24 (3 days after the previous negative test) - COVID-19 antigen test scheduled to be done, but no documentation the testing was completed 9/8/24 - COVID-19 antigen test completed and negative on 9/9/24 (3 days after the second negative test) Review of the Progress notes for Resident #95 from 9/1/24 through 9/10/24 indicated but were not limited to: - resident was on antibiotic treatment for pneumonia prior to his/her COVID-19 exposure on 8/30/24 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- tested negative for COVID-19 on 9/3/24, there were no other progress notes that indicated the Resident had been COVID-19 tested The medical record for Resident #95 failed to indicate the Resident was tested for COVID-19 exposure, as soon as possible following the known exposure, and was not initially tested until 9/2/24. In addition, the record failed to indicate the Resident was tested 2 days (48 hrs) after the subsequent negative COVID-19 tests in accordance with the guidance. Review of the MAR for Resident #28 from 9/1/24 through 9/10/24 indicated but was not limited to the following: - COVID-19 antigen test completed and negative on 9/2/24 - COVID-19 antigen test completed and negative on 9/3/24 - COVID-19 antigen test completed and negative on 9/6/24 (3 days after the previous negative test) - COVID-19 antigen test completed on 9/8/24 and completed and negative on 9/9/24 Review of the Progress notes for Resident #95 from 9/1/24 through 9/10/24 failed to indicate a COVID-19 test was completed on 9/1/24 or the Resident was tested 2 days (48 hrs.) after the subsequent negative COVID-19 tests in accordance with the guidance. Review of the MAR for Resident #75 from 9/1/24 through 9/10/24 indicated but was not limited to the following: - COVID-19 antigen test completed and negative on 9/2/24 - COVID-19 antigen test completed and negative on 9/3/24 - COVID-19 antigen test completed and negative on 9/6/24 (3 days after the previous negative test) - COVID-19 antigen test completed and negative on 9/8/24 Review of the Progress notes for Resident #75 from 9/1/24 through 9/10/24 failed to indicate a COVID-19 test was completed on 9/1/24 or the Resident was tested 2 days (48 hrs.) after the subsequent negative COVID-19 tests in accordance with the guidance. Review of the MAR for Resident #109 from 9/1/24 through 9/10/24 indicated but was not limited to the following: - COVID-19 antigen test completed and negative on 9/2/24 - COVID-19 antigen test completed and negative on 9/3/24 - COVID-19 antigen test completed and negative on 9/6/24 (3 days after the previous negative test) (continued on next page)

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	225330	A. Building B. Wing	09/11/2024

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- COVID-19 antigen test scheduled to be done, but no documentation the testing was completed on 9/8/24 Review of the Progress notes for Resident #109 from 9/1/24 through 9/10/24 indicated a COVID-19 test was completed and negative on 9/8/24, however it failed to indicate a COVID-19 test was completed on 9/1/24 or the Resident was tested 2 days (48 hrs.) after the subsequent negative COVID-19 tests in accordance with the guidance. Review of the MAR for Resident #15 from 9/1/24 through 9/10/24 indicated but was not limited to the following: - COVID-19 antigen test completed and negative on 9/2/24 - COVID-19 antigen test completed and negative on 9/3/24 - COVID-19 antigen test completed and negative on 9/6/24 (3 days after the previous negative test) - COVID-19 antigen test was completed on 9/8/24 (no documented results) Review of the Progress notes for Resident #15 from 9/1/24 through 9/10/24 failed to indicate a COVID-19 test was completed on 9/1/24 or the Resident was tested 2 days (48 hrs.) after the subsequent negative COVID-19 tests in accordance with the guidance. During an interview on 9/6/24 at 12:46 P.M., the IP said it appeared the Residents involved in this particular exposure for outbreak testing were not being tested as they should have been in accordance with the current guidance and could not explain the three-day timeframe following the 9/3/24 negative COVID-19 tests for all five residents involved. The following four Residents (#278, #427, #43 and #87) were all exposed to CNA #2 on 9/1/24, who had symptoms of COVID-19 on 9/1/24 and notified the facility of a positive COVID-19 test on 9/1/24, prompting outbreak testing to be initiated with a first test date of 9/2/24 expected, in accordance with the guidance. Review of the MAR for Resident #278 from 9/1/24 through 9/10/24 indicated but was not limited to the following: - COVID-19 antigen test completed and negative on 9/2/24 - COVID-19 antigen test completed and negative on 9/3/24 - COVID-19 antigen test completed and negative on 9/7/24 (4 days after the previous negative test) Review of the Progress notes for Resident #278 from 9/1/24 through 9/10/24 failed to indicate the Resident was tested 2 days (48 hrs.) after a negative COVID-19 test or tested at all after 9/7/24 in accordance with the guidance. Review of the MAR for Resident #427 from 9/1/24 through 9/10/24 indicated but was not limited to the following: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- COVID-19 antigen test completed and negative on 9/3/24 - COVID-19 antigen test completed and negative on 9/6/24 (3 days after the previous negative test) - COVID-19 antigen test completed and negative on 9/7/24 Review of the Progress notes for Resident #427 from 9/1/24 through 9/10/24 failed to indicate the Resident was tested or attempted to be tested on [DATE] (the timeframe for the initial test following a known exposure), or was tested 2 days (48 hrs.) after the subsequent negative COVID-19 tests in accordance with the guidance. Review of the MAR for Resident #43 from 9/1/24 through 9/10/24 indicated but was not limited to the following: - COVID-19 antigen test completed and negative on 9/2/24 - COVID-19 antigen test completed and negative on 9/3/24 - COVID-19 antigen test completed and negative on 9/6/24 (3 days after the previous negative test) - COVID-19 antigen test completed and negative on 9/7/24 Review of the Progress notes for Resident #43 from 9/1/24 through 9/10/24 failed to indicate the Resident was tested 2 days (48 hrs.) after a negative COVID-19 test or tested at all after 9/7/24 in accordance with the guidance. Review of the MAR for Resident #87 from 9/1/24 through 9/10/24 indicated but was not limited to the following: - COVID-19 antigen test completed and negative on 9/2/24 - COVID-19 antigen test completed and negative on 9/3/24 - COVID-19 antigen test completed and negative on 9/6/24 (3 days after the previous negative test) - COVID-19 antigen test completed and negative on 9/7/24 Review of the Progress notes for Resident #87 from 9/1/24 through 9/10/24 failed to indicate the Resident was tested 2 days (48 hrs.) after a negative COVID-19 test or tested at all after 9/7/24 in accordance with the guidance. During an interview on 9/6/24 at 12:46 P.M., the IP said the guidance indicates the testing is within 24 hours of known exposure and then every two days after each negative test after that for a total of three tests or seven days. She said viewing the documentation it appears that the testing was not completed correctly and the guidance was not followed as it should have been. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/10/24 at 8:45 A.M., the Administrator said the facility had reviewed the testing concerns brought to their attention and the testing guidance was not followed as it should have been. During an interview on 9/10/24 at 3:25 P.M., the DON reviewed the MAR and progress note documentation for the referenced residents. She said the residents should have been tested 24 hours after the facility was aware of their exposure to a confirmed case of COVID-19 and then if negative every 48 hrs. or two days after that for a total of three negative tests until the facility went seven days without a new case. She said the testing for the nine Residents exposed to a known positive case of COVID-19 reviewed does not appear to have met the guidance as it should have. 42742 3. Review of the World Health Organization Glove Use Information Leaflet, revised August 2009, indicated but was not limited to the following: Rationale for using medical gloves: Medical gloves are recommended to be worn for two main reasons: 1. To reduce the risk of contamination of health-care workers hands with blood and other body fluids. 2. To reduce the risk of germ dissemination to the environment and of transmission from the health-care worker to the patient and vice versa, as well as from one patient to another. On 9/5/24 at 9:02 A.M., the surveyor observed Nurse #1 prepare nine oral medications (12 pills total) and place them into a medication cup to be administered to Resident #19. At 9:23 A.M., as Nurse #1 began to administer the medications, Resident #19's left hand accidentally made contact with the medication cup causing approximately 5-6 pills to fall out onto the disposable absorbent pad underneath the Resident's buttocks and the mattress's fitted sheet. Nurse #1 picked up the pills with her bare hand, placed them back into the medication cup, and proceeded to administer them to the Resident. Nurse #1 did not perform hand hygiene or don (put on) gloves prior to handling the medications or dispose of them due to potential environmental contamination and to avoid the potential transfer of pathogens from Nurse #1's hand to the medications being administered. During an interview on 9/5/24 at 9:32 A.M., Nurse #1 said she shouldn't have picked up the medications with her bare hand and should have worn gloves. She said she would have only disposed of them if they had fallen onto the floor. During an interview on 9/9/24 at 4:06 P.M., the DON said anything that falls out of the medication cup should have been identified and disposed of and replaced. She said Nurse #1 should not have picked the pills up without a glove.