

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  Cape Heritage Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 37 Route 6a Sandwich, MA 02563	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and observations, the facility failed to ensure it provided a clean, comfortable, and homelike environment for the residents residing on one unit ([NAME]) out of three units.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Policy for Environmental Rounds, undated, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-Environmental rounds will be an integral part of daily routine and will also be performed regularly throughout the entire facility.</li> <li>-Environmental survey worksheets will be retained for review to illustrate the improvement of quality of life within the facility and for review/comparison purposes within the facility over a period of time.</li> </ul> <p>Review of the most recent Resident Council Minutes, dated 4/24/25, indicated it has been noted there was a lack of maintenance in the building.</p> <p>On 5/15/25 at 8:40 A.M., during the initial tour of the [NAME] unit, the surveyor observed the following:</p> <ul style="list-style-type: none"> <li>-Two keypads to the unit were loose (due to missing screws) and duct tape was visibly holding it together.</li> <li>-room [ROOM NUMBER]'s bathroom light panel was missing in the bathroom with loose screws and light bulb exposed.</li> <li>-room [ROOM NUMBER] had the residents' names written on medical tape with a black marker and stuck to the room number display.</li> <li>-room [ROOM NUMBER] had a heating panel which was broken and had fallen off the unit.</li> <li>-room [ROOM NUMBER] had multiple unpainted areas on the wall.</li> <li>-Back hallway had wallpaper peeling off the walls approximately 15 inches.</li> </ul> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-room [ROOM NUMBER] had bathroom ceiling tiles that were cracked and stained, missing molding in the bathroom, and frayed curtains.</p> <p>-room [ROOM NUMBER] had water damage near the window causing paint to bubble and chip. The curtains were ripped and frayed.</p> <p>-room [ROOM NUMBER] was missing a room number and had the Resident's first initial and last name taped to the wall outside of their room on a label. The Resident's wheelchair had about 4 inches of yellow foam coming out of the arm rest.</p> <p>-room [ROOM NUMBER] had an air conditioner unit installed lined with duct tape and the inside had large patches of black stains and a filter that was dirty with dust and debris.</p> <p>-The [NAME] dining room had peeling wallpaper with residents sitting at the table to eat their meals.</p> <p>-The electrical panel was unlocked and ajar in the dining room exposing wires.</p> <p>-The molding in the [NAME] dining room was missing near the refrigerator exposing a brown wall.</p> <p>-The sink and countertop area in the [NAME] dining room had water damage which caused the appearance of rippling in the countertop and foam sealant was exposed, the underneath cabinets were zip tied together but the cabinets would not close all the way.</p> <p>-The door near the nurses' station leading to the outside was rotting in multiple areas, exposing the outside through holes.</p> <p>During an interview on 5/15/25 at 11:19 A.M., Resident #16 said nothing seems to work correctly and there are many things that are broken in their room. He/She said they have told staff about the sink being clogged for days now as well as the footboard on the bed being broken. The Resident also showed the surveyor areas of the walls that were missing molding.</p> <p>During an interview on 5/15/25 at 12:00 P.M., Resident #366 said his/her name was written in marker on tape on his/her door for over a week. She said the door frames were completely rotted, and the unit was in disrepair. He/She said the bed was being held together with duct tape and the ceiling tiles were stained in the halls from water damage.</p> <p>During an interview on 5/20/25 at 8:24 A.M., Resident #109 said his/her bathroom light panel has been broken since he/she was admitted which was at the beginning of April. He/She said staff were aware because they were in and out of the bathroom offering assistance.</p> <p>During a tour of the [NAME] unit on 5/20/25 at 1:34 P.M., the Director of Maintenance said he expects the unit to be in good repair and reflect a homelike environment. He stated that this is not an environment he would want to live in and agreed that these items needed to be repaired. He said currently the building is using a notebook to report maintenance needs and work orders. He said he counts on staff to bring these types of things to his attention but has found the staff only seem to report issues that affect staff such as a leak or broken call light.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/20/25 at 1:40 P.M., the Regional Director of Maintenance said this unit should be in better condition and he expects all the areas including dining rooms, resident rooms, and hallways to be repaired. He said he was not aware the maintenance log was currently a single bound notebook. He said he expects the maintenance log to be completed by staff with who, what, where, when, and that maintenance is indicating the progress of the work order. He said there needs to be a better system in place and staff need to know what types of maintenance issues to report.</p> <p>During a tour with an interview on 5/20/25 at 2:34 P.M., the Administrator said the expectation is the unit offers a safe, clean, and homelike experience for the residents and maintenance is reviewing and fixing the items necessary. She said it is her expectation all staff are reporting these concerns and the team develops a tightened process for work orders and rounding. She said staff need to know that ripped curtains and holes in walls are not acceptable.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure a Resident with an alteration in skin integrity related to a wound, specifically a gastrocutaneous fistula (an abnormal opening between the stomach and the skin allowing gastric contents to leak onto the skin) at an old feeding tube site, received necessary treatment and services to promote healing for one Resident (#85), out of a total sample of 23 residents. Specifically, the facility failed to transcribe and implement wound care per recommendations by the stoma clinic, complete wound care as ordered, and to notify the physician when the surrounding skin at the wound site was macerated (white and soggy skin from exposure to excessive moisture from body fluids).</p> <p>Findings include:</p> <p>Review of the Lippincott Manual of Nursing Practice, 11th Ed. (2019) indicated: Scope of Practice, Licensure, and Certification: The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice. The National Council of State Boards of Nursing and the National League of Nursing have developed standards that guide each State Board in the development of their licensure requirements and scope of practice rules.</p> <p>Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated but was not limited to the following:</p> <p>Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error.</p> <p>Review of the facility's policy titled Treatments, dated April 2015, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-It is the responsibility of all nursing staff to constantly evaluate the health state of residents/patients as to the need for treatments, once treatments are ordered, they are to be carried out as prescribed.</li> <li>-All treatments must be charted as ordered on the treatment sheet by indicating an initial in the appropriate slot.</li> <li>-The physician should be notified if there is significant change in the area of the treatment, either positive or negative change as warranted.</li> </ul> <p>Review of the facility's policy titled Consultant Services, dated April 2025, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-The consultant should document findings and recommendations on the form.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The charge nurse will then notify the attending physician of findings, and he/she can then order the specific treatments as outlined by the consultant.</p> <p>-A consultant's report or some form of documentation pertaining to the results will be retained in the clinical record.</p> <p>Review of the facility's policy titled Physician's Orders-Transcription, dated April 2015, indicated but was not limited to the following:</p> <p>-All written physician's orders or telephone physician's orders will be duly noted and accurately transcribed by licensed nursing staff.</p> <p>-Carefully transcribe orders as written to the Medication Administration Record (MAR) and/or the Treatment Administration Record (TAR).</p> <p>Resident #85 was admitted to the facility in February 2024 with diagnoses which included cerebral infarction (stroke), dysphagia (difficulty swallowing), artificial opening of digestive tract, and depression.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 4/18/25, indicated Resident #85 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was cognitively intact, had an open wound and was receiving dressing changes.</p> <p>Review of the medical record indicated his/her Health Care Proxy (HCP) was invoked, indicating he/she was not able to make his/her own medical decisions.</p> <p>Review of the Comprehensive Care Plan indicated but was not limited to the following:</p> <p>FOCUS: Actual alteration in skin integrity related to chronic wound to stoma of gastrostomy tube (G-Tube) site. Chronic wound of abdomen status post gastrostomy.</p> <p>GOAL: Wound will be free of infection.</p> <p>INTERVENTIONS:</p> <p>-Follow physician orders for skin care and treatments. (Utilize Best Practice Guidelines)</p> <p>-Discuss non-compliance issues with resident/responsible party and educate about primary risk factors and prevention.</p> <p>FOCUS: Behavior Problem related to reactive Depression. Refuses treatments at times, delusional, requires two care givers due to accusations, and unaware of personal limits.</p> <p>GOAL: He/she will remain at reduced risk for harm to self or others with interventions in place.</p> <p>INTERVENTIONS:</p> <p>-Two care givers at all times.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Explain care to resident in advance, in terms resident understands.</p> <p>-Involve HCP/family as needed to discuss behaviors and reality of situations.</p> <p>Review of the medical record indicated Resident #85 was followed by the Hospital Stoma Clinic.</p> <p>Review of the Consults section of the medical record indicated but was not limited to the following:</p> <p>-1/9/25: Appointment at Hospital Stoma Clinic</p> <p>-Other Instructions:</p> <p>Change pouch every three days and as needed if leaking.</p> <p>Remove pouch, clean skin with warm water and pat dry.</p> <p>Apply stoma powder, brush away excess. Apply stoma barrier spray and dry thoroughly.</p> <p>Apply Convatec Natural SurFit urostomy pouch #401544 with Convatec 1 3/4-inch wafer #413184.</p> <p>Review of the Nursing Progress notes indicated but were not limited to the following:</p> <p>-1/13/25: Resident has new orders: Apply Convatec Natural [NAME]-Fit urostomy pouch #401544 with Convatec 1 3/4-inch Convex wafer #413184 with pouch/application changes.</p> <p>-1/22/25: Resident returned from gastrointestinal (GI) appointment with new order. MD/NP aware. Change stoma applies (sic) to small size.</p> <p>Review of the Physician's Orders including interim/telephone orders indicated but were not limited to the following:</p> <p>1/13/25:</p> <p>-Discontinue stoma orders.</p> <p>-Change stoma pouch and appliance every three days and as needed of leaking.</p> <p>-Remove pouch, clean skin with warm water, pat dry, apply stoma powder, brush away excess. Apply stoma barrier spray and dry thoroughly with pouch/appliance changes.</p> <p>-Apply Convatec Natural [NAME]-Fit urostomy pouch #401544 with Convatec 1 3/4-inch Convex wafer #413184 with pouch/application changes.</p> <p>1/22/25:</p> <p>-Apply 1% Silver Nitrate (solution to prevent or treat infection) to G-tube site with applies (sic) changes.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Change stoma applies (sic) to smaller size.</p> <p>The physician's order written on 1/22/25 failed to indicate the size and reference number of the appliance to be used, only indicating smaller size.</p> <p>Further review of the Physician's Orders including interim/telephone orders indicated:</p> <p>3/1/25:</p> <p>-May transfer to emergency room for 10 out of 10 Abdominal Pain.</p> <p>Review of the Hospital After Visit Summary, dated 3/1/25, indicated but was not limited to the following:</p> <p>-Diagnosis: Maceration of peri wound (skin around the wound) skin; Enterocutaneous fistula (abnormal connection between the skin and gastrointestinal tract, allowing stomach or intestinal contents to leak through the skin).</p> <p>-Follow up Appointment on this Wednesday with Hospital Surgeon to discuss surgical correction of the area.</p> <p>-In the meantime, keep the area very dry. Apply stoma powder clear once daily instead of every three days.</p> <p>Review of the Physician's Orders including interim/telephone orders indicated but were not limited to the following:</p> <p>3/1/25</p> <p>-Order given to keep stoma area very dry.</p> <p>-Apply stoma powder every day instead of every three days.</p> <p>Review of the Consults section of the medical record indicated but was not limited to the following:</p> <p>-3/5/25: Appointment at Hospital Stoma Clinic</p> <p>-Change in Treatments: Use Convex Wafer with a 7/8-inch opening #413180 (was previously using 1 1/8-inch opening)</p> <p>-Other Instructions:</p> <p>-Please change pouch twice per week to prevent skin from burning.</p> <p>-Empty pouch when 1/3 full.</p> <p>-Cleanse skin with warm water and pat dry before applying pouch.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Nursing Progress notes indicated but were not limited to the following:</p> <p>-3/1/25: Resident complained of pain and itching (sic) around stoma site. Orders given. Follow-up Appointment on 3/5/25 with general surgeon.</p> <p>-3/5/25: Resident returned from trauma/stoma appointment. New order received to change wafer size to 7/8-inch, left message for medical supply to order supplies.</p> <p>Review of the Physician's interim telephone orders failed to indicate an order for the 7/8-inch wafer was obtained and transcribed, failed to indicate to empty the pouch when 1/3 full, and failed to indicate pouch to be changed twice a week to prevent burning.</p> <p>Review of the Physician's Progress note, dated 4/8/25, indicated but was not limited to the following:</p> <p>-Fistula with leakage.</p> <p>-Patient experienced consistent leakage from the tube site and developed red excoriated (irritated) skin to the surrounding area with increased pain.</p> <p>-It was felt the erythema (redness) surrounding the tube site was most likely due to chemical irritation from stomach contents contacting his/her skin.</p> <p>Review of the progress notes failed to indicate the physician had declined the recommendation to change the appliance to the 7/8-inch size (the smaller size would leave less skin exposed to come in contact with the leaking fluid).</p> <p>Review of the ConvaTec website (<a href="https://www.convatec.com">https://www.convatec.com</a>) product information page indicated but was not limited to the following:</p> <p>-Product Reference #413184 has a 1 3/4-inch flange with a 1 3/8-inch stoma opening.</p> <p>-Product Reference #413183 has a 1 3/4-inch flange with a 1 1/4-inch stoma opening.</p> <p>-Product Reference #413182 has a 1 3/4-inch flange with a 1 1/8-inch stoma opening.</p> <p>-Product Reference #413181 has a 1 3/4-inch flange with a 1-inch stoma opening.</p> <p>-Product Reference #413180 has a 1 3/4-inch flange with a 7/8-inch stoma opening.</p> <p>Features include:</p> <p>-Durahesive<sup>®</sup>; Skin Barrier provides added protection from liquid output. Durahesive<sup>®</sup>; Skin Barriers will turtleneck or gently swell up and hug the stoma, better protecting the skin around your stoma.</p> <p>-Remember to empty pouch when 1/3 full.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the active Physician's Orders indicated but were not limited to the following:</p> <ul style="list-style-type: none"> <li>-Change Appliance and Document the following: Stoma size, Stoma color, Stoma tissue, and PeriStoma, every 72 hours remove pouch, clean site with warm water, pat dry, apply stoma powder, brush away excess, apply stoma barrier spray and dry thoroughly**Apply Convatec Natural [NAME]-Fit Urostomy pouch #401544 with Convatec 1 3/4-inch Convex fit wafer #413184. (original order date 1/9/25; entered into new electronic medical record order system 2/20/25)</li> </ul> <p>Review of the appliance the facility was actively using for Resident #85 indicated the following:</p> <ul style="list-style-type: none"> <li>-Product Reference #413183 which has a 1 3/4-inch flange with a 1 1/4-inch stoma opening.</li> </ul> <p>The facility failed to ensure the physician's order accurately matched the appliance being used.</p> <p>Review of the MAR and TAR from January 2025 through May 2025 indicated but were not limited to the following:</p> <p>February 2025</p> <ul style="list-style-type: none"> <li>-2 of 10 opportunities the appliance was not signed off as being changed.</li> <li>-5 of 10 opportunities the Silver Nitrate 1% was not signed off as being applied.</li> </ul> <p>March 2025</p> <ul style="list-style-type: none"> <li>-5 of 10 opportunities the appliance was not signed off as being changed.</li> <li>-3 of 10 opportunities the Silver Nitrate 1% was not signed off as being applied.</li> <li>-7 of 31 opportunities the Stoma Powder was not signed off as being applied.</li> </ul> <p>The facility transitioned from paper MAR/TAR charting to electronic (eMAR/eTAR) charting on 3/26/25.</p> <ul style="list-style-type: none"> <li>-The facility failed to transcribe the Stoma Powder daily to the eMAR/eTAR to the March 2025 orders.</li> <li>-The updated appliance change orders now included a description of the stoma site.</li> </ul> <p>-3/28/25 indicated the nurse documented 9 (9=see nurse's note). The correlating nurse's note indicated the appliance was intact and failed to indicate the appliance was changed per the order.</p> <p>-3/31/25 indicated the appliance was changed and the appearance of the stoma was documented as M (M=macerated).</p> <p>Review of the progress notes failed to indicate the facility notified the physician or the Hospital Stoma Clinic that the area was macerated on 3/31/25. Additionally, the notes failed to indicate the physician was notified the above treatments were not completed as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>April 2025</p> <p>-The facility failed to transcribe the Stoma Powder daily to the eMAR/eTAR.</p> <p>-The appliance was signed off as being changed as ordered.</p> <p>-9 of 10 times the documentation indicated the area was macerated.</p> <p>Review of the progress notes failed to indicate the facility notified the physician or the Hospital Stoma Clinic the area was macerated.</p> <p>May 2025</p> <p>-The appliance was signed off as being changed as ordered.</p> <p>-6 of 6 times the documentation indicated the area was macerated.</p> <p>Review of the progress notes failed to indicate the facility notified the physician or the Hospital Stoma Clinic the area was macerated.</p> <p>During an interview on 5/21/25 at 10:34 A.M., Nurse #1 said she was unsure what the current treatment to the stoma site was specifically. She said Resident #85 has been going to see the surgeon as they have been trying to get the area to close, but he/she is going to need surgery to close it, which has been scheduled for the end of this month. She said after an appointment, the nurse working reviews the referral and recommendations with the attending physician and then would write the orders and schedule follow up appointments if needed. She said the supplies in his/her room do not match the order in the computer and neither match the most recent recommendations for a 7/8-inch opening. She did not know why the orders did not match as they should.</p> <p>During an interview on 5/21/25 at 10:42 A.M., Unit Manager (UM) #2 said the physician has been burning the area closed when he/she goes to the Surgeon's office and is going the end of the month to have the area surgically closed. She said the supplies in his/her room do not match the order and she did not know why. Additionally, she said when the Resident goes to the appointment, the specialist writes their recommendations on the referral and then we obtain the orders from the attending and notify central supply to order the new supplies. She said the orders in the system should match the appliance being used. She was unsure why the order for 7/8-inch opening appliance was never written as indicated. She said she was going to investigate it a little bit more as now she was unsure what appliance was supposed to be in use and would need to clarify the orders once she figures it out.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/21/25 at 2:36 P.M., the Director of Nurse (DON) said all appliance orders should have the specific size and reference number as part of the order. She said the appliance the nurses apply to the resident should match the physician's order. Additionally, she said when a resident goes out for an appointment, the specialist writes recommendations on the referral. She said the nurse then calls the attending physician to obtain new orders, transcribes those orders, and should write a progress note. She said if the attending declines a recommendation, it should be noted on the referral and in the progress notes. She said the recommendations to use a smaller size appliance made sense because the area was macerated from skin being exposed. She said she called the nurse who failed to write the order on 3/5/25, today after being notified of the discrepancy, and she said the order was never changed because the resident did not want the appliance size changed. She said that is why there is a late entry note from today, in the record indicating such. She said there should have been education provided to the Resident and the HCP regarding the rationale of why the clinic wanted to use a smaller size and there was not. Additionally, the notes do not indicate the HCP was notified about the Resident not wanting to change the appliance, and the HCP should have been notified. She said the order and appliance being used should match and they do not. Additionally, she said the TAR does not indicate the treatments were done per physician's orders, because if it was not signed it was not done. The DON said if the area has remained macerated the physician and/or stoma clinic should have been notified and a progress note written, but they did not do that either.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  Cape Heritage Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  37 Route 6a Sandwich, MA 02563	
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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Maintain one of three kitchenettes in a clean and sanitary condition; and</li> <li>2. Properly label and date food products in the main kitchen walk-in refrigerator.</li> </ol> <p>Findings include:</p> <p>Review of the facility's policy provided by the Administrator for food storage in the kitchen, which was untitled and not dated, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-The Dietary Department will be maintained in a clean and sanitary manner to prevent foodborne illness.</li> <li>-All food items shall be labeled and dated to allow for rotation of supplies.</li> <li>-Meats will be stored on the bottom shelves of the refrigerator to prevent drippings from contaminating food on lower shelves.</li> <li>-All items stored in the refrigerator will be covered and labeled with contents and the date.</li> <li>-All potentially hazardous foods must be discarded within three calendar days after the day prepared.</li> </ul> <p>Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised January 2023, indicated but was not limited to the following:</p> <p>(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunch meat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine; (2) Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section; (3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the REGULATORY AUTHORITY upon request.</p> <p>4-602.11 (D) Equipment is used for storage of packaged or unpackaged food such as a reach-in refrigerator and the equipment is cleaned at a frequency necessary to preclude accumulation of soil residues.</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>4-602.13 Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>6-501.12 (A) Physical facilities shall be cleaned as often as necessary to keep them clean.</p> <p>1. 1. On 5/21/25 at 9:22 A.M., the surveyor made the following observations on the [NAME] unit nourishment kitchenette:</p> <p>In the refrigerator:</p> <ul style="list-style-type: none"> <li>-Clear basket of creamers which had a used disposable wipe, artificial sweetener packets, alcohol prep pad cartons, and two cartons of lactose free milk.</li> <li>-On the door shelf were rolled up used napkins, multiple [NAME] Peppermint Patties unlabeled, mayonnaise packets, and a carton of milk.</li> <li>-On the second shelf was a black insulated container on its side, unlabeled and stuck in a clear sticky dried liquid that had leaked out onto the back corner of the shelf.</li> </ul> <p>Upper Cabinets:</p> <ul style="list-style-type: none"> <li>-The shelves were visibly dirty with loose cup covers, random cups, and spoons.</li> </ul> <p>Under the sink cabinet.:</p> <ul style="list-style-type: none"> <li>-The sink drainpipe was leaking onto the cabinet floor, with a large black stain observed on the white cabinet floor, in addition, a white towel which was soiled with a black substance directly under the drainpipe.</li> </ul> <p>During an interview on 5/21/25 at 9:35 A.M., The Food service Manager (FSM) said after viewing the [NAME] nourishment kitchenette, said it is the responsibility of the kitchen staff to keep the refrigerator, plastic containers of condiments clean and stocked, and the cabinets clean. The FSM said it's the responsibility of maintenance to clean under the sink or fix any leaking pipes.</p> <p>2. On 5/13/25 at 8:10 A.M., the surveyor made the following food storage observations in the main kitchen:</p> <p>Walk-in refrigerator:</p> <ul style="list-style-type: none"> <li>-Large clear plastic container of cooked macaroni, not labeled and undated.</li> <li>-An unidentified food wrapped in plastic wrap, dated 5/7 and unlabeled.</li> <li>-An unsealed package of partially cooked bacon located in a box of frozen pancakes, not labeled and undated.</li> <li>-Metal container of cut watermelon. not labeled and undated.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Stored on a metal pan were multiple dishes of cut cucumbers, tomatoes, and salads, undated.</p> <p>-One Chef salad containing eggs, turkey, ham, dated 5/8.</p> <p>-Bowl of fresh fruit uncovered, not labeled and undated.</p> <p>-Metal Container, which was covered with tinfoil, not labeled and undated. Inside the metal container was egg salad, with nine hard boiled eggs on top of the already made egg salad.</p> <p>-Reusable plastic bag of raw chicken meat, not labeled and undated. The bag was stored on top of a sealed cardboard box containing raw chicken. No drip pan.</p> <p>-Reusable plastic bag containing raw hamburger, not labeled and undated. The bag was stored on top of three additional rolls of sealed raw hamburger. No drip tray underneath the raw hamburger.</p> <p>-Plastic container of tuna fish, dated 5/5.</p> <p>-Metal container of an unidentifiable green vegetable covered with clear plastic wrap, labeled 4 puree, dated 5/10.</p> <p>-Large clear plastic container of chicken salad, labeled but undated.</p> <p>-Clear plastic container of melon, dated 4/28.</p> <p>- Metal container of pickles, not labeled and undated.</p> <p>Observation of the walk-in freezer:</p> <p>-Boxes were stacked in the center of the freezer on the floor.</p> <p>-The freezer was observed to have heavy frozen condensation on the ceiling, on all the boxes, inside the open boxes, thick ice buildup around the opening to the freezer, especially on the lower left floor by the door.</p> <p>-Plastic container of frozen strawberries, partially covered with tinfoil.</p> <p>-There were multiple boxes which were open, the internal plastic bags were open, and the food was covered with frozen condensation, including pancakes, biscuits, strawberries, pie crusts, and frozen patties.</p> <p>-The frozen hamburger tubes on the lower right shelf were encased in frozen condensation.</p> <p>During an interview on 5/13/25 at 8:30 A.M., the Food Service Manager said the food in the refrigerator should be labeled and dated. He said if the food is older than three days, it should be thrown out. In addition, he said the boxes and the bags should be sealed in the freezer to prevent the condensation on the food.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation and staff interview, the facility failed to ensure that trash, garbage, and refuse were disposed of and properly contained within a receptacle constructed with a tight-fitting lid.</p> <p>Findings include:</p> <p>Review of the 2022 Food Code (a model for safeguarding public health and ensuring food is unadulterated and honestly presented when offered to the consumer) by the U.S. Food and Drug Administration (FDA) indicated outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents. Proper equipment and supplies must be made available to accomplish thorough and proper cleaning of garbage storage areas and receptacles so that unsanitary conditions can be eliminated.</p> <p>Review of an e-mail from the local Fire Department, dated 2/6/25, to the Department of Public Health indicated but was not limited to the following:</p> <p>-Over the past year, since I have been in this position we have run into several safety concerns and issues with the facility from overflowing trash bins and trash left on the ground outside the facility, hood systems not being cleaned in the appropriate time frames, to now a possible overflowing leach field behind the building.</p> <p>On 5/15/25 at 9:00 A.M., the surveyor made the following observations of the outside trash receptacles located outside of the main kitchen:</p> <p>Inside the fenced in dumpster area:</p> <p>- Two dumpsters in the wooden fence area: one on the left for recyclable cardboard and one on right for general refuse, both dumpsters were overflowing. Located within the fenced area on the ground were 8-10 cardboard boxes stacked, three black trash bags between the two dumpsters, an old mattress behind the refuse dumpster, four black trash bags to the right of the refuse dumpster, and five black trash bags in front of the refuse dumpster. There was miscellaneous trash scattered around the dumpster on the ground, including blue disposable gloves, small boxes, milk crates, plastic wrap, cups and other various debris.</p> <p>Outside the fenced in dumpster area:</p> <p>-A dolly cart with two black bags of trash and two empty cardboard boxes, uncovered.</p> <p>-Three large plastic laundry carts, each overflowing with white clear trash bags, uncovered.</p> <p>-One gray laundry cart overflowing with clear and black plastic trash bags, uncovered.</p> <p>-One canvas, darker blue laundry cart overflowing with clear and black plastic bags, uncovered.</p> <p>-There were multiple clear and black plastic trash bags which had fallen off the laundry carts onto the ground.</p> <p>(continued on next page)</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 5/15/25 at 11:22 A.M., the facility's outside trash removal contractor said he is here to pick up some of the trash; he does not have room in his truck to remove all of it. He said this happens frequently, the trash was not picked up due to non-payment.</p> <p>During an interview on 5/16/25 at 12:54 P.M., Dietary Staff #1 said the trash overflows frequently because it's not picked up regularly.</p> <p>During an interview on 5/20/25 at 10:01 A.M., the Administrator said she was not aware the trash was not being removed or of any payment issues.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation and interview, the facility failed to ensure mechanical equipment in the main kitchen was maintained in a safe operating condition, specifically (1) the walk-in freezer, (2) the stove hood, and (3) the ice machine.</p> <p>Findings include:</p> <p>Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following:</p> <p>4-5 Maintenance and Operation</p> <p>4-501 Equipment</p> <p>4-501.11 Good Repair and Proper Adjustment.</p> <p>(A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2.</p> <p>(B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.</p> <p>1. On 5/15/25 at 8:15 A.M., the surveyor observed the following in the walk-in freezer in the main kitchen:</p> <ul style="list-style-type: none"> <li>-Freezer door unable to fully seal due to ice buildup;</li> <li>-Only two plastic freezer strip curtains were intact, the rest were missing;</li> <li>-Large amount of ice build-up at the base of freezer door, extending into the left side of the freezer;</li> <li>-Large amount of drops of condensation frozen on the entire ceiling, the metal racks inside were covered with frozen condensation;</li> <li>- Ice buildup on boxes on every shelf; and</li> <li>-Frozen condensation observed inside boxes and inside numerous clear packaged food items, and three frozen hamburger tubes were encased in frozen condensation.</li> </ul> <p>During an interview on 5/21/25 at 1:59 P.M., the Director of Maintenance said when he started this week, the freezer was frozen over, and he thawed it out. He said the freezer strip curtains were broken and the door was not sealing. He said he now has a call out for service.</p> <p>2. Review of the Certification of Local Fire Inspection, dated 3/18/25, indicated but was not limited to the following:</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Nursing home or rest home quarterly inspection.</p> <p>-Not to be in compliance with local ordinances regarding the prevention and safety. The following violations were observed:</p> <p>-Hood cleaning done 2/21/24. 180 days.</p> <p>On 5/15/25 at 8:15 A.M., the surveyor observed the stove hood inspection sticker, which indicated the last inspection was 2/21/24, and the next inspection was due in 180 days. Indicating the inspection was now 269 days overdue.</p> <p>During an interview on 5/16/25 at 12:54 P.M., Dietary Staff #1 observed the hood sticker and said he knows the hood is overdue for cleaning and inspection.</p> <p>3. Review of the Ice Cleaning and Maintenance Log, located in the maintenance office, indicated the ice machine filter was due to be changed in January 2025. The filter change was three and half months overdue.</p> <p>During an interview on 5/21/25 at 2:10 P.M., Maintenance Staff #1 said he cleans the ice machine, but does not change the filter. He said they have a company for that, and it was due to be changed in January 2025, and it was not.</p> <p>During an interview on 5/16/25 at 2:35 P.M., the Administrator said she was made aware the hood inspection was overdue. She said she was not aware of the condensation in the freezer or the overdue service for the ice machine.</p> <p>During an interview on 5/21/25 at 9:35 A.M., the Food Service Manager (FSM) said he was not aware of the regularly scheduled maintenance of the equipment in the kitchen. He said the maintenance department handles all the service and regular maintenance of the ice machine, the freezer, and the hood.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation and interviews, the facility failed to maintain their septic system drain field in working order and/or increase pumping of their septic tank to prevent the liquid wastewater from running into their parking lot.</p> <p>Findings include:</p> <p>Review of website <a href="http://www.epa.gov/septic/how-septic-systems-work">www.epa.gov/septic/how-septic-systems-work</a>, included but was not limited to the following information from the federal government:</p> <p>How a typical conventional septic system works:</p> <ol style="list-style-type: none"> <li>1. All water runs out of your home from one main drainage pipe into a septic tank.</li> <li>2. The septic tank is a buried, water-tight container usually made of concrete, fiberglass, or polyethylene. Its job is to hold the wastewater long enough to allow solids to settle down to the bottom forming sludge, while the oil and grease floats to the top as scum. Compartments and a T-shaped outlet prevent the sludge and scum from leaving the tank and traveling into the drainfield area.</li> <li>3. The liquid wastewater (effluent) then exits the tank into the drainfield.</li> <li>4. The drainfield is a shallow, covered, excavation made in unsaturated soil. Pretreated wastewater is discharged through piping onto porous surfaces that allow wastewater to filter through the soil. The soil accepts, treats, and disperses wastewater as it percolates through the soil, ultimately discharging to groundwater. If the drainfield is overloaded with too much liquid, it can flood, causing sewage to flow to the ground surface or create backups in toilets and sinks.</li> </ol> <p>Review of an e-mail from the local Fire Department, dated 2/6/25, to the Department of Public Health indicated, but was not limited to the following:</p> <p>-Over the past year, since I have been in this position we have run into several safety concerns and issues with the facility from overflowing trash bins and trash left on the ground outside the facility, hood systems not being cleaned in the appropriate time frames, to now a possible overflowing leach field behind the building.</p> <p>Review of the handwritten pumping log maintained in the maintenance office indicated the septic system was last pumped on 3/27/25.</p> <p>Review of the last invoice received from the septic system pumping company was dated 3/26/2025.</p> <p>On 5/20/25 at 9:15 AM., the surveyor observed the lower parking lot and observed water bubbling out from the manhole cover, creating a stream of water running into a line of parked cars. The water created a strong smell of sewage.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 5/20/25 at 9:15 A.M., Consultant #1 and Consultant #2 said they were on the premises for the first time to evaluate the septic system for the facility. Consultant #1 said they were unable to comment on the condition of the current septic system at this time, other than there is a problem. Consultant #1 said the water running from the manhole cover into the parking lot was effluent water, meaning it had gone through the septic tank and should be leaching into the ground. Consultant #1 and Consultant #2 both said more frequent pumping of the septic tank would be helpful since the water is not leaching now.</p> <p>During an interview on 5/20/25 at 11:25 A.M., the Maintenance Director said he just started in the building on Monday. He said the last pumping receipt he has is from March 2025. He said the two engineers that were here today are going to the Town Hall for some investigation to see what can be done to fix the problem.</p> <p>During an interview on 5/20/25 at 11:32 A.M., the Regional Maintenance Director said he was made aware of the problem one to two months ago and was here in the building a month ago. He said he was not aware of the problem in February 2025. He said his boss knew about it before him and was managing it with the previous Plant Manager by having it pumped out.</p> <p>During an interview on 5/21/25 at 11:21 A.M., the Administrator said she was not aware of when the concern with the septic system started or what the previous pumping schedule was. The Administrator said she has requested the timeline from the regional maintenance director as requested by the surveyor but has not received it.</p> <p>During an interview on 5/21/25 at 2:10 P.M., Maintenance Staff #1 said there has been no pumping of the septic system since March 2025. He said that this has been a problem, especially when it rains a lot, and the problem gets worse.</p> <p>The facility did not provide the requested timeline of when the facility was made aware of the septic system problems or any mitigation plan at the time of survey exit.</p>		