

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Skld Muskegon		STREET ADDRESS, CITY, STATE, ZIP CODE  1061 W Hackley Ave Muskegon, MI 49441	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29073</p> <p>Based on observation, interview, and record review, the facility failed to provide care in a dignified manner for 2 residents (Resident #57 and Resident #73) out of 18 residents reviewed for quality care.</p> <p>Findings include:</p> <p>Resident #73 (R73)</p> <p>Review of an Admission Record reflected R73 admitted to the facility with diagnoses that included non-traumatic intracerebral hemorrhage (stroke), hemiplegia and hemiparesis (partial or complete paralysis on one side of the body) following a stroke, difficulty walking, and dysphagia.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] reflected R73 was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 11/15.</p> <p>Review of a Care Plan revealed R73 has limited/impaired physical mobility and had an Activity for Daily Living (ADL) self-care performance deficit related to a stroke and right sided weakness. The plan of care indicated R73 needed two people to assist with showers and bathing, toilet use and transfers.</p> <p>During an interview on 10/30/24 at 9:35 AM, R73 reports that he frequently has to wait an hour for the staff to attend to his needs when he puts his call light on. R73 said the staff will enter his room, turn off his call light and tell him that they will be right back and then don't return. R73 reports that he feels forgotten. R73 emphasized his feelings by repeating that he knows they forgot him. According to R73, the delay in staff response to his call light is worse in the morning before noon. R73 reported that at this time, he is waiting for staff to shower him, but they said they forgot wash cloths.</p> <p>During an observation on 10/30/24 at 10:10 AM, Licensed Practical Nurse (LPN) B entered R73's room and told him he would have to wait for his shower until around 1:00 PM, after lunch due to the nurse aide needed to take a lunch break, then lunches needed to be served to all the residents. R73 was overheard saying, No! No! No! No!</p> <p>30120</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #57 (R57)</p> <p>A review of R57's Admission Record, dated 10/30/24, revealed that R57 was a [AGE] year-old resident admitted to the facility on [DATE]. In addition, R57's Admission Record revealed multiple diagnoses that included repeated falls, lack of coordination, and cognitive communication deficit.</p> <p>A review of R57's Minimum Data Set (MDS) (a tool used for assessing a resident's care needs), dated 9/25/24, revealed a Brief Interview for Mental Status (BIMS) (a scale used to determine a resident's cognitive status) score of 12 which revealed R57 was cognitively intact.</p> <p>During an interview on 10/28/24 at 12:00 PM, R57 stated he will urinate a little at a time and after about an hour, his brief will be soaked. He stated when he puts his call light on it's hurry up and wait and sometimes staff may not check on him and change his brief for an hour and a half to two hours. R57 stated day shift was the worse time for staff to answer his call light timely. In addition, R57 stated that it usually takes staff around 15 to 20 minutes to answer his call light and when they do they will shut it off, leave the room, and not always come back until 30 minutes to an hour later, especially if his brief needs to be changed.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29073</p> <p>Based on observation, interview and record review, the facility failed to A) Develop, implement and evaluate the effectiveness of care planned interventions, B) Complete required assessments and follow-up after a fall, C) Accurately complete Minimum Data Set (MDS) assessments, and D) Track incidents and accidents as an aspect of Quality Assurance (QA) for 1 resident (Resident #69) out of 18 residents reviewed for quality care.</p> <p>Findings:</p> <p>Resident #69 (R69)</p> <p>Review of an Admission Record reflected R69 admitted to the facility from the hospital following a stroke which resulted in hemiplegia and hemiparesis (loss of strength or paralysis on one side of the body) and high blood pressure.</p> <p>During an interview and observation on 10/29/2024 at 10:26 AM, R69 reported he had concerns related to understanding what level of function he could perform on his own. R69 was seated in a wheelchair when he reported that he took pride in making his own bed and transferring himself to the bathroom using a quad cane. R69 reported staff knew he was independent, but did not know if he should be walking independently or if he should have a staff person with him followed by a wheelchair. R69 said that he would sometimes sneak out of his room in the evening and walk in the hallway to try and maintain his level of function. R69 said staff did not assist him to ambulate as a part of a restorative program but reported that he would go to the therapy gym and use the equipment there to maintain his strength.</p> <p>Review of a Reported Fall incident report dated 8/9/24 indicated that R69 reported he lost his balance while using the bathroom, hit his shoulder on the wall and lowered himself to the floor. R69 did not report the incident to staff at the time.</p> <p>Review of a General Progress Note dated 8/11/2024 at 3:17 PM indicated R69 waited 2 days to report the fall to staff and complained of shoulder pain which was assessed by the nurse who discovered a 3 centimeter long pink abrasion. R69 denied hitting his head, however staff initiated neurological assessments at the time per protocol.</p> <p>Review of a General Progress Note dated 8/11/2024 at 7:50 PM reflected that R69's left shoulder and clavicle were x-rayed and indicated that R69 had a fracture of the distal end of the left clavicle with no significant displacement. The note indicated R69's pain was controlled, and no new orders were obtained from the physician.</p> <p>Review of a Social Services progress note dated 8/20/24 revealed SW (social work): This worker met with (R69) to start planning for discharge with the resident in the coming weeks. (R69) notes a concern for falling and his left arm needing to get stronger .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a General Progress Note dated 9/1/2024 reflected (R69) reported a fall yesterday (8/31/24). He states he was grabbing clothes from his closet and turned too quickly and slid to the floor landing on his bottom. He states his bed was lowered so he was able to grab the bed and stand up. He is complaining of aching pain in his left rib area. He denies hitting his head and denied pain in any other area. No marks/bruising noted. Vitals are stable and within normal range for this resident. On call manager notified and provider notified.</p> <p>Review of a General Progress Note dated 9/1/24 indicated Xray completed at 1630 (4:30 PM) by (name of radiology company). Awaiting results. No indication for the x-ray was documented.</p> <p>Review of a General Progress Note dated 9/3/24 at 11:44 PM reflected R69's chest x-ray results reflected faint early interstitial infiltrates in the right lung base. New orders received from physician to start Augmentin (an antibiotic) 875-125 mg (milligram) q (every) 12hrs (hours) x 7 days . The note did not indicate R69 had any negative respiratory assessment findings, making it unclear whether the x-ray ordered was to evaluate pain in R69's left rib area or for another indication.</p> <p>Review of a Care Plan initiated on 8/8/2023 (admission) reflected R69 had limited/impaired mobility r/t (related to) hemiplegia and hemiparesis following cerebral infarction (stroke) affecting left dominant side. Interventions implemented on 8/10/23 indicated R69 needed assistance from one person for transfers and LOCOMOTION: Encourage (R69) to ambulate in hallway daily with quad cane, gait belt, and 1 assist with wheelchair to follow. A new intervention added to the care plan on 8/15/24 (after R69's reported and unwitnessed fall on 8/9/24) (R69) prefers to self-transfer, encourage him to ask for assistance. The Care Plan did not reflect a new intervention was added to the care plan after R69 reported an apparent unwitnessed fall on 8/31/24.</p> <p>During an interview on 10/30/2024 at 10:21 AM, the Director of Nursing (DON) said R69 had one fall on 8/8/2024 and said she was not aware that R69 had reported a second unwitnessed fall on 8/31/24 as documented. The DON did not know if the x-ray ordered on 9/1/24 was related to the fall and left side rib pain. The DON reported she did not have an incident report, required post-fall assessments or updated care plan interventions that addressed R69's apparent fall on 8/31/24. The DON reported that the facility did not have a restorative plan for R69 and that if staff were walking with R69 per the care plan it should be documented in the Task monitor used by Certified Nurse Aides (CNAs).</p> <p>Review of the Task section of the Electronic Medical Record (EMR) along with the DON revealed there was NOT a task pertaining to encouraging and/or assisting R69 to ambulate per the care plan.</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE] (the assessment documented prior to R69's fall on 8/9/24) reflected R69 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15/15. Section GG-Functional Abilities and Goals indicated R69 had impairment on one side of upper and lower extremities, relied on a wheelchair for locomotion. Section GG0170. Mobility indicated R69 required some assistance from staff for sitting to standing but Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space . Not attempted due to medical or safety concerns. The assessment confirmed staff were not implementing a care planned intervention to assist R69 with ambulation.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a quarterly MDS assessment dated [DATE] also indicated R69 was cognitively intact. Section J-Health Conditions, section J1800 reflected. Any Falls Since Admission or Prior Assessment (OBRA or PPS), whichever is more recent indicated R69 had NOT had any falls as indicated by a checkmark next to 0. No. Because the assessment did not accurately reflect R69 had sustained 2 falls, including one with injury, the assessment did not reflect this pertinent data which would be used in care planning decisions and as a Quality Measure (QM).</p> <p>Review of a facility Fall policy adopted 7/11/2018 reflected It is the policy of this facility to evaluate extent of injury after a fall, prevent complications and to provide emergency care. The procedure specified that residents will be evaluated for injury and measure vital signs, 5. Initiate neurological checks for any fall where a resident hit his/her head or for any unwitnessed fall. 6. Evaluate for cause of fall . 10. Document all appropriate information in the medical record. 11. Note on 24-hour report.</p> <p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 10th edition revealed, The health care record provides a way for members of the interprofessional health care team to communicate about multiple aspects of patient care, including patient needs and response to care and therapies; clinical decision making; and the content and outcomes of consultations, patient education, and discharge planning. Information communicated in the health care record allows health care providers to know a patient thoroughly, facilitating safe, effective, timely, and patient-centered clinical decision making. The health care record is the most current and accurate, continuous source of information about a patient's health care status, allowing the plan of care to be clear to anyone who accesses the record. To enhance communication and promote safe patient care, you document assessment findings and patient information as soon as possible after you provide care (e.g., immediately after providing a nursing intervention or completing a patient assessment). The quality of patient care depends on your ability to communicate with other members of the health care team (see Chapter 24). When a plan is not communicated to all members of the health care team, care becomes fragmented, tasks are repeated, and delays or omissions in care often occur. The health record is an important means of communication because it is a confidential, permanent, legal documentation of information relevant to a patient's health care. The record is an ongoing current and accurate account of a patient's health care status and is available to all members of the health care team. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 366). Elsevier Health Sciences. Kindle Edition.</p> <p>Review of Fundamentals of Nursing ([NAME] and [NAME]) 10th edition revealed, Completing a health assessment and physical examination is an important step toward providing safe and competent nursing care. The nurse is in a unique position to determine each patient's current health status, distinguish variations from the norm, and recognize improvements or deterioration in the patient's condition. Nurses must be able to recognize and interpret each patient's behavioral and physical presentation. You perform health assessments and physical examinations to identify health patterns and evaluate each patient's response to treatments and therapies. You gather assessment data about patients' past and current health conditions in a variety of ways, using a comprehensive or focused approach, depending on the patient situation .Depending on the outcome of an assessment, a nurse considers evidence-based recommendations for care based on a patient's values, the health provider's clinical expertise, or personal experience. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (pp. 516-517). Elsevier Health Sciences. Kindle Edition.</p> <p>(continued on next page)</p>		

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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Review of Fundamentals of Nursing ([NAME] and [NAME]) 10th edition revealed, Patient safety and improved care are the goals of QI, PI, and risk management (TJC, 2019). Professional groups such as the Institute of Medicine focus on patient safety as major goals. Never events are preventable errors, which include falls, urinary tract infections from improper use of catheters, and pressure injuries . When trending shows an increase in never events, QI and PI activities are quickly implemented. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 317). Elsevier Health Sciences. Kindle Edition.		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37872</b></p> <p>Based on interview and record review, the facility failed to assess and monitor a wound for 6 weeks for 1 Resident (R28) of 2 residents reviewed for pressure ulcers, resulting in the potential of R28's pressure ulcer to worsen due to missed assessments.</p> <p>Findings:</p> <p>Resident #28</p> <p>Review of an Admission Record revealed R28 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: Osteomyelitis of Vertebra, Sacral and Sacrococcygeal Region, End Stage Renal Disease, Flaccid Hemiplegia Affecting Right Dominant Side, Colostomy, Disorganized Schizophrenia, and Anxiety Disorder.</p> <p>Review of a Minimum Data Set (MDS) assessment for R28, with a reference date of 8/15/24 revealed a Brief Interview for Mental Status (BIMS) score of 11, out of a total possible score of 15, which indicated R28 was moderately cognitively impaired. Further review of R28's MDS reflected she is at risk for pressure ulcers and currently had an Unhealed Pressure Ulcer. The record reflected she had 1 Pressure Ulcer a Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. The Stage 4 pressure ulcers were present upon admission/reentry.</p> <p>During the initial interview on 10/28/24 at 10:46 AM, R28 revealed, I have a wound on my bottom.</p> <p>Review of Resident Matrix dated 10/28/24 reflected R28 did not have any Pressure Ulcers that were not present on admission.</p> <p>Review of Skin Observation Tool dated 10/26/28 for R28, reflected skin intact, no open areas noted.</p> <p>Review of R28's current physician's order dated 8/28/24 revealed, Sacral Wound: Cleanse wound with Normal Saline or Wound Cleanser, Apply Calcium Alginate w/ Silver to promote autolytic debridement. Cover with ABD- secured by brief and barrier cream. Change dressing daily and as needed for soiling, saturation, or accidental removal. Peri-Wound Apply peri-wound skin protectant-house barrier cream around the margins to prevent maceration. Scheduled every night shift for wound healing.</p> <p>Review of R28's Care Plan revealed, (Name of R28) has a stage 4 pressure ulcer with hx (history) of osteomyelitis to her sacrum r/t Immobility, impaired sensation, type 2 DM, cognitive communication deficit, . Date Initiated 02/02/2022 Review of Interventions for R28's Pressure Ulcer included, Assess/record/monitor wound healing Weekly. Measure length, width and depth where possible. Assess and document status of wound perimeter, wound bed and healing progress. Report improvements and declines to the MD. Date revised on 7/13/23.</p> <p>During an interview on 10/30/24 at 02:44 PM, Licensed Practical Nurse (LPN) B revealed that R28 has Pressure Ulcer (PU) on her sacral region and that it was checked about an hour ago.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R28's Medical Record, reflected resident had 6-week gap from 9/11/24- 10/30/24 between her Skin Alteration Evaluation. Review of R28's 9/11/24 Skin Alteration Evaluation reflected she had a Stage IV Pressure Ulcer on her Sacrum that measured 4.5 cm by 1.5 cm with a depth of 1.4 cm. R28's next Skin Alteration Evaluation was dated 10/30/24, reflected her Stage IV measurements as 4.5 cm by 1.3 cm with a depth of 0.8 cm.</p> <p>During an interview on 10/31/24 at 8:54 AM, DON revealed the following insight about R28's wound/skin assessments, I looked at her charts for weekly skin assessments and we had a big gap of no weekly skin assessments. We did a Skin Alteration Assessment on her yesterday (10/30/24) and the wound has gotten better since her last one was completed on 9/11/24. DON explained around 9/11 (Name of R28) dialysis days switched from Tuesday, Thursday and Saturday to now on Monday, Wednesday and Friday. DON further revealed 2 things happened 1.) She appointed one of her nurses to do wound rounds (rather than doing them herself) with (Name of Wound Company). 2.) (Name of Wound Company) comes in on Wednesdays for wound rounding and R28 fell through the cracks due to her changing dialysis schedule and a new staff member doing the wound rounding instead of herself. DON stated (Name of R28) was the only resident with wounds that had not been evaluated and had slipped through the cracks.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29073</p> <p>Based on observation, interview, and record review, the facility failed to ensure licensed staff carried out physician orders according to professional standards for the care of residents who receive enteral feeding for one resident (Resident #73), out of one resident reviewed for tube feeding from a total sample of 18 residents.</p> <p>Findings include:</p> <p>Resident #73 (R73)</p> <p>Review of an Admission Record reflected R73 admitted to the facility with diagnoses that included non-traumatic intracerebral hemorrhage (stroke), hemiplegia and hemiparesis (partial or complete paralysis on one side of the body) following a stroke, difficulty walking, and dysphasia.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] reflected R73 was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 11/15.</p> <p>Review of physician orders on the October 2024 Medication Administration Record (MAR) reflect: Enteral Feed Order every shift related to DYSPHAGIA FOLLOWING UNSPECIFIED CEREBRAL VASCULAR DISEASE (I69.991) Formula Jevity 1.5 @ (at) 70 mls/hr (milliliters per hour) &amp; flush with H2O (water) @ 35 mls/hr; run continuously until 1680 mls has infused (24 hours) monitor Q (every) shift. (No start date specified)</p> <p>During an observation on 10/28/2024, Registered Nurse (RN) C was witnessed disconnecting R73 from his tube feeding infusion before he was wheeled to the therapy gym by a member of the therapy staff. RN C did not flush R73's tube with water after disconnecting the PEG tube from the infusion pump.</p> <p>Review of a facility policy Enteral Feeding Administration-Tube Flushing revised 9/18/2019 reflects It is the policy of this facility to maintain patency of feeding tube and/or restore patency, to provide free water and to maintain hydration in resident. The policy specified, Tubes should be irrigated before and after administration of medications, before initiating a feeding, or when there is an interruption of feeding.</p> <p>During an observation on 10/30/24 at 9:45 AM, R73 lifted his shirt revealing the tube feeding infusion site. A split drain sponge was positioned under the flange of the tube feeding insertion site. The dressing was not dated or initialed making it unclear who and when the dressing was last changed. R73 said staff do not change the dressing often enough, typically every other day.</p> <p>(continued on next page)</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of physician orders on the October 2024 Treatment Administration Record (TAR) reflect: Cleanse PEG (Percutaneous Endoscopic Gastrostomy) tube site with NS (normal saline), pat dry &amp; apply drain sponge every night shift for skin management. Report any increased redness, warmth, drainage, etc. to medical provider. (No start date specified) The order was not documented as completed on 10/21/2024 as evidenced by no licensed nurse initials or exception code (a number indicating why the treatment was not carried out). Further review of the TAR indicated 9 out of 29 days, the dressing was not changed as evidenced by licensed staff initials and the exception code 10 which indicated R73 refused.</p> <p>Review of all Progress Notes from 9/30/24-10/28/24 did not reflect notes or rational related to R73's frequent refusals, notification to the interdisciplinary team (IDT) or physician. The notes did not reflect attempts to re-approach R73 to complete the order, reschedule the order, or educate the resident about the importance of having the tube feeding dressing cleaned and changed per the physician order.</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38905</p> <p>Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food from the kitchen. Findings include:</p> <p>During a tour of the kitchen, at 10:05 AM on 10/28/24, it was observed that the hand wash sink, near the dish machine, was found to not have hot water coming out of the fixture. At this time a temperature of the hot water was taken with a rapid read thermometer and found to only reach 66F. Observation under the sink found a mixing valve with a water line also going to an eye wash station. At this time, an interview with Dietary Aide G found that hand sink doesn't seem to get hot.</p> <p>According to the 2017 FDA Food Code section 5-202.12 Handwashing Sink, Installation.</p> <p>(A) A HANDWASHING SINK shall be equipped to provide water at a temperature of at least 38oC (100oF) through a mixing valve or combination faucet.</p> <p>During a tour of the kitchen, at 10:08 AM on 10/28/24, observation of the two-door arctic air unit found the following items: two open packages of sliced turkey dated 10/23 to 10/27, a container of tomato soup dated 10/25 to 10/27, and an open package of hot dogs with no discard date.</p> <p>During a tour of the two door Blue Air cold hold unit, at 10:16 AM on 10/28/24, it was observed that a container of nutritional shakes were found in a container with ice. Further observation found that the label on the shakes container stated Hot Dogs with a date of 10/22. A review of the nutritional shakes manufactures directions state the item is good 14 days from thaw.</p> <p>According to the 2017 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety .</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 - Many</p>	<p>According to the 2017 FDA Food Code section 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A) .</p> <p>During a tour of the kitchen, at 10:10 AM on 10/28/24, it was observed that a large pot full of water and a few five pound tubes of raw ground beef were sitting in the preparation sink. When asked if the items were thawing, Dietary Manager (DM) F stated they were and that the water needing to be running. At this time DM F went and turned the water on to run into the pot of thawing ground beef.</p> <p>According to the 2017 FDA Food Code section 3-501.13 Thawing. Except as specified in (D) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be thawed: (A) Under refrigeration that maintains the FOOD temperature at 5C (41F) or less; or (B) Completely submerged under running water: (1) At a water temperature of 21C (70F) or below, (2) With sufficient water velocity to agitate and float off loose particles in an overflow, and (3) For a period of time that does not allow thawed portions of READY-TO-EAT FOOD to rise above 5C (41F) .</p> <p>During a tour of the kitchen, at 10:13 AM on 10/28/24, an interview with DM F found that the table top meat slicer is used once or twice a week. When asked if it was used today, DM F stated it was not. Observation of the slicer found an increased amount of debris on the upper backside of the blade. Debris was dried and yellow in color.</p> <p>During a tour of the two door Blue Air cold hold unit, at 10:16 AM on 10/28/24, it was found that the bottom of the unit was covered by spilled juice. Further observation found a tipped over container of peach orange juice.</p> <p>During an observation of the clean utensil drawer containing metal spoons, at 10:20 AM on 10/28/24, found an increased amount of crumb debris inside of the drawer. Observation of the back of the drawer found a heavy line of crumb debris that had accumulated along the back portion of the drawer.</p> <p>During a tour of the kitchen, at 10:30 AM on 10/28/24, it was observed that the ice scoops were stored upright in a plastic container next to the ice machine. This allows for stagnant water to accumulate between uses.</p> <p>During a tour of station one nourishment room, at 10:43 AM on 10/28/24, observation of the ice machine spout found an increased amount of crusted debris on the inside bottom perimeter of the spout.</p> <p>During a tour of station two nourishment room, at 10:50 AM on 10/28/24, it was observed that the ice machine spout had an accumulation of white and brown slimy debris on the inside perimeter of the spout. Further observation found that the ice machine was leaking onto the counter, with water falling through a hole and onto the refrigeration unit and the floor underneath. When asked if he was aware of this, DM F stated he was not. It was also noted that disposable plastic straws were stored in a lower cabinet where the air gap for the ice machine was located, this area was found to have an increased accumulation of debris on the bottom floor of the cabinet and some boxes of straws located near the wastewater line of the ice machine.</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 - Many</p>	<p>According to the 2017 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>According to the 2017 FDA Food Code section 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles. (A) Except as specified in (D) of this section, cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLE USE ARTICLES shall be stored: (1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor. (B) Clean EQUIPMENT and UTENSILS shall be stored as specified under (A) of this section and shall be stored: (1) In a self-draining position that allows air drying; and (2) Covered or inverted .</p> <p>According to the 2017 FDA Food Code section 6-501.11 Repairing. PHYSICAL FACILITIES shall be maintained in good repair.</p> <p>During the initial tour of the Station Two nourishment room, starting at 10:50 AM on 10/28/24, found the internal thermometer of the unit was reading 50F. Items in the refrigeration unit were mostly shelf stable supplements, but also contained some cartons of milk. DM F discarded the cartons of milk and turned the unit to a higher setting. When asked what the unit was set to, DM F stated it was set on the lowest setting 1.</p> <p>According to the 2017 FDA Food Code section 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C ) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57C (135F) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54C (130F) or above; or (2) At 5C (41F) or less.</p> <p>During an observation of the kitchen, at 10:27 AM on 10/28/24, found that three quarter pans were stacked wet with moisture stuck in-between the pans, When asked were items typically dry, DM F stated that they should be leaned up against each on the three compartment sink area until fully dried.</p> <p>According to the 2017 FDA Food Code section 4-901.11 Equipment and Utensils, Air-Drying Required. After cleaning and SANITIZING, EQUIPMENT and UTENSILS: (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in Antimicrobial formulations (food-contact surface SANITIZING solutions), before contact with FOOD .</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30120</p> <p>Based on record review, the facility failed to maintain complete and accurate medical records for 2 of 18 sampled residents (R8 and R12), resulting in the potential for providers not having an accurate and complete picture of the resident's stay at the facility.</p> <p>Findings include:</p> <p>R8</p> <p>A review of R8's Admission Record, dated [DATE], revealed that R8 was a [AGE] year-old resident admitted to the facility on [DATE]. In addition, R8's Admission Record revealed they had multiple diagnoses that included anxiety, depression, obsessive compulsive disorder (OCD), schizophrenia, and post-traumatic stress disorder (PTSD).</p> <p>A review of R8's electronic medical record (EMR), dated [DATE] to [DATE], revealed the facility had completed a Pre-Admission Screening and Resident Review (PASARR) Level I Screening on [DATE]. R8's PASARR Level I Screening indicated that a Level II Evaluation (a comprehensive evaluation that is conducted to confirm or rule out a serious mental illness, intellectual disability, or related conditions and determine the need for nursing facility services) was needed. However, the last PASARR Level II Evaluation that was in R8's EMR was one that was completed on [DATE] and it expired on [DATE].</p> <p>On [DATE] at 3:05 PM, R8's PASARR Level II Evaluation that corresponded to the PASARR Level I Screening, dated [DATE], or documentation that the Omnibus Budget Reconciliation Act (OBRA) Coordinator (the third party individual responsible for conducting the PASARR Level II Evaluation) was contacted to let them know that R8 needed a Level II Evaluation was requested from the Nursing Home Administrator (NHA).</p> <p>A second review of R8's EMR on [DATE] at 9:00 AM revealed the following:</p> <ul style="list-style-type: none"> <li>- R8's [name of State] Department of Health and Human Services letter, dated [DATE], revealed that a PASARR Level II Evaluation had been conducted and the next one was due by [DATE].</li> <li>- R8's [name of State] Department of Health and Human Services letter, dated [DATE], had been added to R8's EMR on [DATE] (3 months after the PASARR Level II Evaluation had been conducted and sometime after the surveyor had requested it during the annual survey).</li> </ul> <p>R12</p> <p>A review of R12's Admission Record, dated [DATE], revealed that R12 was a [AGE] year-old resident admitted to the facility on [DATE]. In addition, R12's Admission Record revealed multiple diagnoses that included schizoaffective disorder, anxiety, depression, and emotional lability (a condition characterized by rapid and intense mood swings, and an inability to maintain a consistent emotional state).</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R12's EMR, dated [DATE] to [DATE], revealed the facility had completed a PASARR Level I Screening on [DATE]. R12's PASARR Level I Screening indicated that a Level II was needed. However, the last PASARR Level II Evaluation that was in R12's EMR was one that was completed on [DATE] and it expired on [DATE].</p> <p>On [DATE] at 3:05 PM, R12's PASARR Level II Evaluation that corresponded to the PASARR Level I Screening, dated [DATE], or documentation that the OBRA Coordinator was contacted to let them know that R12 needed a Level II Evaluation was requested from the NHA.</p> <p>A second review of R12's EMR on [DATE] at 9:00 AM revealed the following:</p> <ul style="list-style-type: none"> <li>- R12's [name of State] Department of Health and Human Services letter, dated [DATE], revealed that a PASARR Level II Evaluation had been conducted and the next one was due by [DATE].</li> <li>- R12's [name of State] Department of Health and Human Services letter, dated [DATE], had been added to R12's EMR on [DATE] (9 months after the PASARR Level II Evaluation had been conducted and sometime after the surveyor had requested it during the annual survey).</li> </ul> <p>Timely documentation of the following types of information should be made and maintained in a patient's EHR (electronic health record) to support the ability of the health care team to ensure informed decisions and high-quality care in the continuity of patient care- Assessments . Communications with other health care professionals regarding the patient . Patient documentation frequently is used by professionals who are not directly involved with the patient's care. If patient documentation is not timely, accurate, accessible, complete, legible, readable, and standardized, it will interfere with the ability of those who were not involved in and are not familiar with the patient's care to use the documentation. (ANA's (American Nursing Association) Principles for Nursing Documentation- Guidance for Registered Nurses, 2010, www.nursingworld.org).</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29073</p> <p>Based on observation, interview, and record review, the facility failed to implement Enhanced Barrier Precautions (EBP) according to facility policy for one resident (Resident #73) out of 18 residents reviewed for infection control from a total sample of 18 residents.</p> <p>Findings:</p> <p>Resident #73 (R73)</p> <p>Review of an Admission Record reflected R73 admitted to the facility with diagnoses that included non-traumatic intracerebral hemorrhage (stroke), hemiplegia and hemiparesis (partial or complete paralysis on one side of the body) following a stroke, difficulty walking, and dysphagia.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] reflected R73 was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 11/15.</p> <p>During an interview on 10/30/24 at 9:40 AM, R73 said he did not know anything about a sign on his door indicating he was in Enhanced Barrier Precautions (EBP) and said staff do not wear a gown when providing direct care.</p> <p>Review of R73's October 2024 Treatment Administration Record (TAR) reflected Enhanced Barrier Precautions (EBP) for wound on right ankle and peg tube (enteral feeding) site every day and night shift for patient monitoring. Initials indicate precautions maintained throughout shift. The TAR reflected the order for EBP had not been entered until 10/30/2024 as evidenced by no initials on the records for the month.</p> <p>A review of R73's August and September 2024 TARs did not reflect an order for EBP had been entered per policy.</p> <p>Review of the entire comprehensive Care Plan did not reflect R73 required EBP despite care plan focus areas pertaining to R73's need for enteral feeding (tube feeding) and applicable wound care.</p> <p>During an observation on 10/28/2024, a sign indicating R73 was in Enhanced Barrier Precautions was noted on the door to R73's room. Registered Nurse (RN) C was witnessed disconnecting R73 from his tube feeding infusion so he could attend therapy in the therapy gym. RN C was wearing gloves but did not don a gown.</p> <p>During an observation on 10/30/24 at 10:12 AM, LPN B and RN C boosted R73 in bed and assisted with repositioning. LPN B and RN C did not don any PPE to complete the high contact assistance.</p> <p>Review of an email communication with the Director of Nursing (DON) received on 10/30/24 at 10:57 AM reflected the facility expectation is that staff don PPE per the EBP policy for residents who require it.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a policy Enhanced Barrier Precautions revised 3/27/2024 reflected It is the policy of this facility to use Enhanced Barrier Precautions (EBP) to expand the use of PPE (Personal Protective Equipment) and to refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's (multi-drug resistant organisms) to staff hands and clothing. MDRO's may be indirectly transferred from resident-to-resident during these high contact activities.</p> <p>Even if the resident is not known to be infected or colonized with an MDRO, an order for enhanced barrier precautions will be obtained for residents with any of the following: Wounds . Indwelling Medical Devices .</p> <p>Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Bathing/showering, transferring, providing personal hygiene, changing linens, changing briefs or assisting with toileting, device care.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38905</p> <p>Based on observation and interview, the facility failed to maintain general cleanliness and repair of the premises. This resulted in an increased potential for contamination and a possible decrease in the satisfaction of living, affecting residents in the 300, 400 and 500 halls. Findings include:</p> <p>During a tour of the kitchen, at 10:30 AM on 10/28/24, it was observed that some non LED lights were missing their light shields over the preparation and serving area.</p> <p>During a tour of the facility, with Maintenance Director (MD) E, starting at 1:05 PM on 10/28/24, the following observations were made:</p> <p>A review of the 300 hall janitors closet found a Y valve connected to the spout of the janitors sink with both valves closed and the sink left on. This set up puts undue back pressure on the faucets internal vacuum breaker, of which it is not rated to handle. An interview with MD E found that they just got a new chemical dispense system and a vendor has been setting up these areas.</p> <p>A review of the 300 hall clean linen room found a light fixture with no shield or covering. This set up leaves clean linens open and exposed to contamination.</p> <p>A review of the 300 hall soiled utility room found a missing light shield.</p> <p>A review of the outside hose bib connection, near the trash containers, was found left on with a spray handle connected to the hose. This set up puts undue back pressure on the vacuum breaker and should be turned off and the pressure released when not in use.</p> <p>A review of the 500 hall nursing storage room found numerous items on the floor in the corner of the room. These items were: multiple foley insertion trays, pill bottles, insertion syringes, and dust debris. Further review of the storage room found a mop sink faucet and [NAME] valve sticking out of the wall. When asked if these were capped off, MD E stated he was told they were no longer working. MD E retrieved a screwdriver to test the water valves and ensure they were capped off and have not been aged stagnant water lines. Upon opening the [NAME] valve, water and pressure could be heard working its way down the pipe indicating they were still connected to the potable water supply.</p> <p>A review of the 400 hall linen closet found two shelves made of raw wood boards. The surface on other shelves was found painted and considered smooth and easily cleanable, while these two shelves had no covering and would be susceptible to absorbing contamination and not allowing for proper cleaning.</p> <p>A review of the laundry room found a missing light shield over the washing machines.</p> <p>During a tour of the facility, at 3:15 PM on 10/28/24, A review of the 300 hall restroom found that the sink was not operational and could not be used for proper hand washing. No signage was present indicating the room being out of order or signifying the sink as not working.</p>		