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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>245596  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>01/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Shores of Worthington  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1307 South Shore Drive<br>Worthington, MN 56187 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51576</b></p> <p>Based on observation, interview, and document review the facility failed to implement infection control strategies for respiratory protection to mitigate the risk and spread of Respiratory Syncytial Virus (causes infections of the respiratory tract) (RSV). As a result, the facility developed an outbreak where 13 residents (R4, R10, R5, R1, R14, R3, R2, R7, R8, R15, R13, R16, and R12) tested positive for RSV, and 7 residents were suspected to have RSV (R17, R19, R18, R21, R20, R6, R9); 3 residents (R4, R5, and R10) had to be seen in the emergency room, and 2 residents (R7, and R8) were hospitalized with RSV. These practices resulted in an immediate jeopardy (IJ) due to the likelihood of spread to the remaining 48 residents in the facility.</p> <p>The IJ began on 12/28/24, when the facility failed to implement infection control strategies to mitigate the risk and spread of RSV in the facility. The Administrator, director of nursing (DON) (by phone), clinical nurse consultant (CNC)-A (by phone), Infection Preventionist (IP)-A, clinical manager (CM)-A, and assistant DON (ADON) were notified of the IJ on 1/14/24 at 5:37 p.m. The immediate jeopardy was removed on 1/15/25 at 2:49 p.m., but noncompliance remained at the lower scope and severity level F, which indicated no actual harm with the potential for more than minimal harm that is not immediate jeopardy.</p> <p>Finding include:</p> <p>Isolation: Isolation separates sick people with a contagious disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.</p> <p>Personal protective equipment (PPE): Personal protective equipment (PPE) refers to protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission. These items may include a gown, gloves, eye protection and face mask.</p> <p>Enhanced barrier precautions (EBP): refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. Gowns and gloves are used as PPE.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                             |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>245596                |
|   |           | If continuation sheet<br>Page 1 of 13 |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>Transmission based precautions (TBP): refer to actions (precautions) implemented in addition to standard precautions that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections. Airborne, contact and droplet are the three subcategories under TBP.</p> <p>Contact precautions: refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment. Use with gloves, and gowns as PPE.</p> <p>Droplet precautions: refer to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions, masks are used as PPE.</p> <p>During an observation and interview on 1/10/25 at 8:30 a.m., registered nurse clinical manager (RNCM)-A stated the facility had Respiratory Syncytial Virus (RSV) and instructed staff to wear surgical masks. No signs were posted in the foyer or entrance area to alert visitors to wear a mask in facility. Fifteen residents were sitting in the dining room with 3-4 residents sitting at each table. No masks were on the residents. The facility staff were masked with surgical masks. Upon entrance to the dining room an unidentified nursing assistant (NA) moved the mask from under his chin to cover his nose and mouth while walking between residents.</p> <p>During an interviews on 1/10/25 at 2:06 p.m., infection Preventionist (IP)-A stated the first case of RSV was identified on 12/28/24 (R4) and had a total of seven positive cases to date with a new case identified today 1/10/25 (R2).</p> <p>R4 RSV positive on 12/28/24</p> <p>R4's medical diagnoses dated 1/16/25, identified congestive heart failure (heart cannot pump blood well enough to meet the body's needs), and dependence on supplemental oxygen.</p> <p>R4's hospital ED note dated 12/28/24, identified R4 was seen due to cough and shortness of breath. R4 had known chronic obstructive pulmonary disease (COPD) and may have a COPD exacerbation. R4's ED identified RSV test was positive and likely the cause of the COPD exacerbation.</p> <p>There was no indication in the medical record, R4 was placed on isolation precautions (Droplet, contact precautions) with PPE upon return from the ED, even though they were diagnosed with RSV.</p> <p>R4's progress note dated 1/6/25, identified R4 had complained of coughing up small amounts of blood clots. Examined the clots to be mucous clots tinged with blood related to R4's harsh cough. The progress note identified R4 was off isolation precautions for RSV today however, the record did not identify precautions had been implemented.</p> <p>R4's progress note dated 1/9/25, identified R4 needed oxygen at 2 liters/min for shortness of breath with activity. R4's physician orders identified had an order for as needed oxygen. R4's medication administration record identified in December oxygen was used eleven times and in January used on 1/5/25, 1/9/25, and 1/13/25.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R4's progress notes dated 1/10/25, identified R4 stated that every time he breathed in it makes him cough and lung sounds with crackles. At 5:30 a.m. R4 was transferred to the hospital due to non-stop coughing. At 1:30 p.m. R4 returned from hospital with diagnoses of RSV, that had continued from 12/28/24.</p> <p>R4's progress note dated 1/13/25, identified R4's cough was at baseline and will be removed from droplet precautions. R4's record did not identify precautions had ever been implemented.</p> <p>R4's respiratory symptom screeners between 1/11/25-1/15/25, identified R4 had a cough on all days between 1/12/25 through 1/15/25.</p> <p>R10 RSV positive on 12/31/25</p> <p>R10's face sheet dated 1/15/25, identified diagnoses of hypoxemia (low oxygen) and diabetes.</p> <p>R10's progress notes identified the following:</p> <p>-12/28/24, R10 did not feel well and was coughing.</p> <p>-12/30/24, R10 required nebulizer treatment for wheezing.</p> <p>-12/31/24, indicated R10 had adventitious lung sounds, pain when breathing, nasal congestion, left ear pain, and cough. R10 was sent to the emergency department (ED).</p> <p>R10's ED note dated 12/31/24, identified R10 was positive for RSV and diagnosis of acute bronchiolitis (inflammation of bronchi in the lungs) due to RSV. R10 came to ED with complaints of a cough and feeling ill for more than 10 days and getting worse. R10 stated the cough occurred constantly and had been gradually getting worse.</p> <p>R10's progress note dated 12/31/24, identified ED called facility to notify of positive RSV test. Isolation precaution sign and tray/cart for personal protective equipment (PPE) was set up. Vital signs obtained on return from ED.</p> <p>R10's physician visit note dated 1/9/25, identified R10 continued with a persistent cough after RSV infection and will be taken off isolation today. Increased Duo Neb to three times daily for 7 days.</p> <p>R10's respiratory assessments between 1/11/25 through 1/4/25, identified R10 had diminished lung sounds on 1/12/25.</p> <p>R10's record reviewed between 12/28/24 through 1/13/25, identified R10 had respiratory illness symptoms that began on 12/28/24. R10's record and facility surveillance did not identify immediate implementation of TBP (transmission based precautions) nor ongoing consistent symptom monitoring between 12/28/24 through 1/10/25.</p> <p>R5 RSV positive on 1/2/25</p> <p>R5's face sheet dated 1/16/25, identified diagnoses of diabetes mellitus type 2, and chronic kidney disease (condition where kidneys have been damaged).</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R5's progress note dated 12/26/24, identified R5 complained of an irritated throat. R5 was given cough drop and cough syrup. R5's progress note did not identify a respiratory assessment or vital testing was done.</p> <p>R5's progress note dated 12/28/24, identified R5 complained of throat irritation but did not indicate if a respiratory assessment, viral testing or provider was notified.</p> <p>R5's progress note dated 1/1/25, identified R5 went to clinic appointment to have an medication injection and on 12/31/24, R5 was transported by a medical van service to location where had unknown labs drawn. R5's record did not identify if R5 was provided with a mask during transport.</p> <p>R5's progress note dated 1/2/25, identified R5 complained of sore throat, congestion, runny nose and wheezing in lungs. COVID-19 test performed and negative results. Primary care provider was notified and ordered RSV test which was completed and sent to the clinic for results.</p> <p>R5's laboratory report dated 1/3/25, identified positive RSV test completed on 1/2/25.</p> <p>R5's progress note dated 1/3/25, identified R5's RSV test was positive. There was no indication that isolation/precautions were initiated even though R5 was positive for RSV.</p> <p>R5's progress note dated 1/7/25, identified R5 went to an outside appointment and was transported by a medical van service at 7:30 a.m. and returned to facility around noon. There was no indication that transportation service or outside appointment facility were aware of R5's RSV diagnosis to prevent the spread of infection.</p> <p>During an observation on 1/10/25 at 1:49 p.m., R5 was sitting alone at a table in the activity in the dining area playing bingo without a mask on. R5 coughed six times without a mask on and did not cover his mouth or sanitize his hands after coughing. R5's cough was wet/productive. There were ten other residents were in the area also playing bingo at tables spaced approximately 4-6 feet apart, one resident passed approximately 1-2 feet directly by R5.</p> <p>R5's progress note dated 1/10/25 at 7:31 p.m., identified R5 had worsening respiratory symptoms and increasing worsening cough. R5 had bilateral wheezes. R5 stated he has not gotten better and feels worse. Resident requested to be seen in the emergency department for evaluation (ED)</p> <p>R5's emergency department (ED) note dated 1/10/25 at 8:15 p.m., identified diagnoses of subacute cough. Presented to ED with dry cough. R5 was given breathing treatment and returned to the facility.</p> <p>During an interview on 1/10/25 at 1:52 p.m., LPN-A stated R5 just came out of isolation this week for RSV, however unable to give specific date he was removed. LPN-A was not sure how it was determined that residents could be removed from isolation and was unsure when R5 tested positive. LPN-A reviewed R5's record and verified R5 tested positive on 1/2/25 and was on isolation for 7 days.</p> <p>During an interview on 1/10/25 at 1:52 p.m., RN-A stated staff would monitor residents for symptoms of RSV through a cough and how they sound. They would be under precautions for seven days and then no longer were infectious.</p> <p>R1-positive on 1/3/25</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R1's face sheet dated 1/15/25, identified R1 had diagnoses that included diabetes mellitus type 2.</p> <p>R1's record between 12/31/24 through 1/3/25 did not identify respiratory symptoms screening was completed.</p> <p>R1's progress note dated 1/3/25, identified R1 was having a non-productive cough worsening throughout the day, complained of not feeling well in her chest, and had a hoarse voice. R1 was tested for RSV. At 9:10 p.m., R1's lab test returned positive for RSV. Sign placed and staff will wear PPE. The progress note did not identify what type of precautions were implemented nor identify if isolation was implemented on 1/3/25.</p> <p>R1's progress notes dated 1/5/25 and 1/10/25, identified R1 went out to an appointment with a medical van transporting on 1/3/25 for wound care. R1's record did not identify if R1 wore a mask during the transport or if the wound clinic was informed of R1's positive test results.</p> <p>R1's progress note dated 1/11/25, identified R1 was on isolation precautions and slept well.</p> <p>R1 did not include respiratory assessments and monitoring were completed from 1/3/25-1/10/25 for RSV, even though the facility had several residents with RSV.</p> <p>R1's respiratory assessments were completed once on 1/11/25, 1/14/25, and 1/15/25. Completed four times on 1/12/25, and twice on 1/13/25. The assessments identified on 1/11/25, R1 had a dry non-productive cough and shortness of breath. On 1/13/25 and on 1/14/25, R1 had wheezes throughout lung lobes.</p> <p>During an observation on 1/10/25 at 10:13 a.m., R1 had two signs outside of her room, contact precautions and EBP (enhanced barrier precautions). Staff entered R1's room with no PPE on to transport her to the medical van for an appointment. R1 agreed to wear a mask when exiting room.</p> <p>During an interview on 1/10/25 at 9:13 a.m., licensed practical nurse (LPN)-A stated R1 had two precaution signs outside of her room, contact was for the RSV and EBP was for her wound. LPN-A could not articulate the difference between contact and EBP precautions. LPN-A stated R1 would be finishing contact precautions today, 1/10/25. LPN-A was unsure of the exact date R1 tested positive. LPN was aware of R1 still having a cough because R1 was getting over RSV.</p> <p>R14 RSV positive on 1/3/25</p> <p>R14's face sheet dated 1/19/25, identified diagnoses of Parkinson's disease and congestive heart failure.</p> <p>R1's record between 12/28/24 through 1/3/25 did not identify respiratory symptom screening was completed, even though the facility had several residents with RSV.</p> <p>R14's progress note dated 1/3/25 at 2:48 p.m., identified R14 was not feeling well, poor appetite, lethargic, and weakness. Physician sent orders to test residents that are symptomatic for RSV; R14 tested positive for RSV. R14's record did not indicate TBP, and isolation were immediately implemented.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R7's face sheet dated 1/17/25, identified diagnoses of diabetes mellitus type 2, dementia, atrial fibrillation.</p> <p>R7's medical record did not identify respiratory assessment screening between the confirmed RSV outbreak on 12/31/24 through 1/8/25 the date R7 presented to the hospital with respiratory illness symptoms.</p> <p>R7's progress note dated 1/8/25, indicated R7 had irregular rapid heart rate, was lethargic, nauseated, tired, and pale. R7 was sent to the ED.</p> <p>R7's emergency department (ED) note dated 1/8/25, identified R7 presented in ED from the nursing home with atrial fibrillation and rapid ventricular rate in the context of decreased oral intake, generalized weakness and cough. R7's ED note identified R7 tested positive for RSV with reported symptoms that started on 1/6/25.</p> <p>R7's hospital discharge summary dated 1/10/25, identified R7 was admitted [DATE] to 1/10/25 for atrial fibrillation with rapid ventricular rate, RSV with acute bronchiolitis due to RSV, and acute cystitis (bladder infection). R7's discharge summary stated R7's presentation, including the rapid ventricular rate was triggered by acute RSV infection.</p> <p>R7's progress note dated 1/10/25, identified occasional cough due to RSV positive and placed on droplet precautions. R7's progress note did not identify if/when isolation was implemented.</p> <p>R7's respiratory assessments dated 1/10/25 through 1/15/25, identified cough on 1/10/25, 1/13/25 and 1/15/25.</p> <p>During an interview on 1/10/25 at 2:33 p.m., RNCM-A stated residents that were RSV positive did not need to isolate, if they came out of their room they had to wear a mask and distance themselves from other residents. Nursing monitored for common signs and symptoms and test if needed. Nursing did not document monitoring for every resident in the electronic record showing that monitoring was done. RNCM-A would start staff and resident tracing if the need developed.</p> <p>During an interview on 1/10/25 at 3:00 p.m., RNCM-A was in-person, and director of nursing (DON) via phone, DON verified that no monitoring had been completed of residents had been completed and no symptom monitoring of all residents had been done. DON stated IP-A should be ensuring these steps were completed.</p> <p>R8 RSV positive on 1/10/25.</p> <p>R8's face sheet dated 1/17/25, identified diagnoses of Alzheimer's, and dementia.</p> <p>R8's record between 12/31/24 through 1/9/25 did not include respiratory illness screening.</p> <p>R8's progress note dated 1/10/25 at 9:12 a.m., identified R8 was not eating this morning and unable to swallow pills and spit everything but water out.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R8's progress note dated 1/10/25 at 8:44 p.m., identified outbreak of RSV per resp. screener R8 should be tested for RSV however did not identify if R8 had symptoms. Call placed to medical provider and test sent to lab.</p> <p>R8's progress noted dated 1/11/25 at 6:21 a.m., identified R8 was on droplet precautions for RSV pending results. R8's note indicated R8 had a new cough through the night. R8's record did not address isolation was immediately implemented.</p> <p>R8's progress note dated 1/11/15 at 12:31 p.m., identified lab results were positive for RSV. R8 unable to stay in room and had been wandering mostly in the dining room, sat at a table by himself, and was unable to keep mask pulled up on his face.</p> <p>R8's emergency department (ED) notes dated 1/13/25, identified R8 was seen on 1/13/25 at 9:33 p.m., with diagnoses of sepsis, and RSV. R8 was sent to ED for generalized and weakness and low blood pressure after testing positive at facility for RSV. ED gave breathing treatment and intravenous methylprednisolone, and normal saline. R8 was transferred to hospital. R8's hospital note dated 1/16/25, identified a stay from 1/14/25-1/16/25, with diagnoses of septic shock, with return to facility on hospice care.</p> <p>R15 RSV positive on 1/10/25</p> <p>R15's face sheet dated 1/17/25, identified diagnoses of bradycardia (slow heart rate), and acute respiratory failure with hypoxia.</p> <p>R15's progress note dated 12/31/24, identified R15 had a large emesis. R15's record did not include further assessment.</p> <p>R15's between 12/28/24 through 1/2/25 did not include respiratory illness screening, even though the facility had several residents with RSV.</p> <p>R15's progress note dated 1/3/25 at 4:00 a.m., identified R15 stated she could not breathe. Oxygen saturation was 84% on 3 liters per minute of oxygen via nasal cannula. Noted clammy skin, and R15 was sweaty. At 3:56 p.m., R15 had a hoarse voice, was lethargic, and low appetite. Notified hospice.</p> <p>R15's progress note dated 1/5/25, indicated R15 was provided breathing treatment for audible wheezes and chest discomfort. At 10:44 p.m., R15 had non-productive cough, complained of a sore throat, and had an emesis.</p> <p>R15's progress note dated 1/6/25 at 2:30 a.m., identified complaints of pain to lower back and chest area when she coughs. At 3:48 a.m., coughing was at a minimum and wheezing was heard while breathing.</p> <p>R15's progress note dated 1/8/25 at 10:35 p.m., cough syrup had been given and was effective.</p> <p>R15's progress note dated 1/9/25 at 12:27 a.m., identified as needed oxygen was administered and effective.</p> <p>R15's progress notes indicated oxygen remained in place on 1/9/25, and 1/10/25.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R15's progress note dated 1/10/25, identified respiratory assessment completed and indicated R15 should be tested for RSV. R15 was put on precautions pending test results. R15's record did not identify what type of precautions were implemented.</p> <p>R15's record identified test results on 1/11/25 at 2:27 p.m. were positive for RSV.</p> <p>R15's progress note dated 1/11/25 at 2:41 p.m., identified oxygen in use, moist/loose productive cough.</p> <p>R15's progress note dated 1/12/25, identified left and right lungs had crackles on auscultation, moist/loose productive cough present with small secretions.</p> <p>R15's progress note dated 1/13/25 at 1:53 p.m., identified R15 was coughing and gagging as she coughed.</p> <p>Although R15 demonstrated respiratory symptoms that began on 1/3/25, there was no indication testing had been completed with the onset of symptoms nor TBP were implemented until 1/10/25, 7 days after symptoms were identified. There was no indication that symptom monitoring was completed between 1/3/25 through 1/10/25.</p> <p>During an interview on 1/14/25 at 9:30 a.m., RN-A stated R15 was positive for RSV and had a roommate. For the roommate we pull the curtain and have her wear a mask when she leaves the room.</p> <p>During an observation on 1/14/25 at 9:34 a.m., R15 and roommate were both sitting in wheelchairs in their room. The curtain was partially drawn. R15 coughed which was very wet sounding, she did not cover her mouth or sanitize hands after.</p> <p>R13 RSV positive on 1/13/25</p> <p>R13's face sheet dated 1/15/25, identified diagnoses of chronic obstructive pulmonary disease (COPD) (inflammation and obstruction of lung airways).</p> <p>R13's record identified between 12/31/24 through 1/9/25 did not include respiratory illness screening, even though the facility had an onset of RSV.</p> <p>R13's progress note dated 1/13/25 at 2:15 p.m., identified during respiratory screener R13 complained of cough, coughing up clear phlegm, experienced chest tightness. Placed on droplet precautions. Physician ordered test. At 8:53 p.m., RSV results returned positive. R13's record did not identify if/when isolation was implemented.</p> <p>R16 RSV positive on 1/13/25</p> <p>R16's face sheet dated 1/19/25, identified diagnoses of congestive heart failure (heart cannot pump blood well enough to meet the body's needs), and acute kidney failure.</p> <p>R16's record identified between 12/28/24 through 1/9/25 did not include respiratory illness screening, even though the facility had several residents with RSV.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R16's progress note dated 1/13/25 at 4:30 a.m., identified lung sounds wheezy and persistent non-productive cough. 5:47 a.m., a respiratory assessment was completed, and cough was noted to be dry and non-productive.</p> <p>R16's progress note dated 1/14/25 at 4:35 a.m., identified R16 was placed on droplet/contact precautions for RSV positive test on 1/13/25. At 10:24 p.m., cough was noted to be moist and non-productive with wheezing noted in lungs.</p> <p>During an observation on 1/14/25 at 10:56 a.m., R16 was in the activity/dining area sitting in a recliner without a mask on with multiple other residents in the area who also did not have masks on.</p> <p>R12-RSV positive on 1/14/25</p> <p>R12's face sheet dated 1/17/25, identified diagnoses of myalgia (muscle pain).</p> <p>R12's record identified between 12/28/24 through 1/9/25 did not include respiratory illness screening, even though the facility had several residents with RSV.</p> <p>R12's progress note dated 1/13/25, identified new non-productive cough during respiratory screener. Lung sounds clear. Quad test completed and sent to lab. Droplet precautions Education provider to staff to perform hand hygiene, cough etiquette and distancing outside of room. R12's progress note did not indicated isolation was initiated.</p> <p>R12's lab report dated 1/14/25, identified RSV detected from nasal swab.</p> <p>During an interview on 1/14/25 at 9:25 a.m., activity aide (AA)-B stated the staff use hand sanitize prior to doing anything and wipe down things that they reuse. AA-B stated residents have the right to leave their rooms and when they do, they should be encouraged to mask up. AA-B was unsure if the residents had to wear a mask outside of their rooms but thought they did. AA-B thought residents would have to stay farther away from other residents if they were supposed to be on precautions and left their rooms.</p> <p>R17 suspected respiratory disease 1/10/25</p> <p>R17's face sheet dated 1/19/25, identified R17 had diagnoses that included type 2 diabetes.</p> <p>R17's record between 12/28/24 through 1/7/25 did not include respiratory illness screening, even though the facility had several residents with RSV.</p> <p>R17's progress noted dated 1/8/25, lungs clear and no cough.</p> <p>R17's record did not include a respiratory screener on 1/9/25.</p> <p>R17's respiratory illness screener dated 1/10/25 through 1/15/25 did not identify any respiratory symptoms.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R17's progress note dated 1/10/25 at 8:52 p.m., identified outbreak of RSV per respiratory screener resident should be tested for RSV. Test sent to lab. R17's progress note did not identify isolation or PPE was initiated.</p> <p>R17's progress note dated 1/11/25 at 6:28 a.m., identified R17 was placed on droplet precautions for RSV pending lab test results. R17 was noted to have an occasional non-productive cough throughout the night. At 12:23 p.m., cough was moist and non-productive. At 1:45 p.m., identified lab results were negative for RSV, influenza A and B, and COVID.</p> <p>R17's record did not identify an alternative diagnosis for the new cough and did not indicate when precautions were removed.</p> <p>During an observation and interview on 1/14/25 at 9:51 a.m. R17 sat in a recliner in the activity room without a mask on, which was not in accordance with R17's record dated 1/11/25 that directed droplet precautions. NA-A confirmed R17 was sitting in a recliner in the activity room with no mask on.</p> <p>R19 suspected respiratory disease 1/10/25</p> <p>R19's face sheet dated 1/19/25, identified R19 had diagnoses that included type 2 diabetes.</p> <p>R19's record reviewed from 12/28/24 through 1/9/25, was not evident of ongoing consistent symptom monitoring was completed between 1/3/25 through 1/9/25, even though the facility had several residents with RSV.</p> <p>R19's progress note dated 1/10/25 at 8:51 p.m., identified the respiratory screener indicated R19 should be tested for RSV. R19's progress note did not specify symptoms or that isolation or TBP were initiated.</p> <p>During an observation on 1/10/25 at 1:10 p.m., R19 was laying in her bed with no respiratory symptoms observed.</p> <p>R19's progress note dated 1/11/25 at 8:08 a.m., identified R19 was placed on droplet precautions. No cough and afebrile. At 1:27 p.m., test results for respiratory diseases returned negative. Moist, non-productive cough noted. R19's progress notes did not indicate isolation or TBP were initiated after symptom onset on 1/11/25.</p> <p>R19's respiratory symptom screeners between 1/10/25-1/14/25, identified a moist non-productive cough on 1/11/25.</p> <p>R19's progress note dated 1/14/25, identified R19 left facility for an appointment out of state and did not return until after supper.</p> <p>R18 suspected respiratory disease 1/10/25</p> <p>R18's face sheet dated 1/23/25, identified R18 had diagnoses that included type 2 diabetes</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R18's record reviewed from 12/28/24 through 1/9/25, did not include respiratory symptom screening, even though the facility had sever [TRUNCATED]</p> |  |  |