STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shady Oaks Healthcare Center	335 Business Route 63 Thayer, MO 65791

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 26904 Based on observation, interview, and record review, the facility failed to provide a safe, clean and comfortable homelike environment. This deficient practice had the potential to affect all residents in the facility. The facility census was 64. Review of the facility's policy titled, Homelike Environment, revised February 2021, showed: - Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible; - Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences; - The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting which includes a clean, sanitary and orderly environment with personalized furniture and room arrangements. 1. Observations made on 07/29/24 at 8:23 A.M., 07/30/24 at 8:43 A.M. and at 07/31/24 at 8:10 A.M., of the library located next to the kitchen, showed two soiled blankets with dirt, debris and several dead flies laid on the bottom ledges of the left and right-side windows. 2. Observations made on 07/29/24 at 12:59 P.M., 07/30/24 at 9:27 A.M. and 07/31/24 at 11:14 A.M., of the assisted feeding dining room area, showed: - A buildup of dirt, debris and several dead flies on the right-side window ledge facing designated smoke area; - A buildup of cob webs and dirt on the left and right-side windows facing the outside designated smoking area; - A buildup of dirt on the left and right-side windows of the door leading outside to the picnic table. (continued on next page)

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

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview 08/01/24 at 9:59 A.M., Housekeeper A said window ledges and windows are cleaned on a regular basis. Anything on the outside of the facility is done by someone else and not housekeeping. During an interview 08/01/24 at 10:03 A.M., Housekeeper B said window ledges and windows are cleaned on a weekly basis. Outside cleaning of the facility, such as cleaning windows is done by maintenance. He/she gets together with maintenance in the Spring and assists with outside cleaning to help out. During an interview 08/01/24 at 2:52 P.M., the Maintenance Supervisor (MS) said the facility's outside window cleaning is the responsibility of the maintenance department. MS checks the outside windows weekly. Housekeeping department helps with outside window cleaning as well. During an interview on 08/01/24 at 2:58 P.M., the Administrator said he/she would expect windows to be free of dirt buildup and cobwebs. Window cleaning should be the responsibility of housekeeping department for the inside of facility and the maintenance department for the outside of facility. Maintenance and housekeeping departments get together twice a year and cleans the outside facility windows. 3. Observations made on 07/30/24 at 2:07 P.M., of the secured unit shower room, showed: - A buildup of black grime approximately 16 inches up the wall and in the corners where the walls meet and four cracked 4 x 4 tiles; - A buildup of black grime approximately one foot (ft) up the wall on the left and right side of the shower walls; - A red rubber hose extending from the shower arm with a metal clamp attached near the sprayer end; - A buildup of dust and debris on the 12 x 12 exhaust fan over the toilet; - A large area of a brown dried substance under the sink area. During an interview on 7/30/24 at 9:55 A.M., Housekeeper (HS) A said the housekeeping department is contracted and not an employee of the facility. He/She said whoever works the hall is responsible for cleaning the shower rooms/and stalls. HS A said there is mold and mildew in the shower rooms because their company doesn't use the right chemicals. During an interview on 8/1/24 at 9:00 A.M., the Administrator said she would expect the shower stall to be cleaner and did not realize there were cracked tiles. She said the reason the red rubber hose is used because the standard shower head and extension breaks easily, and the rubber hose can be extended without the chance of it breaking. 45872

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26904 Based on interview and record review the facility failed to ensure an appropriate diagnosis for the use of a psychotropic medication for five residents (Residents #15, #18, #38, #56) out of 16 sampled residents and one resident (Resident #42) outside the sample. The facility census was 64. The facility did not provide a policy. 1. Review of Resident #15's medical record showed: - An admitted [DATE]; - Diagnoses of vascular dementia with agitation (changes in memory, thinking, and behavior) and major depressive disorder (persistent depressed mood or loss in interest); - An order for Seroquel (antipsychotic used to treat schizophrenia (a long term mental disorder that affects a person's ability to think, feel, or behave clearly, sometimes including delusions or hallucinations) 100 milligram (mg)1 tablet two times daily (BID); - No documentation of an appropriate diagnosis for the Seroquel. 2. Review of Resident #18's medical record showed: - An admitted [DATE]; - Diagnoses of major depressive disorder (persistent depressed mood or loss on interest), senile dementia (mental deterioration or cognitive decline associated with aging), hypertension (high blood pressure), coronary artery disease (damage or disease in the heart's major blood vessels; - An order for Seroquel 100 mg, one tablet by mouth two times daily for major depressive disorder; - No documentation of an appropriate diagnosis for the Seroquel. 3. Review of Resident #38's medical record showed: - An admitted [DATE]; - Diagnoses of hemiplegia affecting non-dominant side (paralysis of the left side of the body caused by neurological injury), hemiparesis following cerebral infarction (weakness or the inability to move on one side of the body), hypertension, major depressive disorder, (persistent depressed mood or loss on interest), anxiety (intense, excessive, and persistent worry and fear about everyday situations); (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order for risperidone (antipsychotic used to treat mental/mood/behavior disorders)1.5 mg by mouth twice daily for a diagnosis of major depressive disorder dated 05/24/24; - No documentation of an appropriate diagnosis for the Risperidone. 4. Review of Resident #42's medical record showed: - An admitted [DATE]; - Diagnoses include congestive heart failure (CHF, an inability of the heart to pump sufficient blood flow to meet the body's needs), dementia, hypothyroidism (a decreased level of thyroid hormone), gastro-esophageal reflux disease (GERD, stomach acid being forced back into the throat region), pacemaker (a device used to control an irregular heart rhythm), and bradycardia (slow heart rate); - An order for Seroquel 50 mg oral tablet daily dated 09/28/23; - An order for Seroquel 100 mg three times a day (TID) dated 7/31/24; - No documentation of an appropriate diagnosis for the Seroquel. 5. Review of Resident #56's medical record showed: - An admitted [DATE]; - Diagnoses of sacral wound, stage 4 (a pressure ulcer that appears in the sacral region), type 2 diabetes mellitus (a problem in the way the body regulates and uses sugar), major depressive disorder (persistent depressed mood or loss on interest), anxiety (intense, excessive, and persistent worry and fear about everyday situations), chronic kidney disorder (gradual loss of kidney function over time), tremors (involuntary shaking or movement); - An order for quetiapine (Seroquel) 100 mg by mouth at bedtime for major depressive disorder dated, 07/22/24; -No documentation of an appropriate diagnosis for the quetiapine. During an interview on 08/1/24 at 10:21 A.M., the Administrator said he/she goes by pharmacy recommendations and that determines what medications residents remain on. Administrator said he/she feels residents need to remain on anti-psychotic medications if they are stable on them. During an interview on 08/06/24 at 11:55 A.M., the Director of Nursing (DON) said most of the residents that have dementia also have behaviors and the medications seem to control the behaviors. The DON said she thought it would be detrimental to the residents to discontinue the medications just because the residents do not have an appropriate diagnosis and there should be GDR's on the medications. 45872 48532 (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	50260

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 45872 Based on observation, interview and record record review the facility failed to employ a qualified director of food and nutrition services. The facility did not have a Dietary Manager (DM) with a background or required years of experience in food preparation, food service and/or food storage. This deficient practice had the potential to affect all residents in the facility. The facility census was 64. Review of the facility's policy titled, Organizational Plan and Roles of Key Staff, dated 2016, showed: - The organizational plan shall be used to communicate clearly the functions of the Dining Services Department and the appropriate chain of command. The organization plan and department organization Chart will be shared with all staff and employees; - The Administrator directly supervises the Dining Services Manager, providing support and assistance and guidelines from the Registered Dietician (RD) on a monthly basis; - The Dining Services Manager directs the food preparation and dining services activities of all other employees in the Dining Service Department at department head meeting, care plan meetings, high risk meeting and other interdisciplinary meetings in the community; - The Dining Services Managers credentials will be determined by state regulations which include a Sanitation Certification, a 90-hour approved Dietary Manager's Course, or a two or four year degree in nutrition or food service as approved by the state; - The RD will make monthly or weekly visits to identify ding service needs; plan, implement and monitor dining service programs; oversee food preparation, service and storage, access and monitor the nutritional status of residents and train community staff. Review of the facility's current employee list, dated 07/29/24, showed DM's hire date as 12/01/22. Observations made on 07/29/24 at 10:37 A.M. and 07/30/24 at 8:17 A.M., of the food service department, showed: - Staff did not maintain the cleanliness of the kitchen; - Staff did not document food temperatures; - Staff did not document cleaning schedule log; - Staff did not control pests in the kitchen. (continued on next page)

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/29/24 at 10:13 A.M., the DM said upon hire in December 2022, he/she was told by the Administrator and previous Administrator he/she would be enrolled in courses to become a certified dietary manager (CDM) within a year of his/her hire date. A couple of months into his/her position, DM asked about the required courses and was informed by the Administrator and previous Administrator he/she did not have to be certified after all and would not be enrolled to complete the training. Instead, DM was enrolled and completed a one-hour course called Food Safety and Principles - Food Handler Training dated 02/12/23 to meet the job requirement. DM said he/she had no previous long-term care experience as a dietary manager prior to accepting the DM position at the nursing facility. During an interview on 07/30/24 at 10:32 A.M., the Administrator said she was informed from her corporate office that a course in Food Safety and Principles - Food Handler Training was the only requirement to be completed for the dietary manager position at the time the employee was hired. She was not aware that the employee needed to have two or more years of experience in the position of the director of food and nutrition services in a long-term care nursing home setting prior to employment.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45872 Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. This deficient practice had the potential to affect all residents. The facility census was 64. Review of the facility's policy titled, Sanitation, revised November 2022, showed: - The food service area is maintained in a clean and sanitary manner; - All kitchens, kitchen areas and dining room areas are kept clean, free from garbage and debris, and protected from rodents and insects; - Ice machines and ice storage containers are drained, cleaned and sanitized per manufacturer's instructions; - Garbage and refuse containers are in good condition, without leaks, and waste is properly contained in dumspters/compactors with lids (or otherwise covered). 1. Observations made on 07/29/24 at 10:37 A.M. and 07/30/24 at 08:17 A.M., of the kitchen area, showed: - The floors around the food preparation area dirty and with a greasy buildup; - Visible dirt and debris under the three-compartment sink; - Visible dirt and debris under the cook stove; - Visible dirt and debris under the steam table; - A buildup of dirt, debris, and a white hard substance on sides and top panel surfaces of dishwasher; - A buildup of dirt and debris on the top of the standing two door oven; - An oven rack laid on the floor under the two-door standing oven with a buildup of debris; - A brick wall behind the two-door standing oven and two-basin sink with a dark-colored grease-like substance running down from the top of ceiling down the wall; - A buildup of dirt and debris with miscellaneous items including outdated food items and de-[NAME] on a portable cart with a black microwave located in the dry goods and canned area; - A trashcan with exposed garbage and debris by the dish machine with no lid outside the door in hallway; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- A trashcan with exposed garbage and debris by the two-basin sink with no lid; - A dried reddish sauce-like substance on the wall by the trashcan by the two-basin sink located next to the walk-in freezer; - A plastic tub contained a runny, reddish, water-like meat stock liquid on the bottom rack shelf on the back wall of the walk-in freezer. 2. Observations made on 07/29/24 at 10:53 A.M. and 07/30/24 at 08:27 A.M., of the kitchen/employee breakroom showed: - A buildup of a hard white substance on the sides, top and bottom outside surfaces of the ice machine; - A buildup of a white substance around the entire edges of the lid where ice is dispensed inside the ice machine. Review of the the food temperature log, dated 01/28/24 to 07/29/24, showed several days of no documentation of meal temperature checks. Review of the daily freezer/refrigerator temperature log, dated 02/01/24 through 07/29/24, showed several days of no documentation of daily temperature checks. Review of the daily cleaning schedule, dated 06/23/24 to 07/27/24, showed several days of no documentation of kitchen staff completing cleaning tasks. During an interview on 07/30/24 at 8:34 A.M., Kitchen Aide C said food and refrigerator temperatures should be documented. Daily cleaning should be completed and staff should sign off when completed. Evening staff usually do the kitchen cleaning. During an interview on 07/30/24 at 8:38 A.M., Kitchen [NAME] D said food temperatures should be documented and it should be done daily, but he/she forgets to log the temperatures sometimes. Daily refrigerator temperatures should be documented. Kitchen cleaning should be done daily and signed off when completed. During an interview on 07/30/24 at 10:13 A.M., the Dietary Manager (DM) said the kitchen staff could do a better job at documenting food meal temperatures and refrigerator temperatures. The DM said staff should be completing daily cleaning checklist and needs to monitor this more closely to make sure tasks are being done. The RD completes inspection rounds and makes recommendations during monthly visits and should be following up with the Administrator. During an interview on 07/30/24 at 10:32 A.M., the Maintenance Supervisor (MS) said each department is responsible for bringing any concerns to the department head meetings to be addressed. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/30/24 at 10:42 A.M., the Administrator said she would expect scheduled kitchen cleaning, food temperature checks and refrigerator temperature checks to be completed daily by dietary staff to ensure compliance for requirement. The Administrator does kitchen inspections randomly and will address the areas of concerns in the dietary department found during the survey inspection.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 26904 Based on observation, interview, and record review, the facility failed to maintain infection control practices to prevent the development and transmission of infection during wound care for two residents (Residents #17 and #61) out of four sampled residents and one resident (Resident #8) outside the sample. The facility also failed to use proper infection control techniques for glove use during catheter care for one resident (Resident #60) out of two sampled residents. The facility census was 64. Review of the facility's policy, Wound Care, dated October 2010, showed: - Put on gloves; - Use no-touch technique. Use sterile tongue blades and applicators to remove ointments and creams from their containers; - Wear sterile gloves when physically touching the wound or holding a moist surface over the wound; Review of facility's policy titled Catheter Care, Urinary revised August 2022, showed: - Perform hand hygiene and use clean gloves; - Place resident in dorsal recumbent (on back with knees bent, feet spread out to sides) position or supine position during care; - Place bed protector under resident. 1. Review of #8's Physician Order Sheet (POS), dated July 2024, showed: - An order, dated 07/24/24, to cleanse the back of the left arm with normal saline, apply Medi honey gel (a supportive removal of necrotic tissue and aids in wound healing gel) and secure with silicone bordered gauze (absorbent silicone foam dressing consist of three layers to ensure wound healing) daily. - An order, dated 07/25/24, cleanse the back of the left upper arm and the back of the left elbow with normal saline, apply wet to dry dressing, secure with sterile bordered gauze (an absorptive dressing that consist of three layers). Observation on 07/30/24 at 3:01 P.M , showed: - Licensed Practical Nurse (LPN) J pushed the treatment cart into the resident's room; - LPN J washed his/her hands and applied a protective gown; - LPN J started to prepare for the treatment and realized he/she did not have all supplies on the cart; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- LPN J pushed the treatment cart outside the resident's room into the hall wearing the protective gown; - LPN J gathered the needed supplies and re-entered the resident's room wearing the same gown; - LPN J performed the wound care, removed the protective gown, washed his/her hands and pushed the treatment cart outside the resident's room into the hall. - LPN J placed the treatment cart in the hall, without cleaning it. 2. Review of Resident #17's Physician Order Sheet (POS), dated July 2024 showed: - An order, dated 07/22/24 to cleanse right heel with normal saline, paint peri-wound with gentian violet (an antiseptic used for minor wound care to reduce infection), dermablue (a triple action antimicrobial protection), optifoam (a dressing for partial and full thickness wounds with moderate drainage), and wrap with comfort gauze (non-sterile absorbent gauze roll and stretches to conforms to the body). - An order, dated 07/22/24 to cleanse right foot, third toe with saline, paint with betadine (an antiseptic used for skin disinfection), apply Polymen AG dressing (a topical wound dressing that contains silver); - An order, dated 07/22/24 to cleanse the right and left shinbone area with normal saline, apply skin protectant, secure with bordered gauze every other day and as needed (prn) for preventative wound care. Observation on 07/31/24 at 2:51 P.M., showed: - LPN J in the resident's room with the treatment cart; - LPN J washed his/her hands and applied a protective gown; - LPN J performed the wound care, removed the protective gown, washed his/her hands and pushed the treatment cart outside the resident's room into the hall. - LPN J placed the treatment cart near the nurses' station, without cleaning it. During an interview on 08/01/24 at 10:45 A.M., LPN J said he/she should have removed the gown before exiting Resident #8's room to gather needed supplies. He/she said the cart is not always taken into the resident's room, however she had fairly new orders that were not in the computer and he/she had printed those out and need a place to lay the treatment orders. LPN J said with so many different kinds of supplies, he/she lays everything on top of the cart. During an interview on 08/01/24 at 3:40 P.M., Registered Nurse (RN) E said she would expect the staff to remove the gowns before exiting the resident's rooms and would not expect the staff to take the treatment cart into the resident's rooms. 3. Review of #61's POS showed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order for wound care to abdomen and right and left lower extremities to be cleaned with normal saline, pat dry and apply Medi honey; - An order for wound care to top of left foot and heel to be cleansed with normal saline, apply polymem AG, ABD (abdominal pad)(a dressing used to treat large wounds that require high absorbency) and wrap with conforming gauze; - An order to cleanse weeping blisters to right and left lower extremities with normal saline, apply ABD pad, wrap with conforming gauze; - An order to cleanse right and left inner thigh area with normal saline, polymem AG, cover with ABD pad and secure. Observation on 07/30/24 at 3:47 P.M., showed: - LPN K washed his/her hands, applied protective gown and clean gloves; - LPN K touched doorknob and bed frame with clean gloves; - LPN K did not change gloves before performing wound care; - LPN K removed dirty gloves, performed hand hygiene and applied clean gloves; - LPN K touched call light and without changing gloves applied Medi-honey to two open wounds on abdomen; - LPN K removed dirty gloves, performed hand hygiene and applied clean gloves; - LPN K touched blanket with clean gloves, then without changing gloves, performed wound care to right buttock. During an interview on 07/31/24 at 3:33 P.M., RN E said he/she would expect wound care to be performed using clean technique and for nursing staff to change gloves anytime they become contaminated. 4. Observation on 7/30/24 at 2:32 P.M., showed: - CNA (Certified nursing assistant) G washed hands, applied gloves and assisted Resident #60 in removing pants and undergarments to perform catheter care. - The CNA had the resident sit on the side of the bed; - Without changing gloves, CNA G took a wipe from CNA I and wiped down left side of resident's genitalia and laid it on the resident's bed sheet; - Continuing to wear the same gloves, CNA G took a new wipe from CNA I and wiped down the right side the resident's genitalia and laid it on resident's bed sheet; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265246	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shady Oaks Healthcare Center	335 Business Route 63 Thayer, MO 65791

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- CNA G then asked CNA I to retrieve a dry paper towel from the dispenser. CNA G took the paper towel and dabbed dry around catheter insertion area. During an interview on 8/1/2024 at 11:29 A.M., CNA I said he/she would lay a resident supine when performing catheter care. He/she said gloves should be changed after removing residents clothes and undergarments, and clean gloves applied before care. CNA I said he/she would not place dirty wipes on resident's clean linens and would provide a barrier or place in trash. During an interview on 8/1/2024 at 3:45 P.M., RN E she he/she would expect resident to be lying in supine position unless requested to sit up for catheter care. RN said he/she would expect clean gloves to be applied before performing catheter care. RN said he/she would not expect dry paper towel to be used during catheter care. 50260

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 45872 Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to control the fly population in the kitchen and main dining room. This deficient practice had the potential to affect all residents. The facility census was 64. Review of the facility's policy titled, Pest Control, revised May 2008, showed: - The facility shall maintain an effective pest control program; - This facility maintains an on-going pest control program to ensure the building is kept free of insects an rodents; - Windows are screened at all times; - Garbage and trash are not permitted to accumulate and are removed from the facility daily; - Maintenance services assist, when appropriate and necessary, in providing pest control services. 1. Observations made on 07/29/24 at 8:23 A.M., 07/30/24 at 8:43 A.M. at 07/31/24 at 8:10 A.M., of the library located next to the kitchen, showed: - Several dead flies laid on the bottom ledges of the left and right-side windows; - Multiple flies buzzed around the room. 2. Observations made of the assisted feeding dining room area, showed: - On 07/29/24 at 12:24 PM, an orange fly swatter laid on the ledge of the left-side window by the door facing the picnic table outside; - On 07/29/24 at 12:38 P.M. and 07/29/24 at 12:49 P.M., Resident #34 ate his/her food while a fly crawled on his/her egg noodles and blueberry cake in plate; - On 07/29/24 at 12:44 P.M., Resident #26 ate his/her food while two flies crawled on his/her clothing protector; - On 07/29/24 at 12:46 P.M., Resident #44 ate his/her food while a fly crawled on his/her dining table; - On 07/29/24 at 12:48 P.M., Resident #48 ate his/her food while flies buzzed around and two flies crawled on his/her food in plate; - On 07/29/24 at 12:51 P.M., Resident #15 ate his/her food while flies buzzed around and two flies crawled on his/her food in plate; (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- On 07/29/24 at 12:53 P.M., Resident #21 ate his/her food while several flies buzzed around his/her food on plate and one fly crawled on his/her forehead. - On 07/29/24 at 12:59 P.M., 07/30/24 at 9:27 A.M. and 07/31/24 at 11:14 AM., several dead flies on the right-side window ledge facing the designated smoke area. 3. Observations made on 07/30/24 at 8:22 A.M., of the kitchen area, showed: - Two flies crawled on the steam table; - Three flies crawled on the three-compartment sink back splash; - Two flies crawled on the three-door refrigerator; - Flies buzzed in and out of a trashcan with no lid by the two-basin sink and walk-in freezer. 4. Observation made on 07/30/24 at 8:26 A.M., showed flies buzzed around and throughout the kitchen area while interviewing staff. Review of the pest control inspection reports and service comments dated, 05/08/24, 6/12/24 and 07/10/24, showed: - Kitchen area inspected and treated; - Fly glue boards replaced; - Fly bait placed in random areas of the facility. During an interview on 07/30/24 at 8:26 A.M., the Dietary Manager (DM) said flies do get bad this time of year and staff use fly swatters to kill them. DM has never brought the concern to the attention of the administrator. DM said there is no pest control devices located in the kitchen to help with the fly issue. During an interview on 07/30/24 at 9:15 A.M., the Maintenance Supervisor (MS) said it is the department head's responsibility to notify the administration of any pest control issues during department head meetings so it can be addressed. MS said a new pest control company had just started servicing and treating the facility in the last few months. During an interview on 07/30/24 at 10:32 A.M., the Administrator said she was not aware of a fly concern in the kitchen or dining room. The DM had not brought the issue to her attention while doing random inspections, but this will be addressed.