

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Arbor View Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6400 the Cedars Court Cedar Hill, MO 63016	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46460</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe smoking interventions for two residents (Resident #48 and #336) out of four sampled residents who smoke and four residents (Resident #24, #73, #76, and #80) outside the sample. The facility census was 83.</p> <p>Review of the facility's policy, Resident Smoking, revised 03/03/22, showed:</p> <ul style="list-style-type: none"> - This facility provides a safe and healthy environment for residents, visitors, and employees, including safety as related to smoking. Safety protections apply to smoking and non-smoking residents; - Any resident who is deemed safe to smoke, with or without supervision, will be allowed to smoke in designated smoking areas (weather permitting), at designated times, and in accordance with his/her care plan; - Safe smoking measures will be documented on each resident's care plan and communicated to staff, visitors, and volunteers who will be responsible for supervising residents while smoking. Supervision will be provided as indicated on each resident's care plan; - Smoking materials of residents requiring supervision with smoking will be maintained by community staff. <p>Review of the facility's Courtyard Rules, undated, showed all smoking must be supervised. Residents are not allowed to smoke without staff supervision.</p> <p>Review of the facility's designated smoking times showed smoking times to be 9:00 A.M., 11:00 A.M., 1:30 P.M., 4:00 P.M., and 7:30 P.M.</p> <p>1. Review of Resident #24's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of spina bifida (a birth defect in which a developing baby's spinal cord fails to develop properly), paraplegia (paralysis that affects all or part of the trunk, legs, and pelvic organs), and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). <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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Smoking Assessment, dated 05/23/24, showed:</p> <ul style="list-style-type: none"> - The resident requires supervision; - The resident needs the facility to store lighter and cigarettes; - The plan of care is used to ensure the resident is safe while smoking. <p>Review of the resident's care plan, with a review date of 06/05/24, showed:</p> <ul style="list-style-type: none"> - Resident is dependent on tobacco and noncompliant with facility smoking policy; - Resident has a history of refusing to turn over smoking materials and has been educated on the risks; - The resident requires supervision while smoking; - The resident's smoking supplies are stored at the nursing station; - Notify social worker or administrator immediately if it is suspected resident has violated facility smoking policy; - Instruct resident about the facility policy on smoking locations, smoke times, facility rules, and safe smoking practice. <p>Review of the resident's behavior notes showed:</p> <ul style="list-style-type: none"> - On 04/19/24, when writer knocked on the door and stated Social Services, resident was seen with lighter and shoving something under his/her blanket; - On 03/27/24, a nurse heard door alarm to courtyard going off, observed resident outside smoking. Resident refused to hand over cigarettes or lighter and continued to smoke about half the cigarette before coming in; - On 02/24/24, resident observed outside in the courtyard smoking. Asked resident to please put out cigarette and hand them over; it is not the designated time to smoke. Resident refused to hand them over but did put out the cigarette and come in; - On 02/17/24, resident advised of smoking policy and need to have front entrance secure. Resident violated policy when smoking at front entrance; - On 01/22/24, resident was non compliant with smoking policy this shift, going outside multiple times thru the alarm doors prior to temperatures reaching 32 degrees and outside of smoke times without staff supervision; <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- On 01/20/24, resident going outside to smoke after being educated about current outside temperature. Current temperature is 19 degrees, and facility smoking policy states that residents are not taken outside by staff at scheduled smoke times when temps are below 0 degrees. Resident disregards education and is going outside anyway.</p> <p>Observation of the resident on 06/07/24 at 9:45 A.M. showed the resident smoked unsupervised with other residents in the courtyard.</p> <p>2. Review of Resident #48's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of altered mental status (a change in mental function), muscle weakness, and cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage (problems with attention, memory, executive functioning, and information processing after a brain bleed). <p>Review of the resident's Smoking Assessment, dated 04/24/24, showed:</p> <ul style="list-style-type: none"> - The resident has cognitive loss; - The resident requires supervision; - The resident needs the facility to store lighter and cigarettes; - The plan of care is used to ensure the resident is safe while smoking. <p>Review of the resident's care plan, revised 06/05/24, showed:</p> <ul style="list-style-type: none"> - Resident is dependent on tobacco and noncompliant with facility smoking policy; - Resident has a history of refusing to turn over smoking materials and has been educated on the risks; - All smoking materials to be kept in lock box; - Instruct resident about the facility policy on smoking locations, smoke times, facility rules, and safe smoking practice; - Notify social worker or administrator immediately if it is suspected resident has violated facility smoking policy; - Provide reminders related to facility smoking policies/procedures and encourage compliance. <p>Observation of the resident on 06/07/24 at 9:45 A.M. showed the resident smoked unsupervised with other residents in the courtyard.</p> <p>3. Review of Resident #73's medical record showed:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- An admitted [DATE];</p> <p>- Diagnoses of muscle weakness, lack of coordination, and nicotine dependence.</p> <p>Review of the resident's Smoking Assessment, dated 05/14/24, showed:</p> <p>- Resident with visual deficit;</p> <p>- The resident requires supervision;</p> <p>- The resident needs the facility to store lighter and cigarettes;</p> <p>- The plan of care is used to ensure the resident is safe while smoking.</p> <p>Review of the resident's care plan, revised 04/24/24, showed:</p> <p>- Resident is dependent on tobacco and noncompliant with facility smoking policy at times;</p> <p>- Instruct resident about the facility policy on smoking locations, smoke times, facility rules, and safe smoking practice;</p> <p>- Notify social worker or administrator immediately if it is suspected resident has violated facility smoking policy;</p> <p>- The resident requires supervision while smoking;</p> <p>- The resident's smoking supplies are stored in a lock box under staff supervision.</p> <p>Review of the resident's behavior notes showed on 01/22/24, resident was non compliant with smoking policy this shift, going outside multiple times thru the alarm doors prior to temps reaching 32 degrees and outside of smoke times without staff supervision.</p> <p>Observation on 06/05/24 at 10:55 A.M. showed the resident outside smoking with other residents and no staff present.</p> <p>4. Review of Resident #76's medical record showed:</p> <p>- An admitted [DATE];</p> <p>- Diagnoses of muscle weakness, cognitive communication deficit (trouble reasoning and making decisions while communicating), and anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations).</p> <p>Review of the resident's Smoking Assessment, dated 05/13/24, showed:</p> <p>- The resident has cognitive loss;</p> <p>- The resident requires supervision;</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - The resident needs the facility to store lighter and cigarettes; - The plan of care is used to ensure the resident is safe while smoking. <p>Review of the resident's care plan, revised 06/05/24, showed:</p> <ul style="list-style-type: none"> - Resident is dependent on tobacco and noncompliant with facility smoking policy; - Resident has a history of refusing to turn over smoking materials and has been educated on the risks; - Notify social worker or administrator immediately if it is suspected resident has violated facility smoking policy; - Instruct resident about the facility policy on smoking locations, smoke times, facility rules, and safe smoking practice. <p>Observation on 06/07/24 at 11:43 A.M. showed the resident outside in the courtyard smoking by himself/herself and said staff won't come outside to supervise him/her. The Social Services Designee (SSD) came outside to the courtyard and told the resident that he/she missed smoke break and gave the resident smoke break times. The SSD said the resident needed to give his/her cigarettes and lighter to her, and the resident said he/she is not going to give them to her. The SSD replied that they'll have to find placement for him/her elsewhere if he won't give up the cigarettes and lighter.</p> <p>5. Review of Resident #80's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of cognitive communication deficit, chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), and muscle weakness. <p>Review of the resident's Smoking Assessment, dated 05/13/24, showed:</p> <ul style="list-style-type: none"> - The resident requires supervision; - The resident needs the facility to store lighter and cigarettes; - The plan of care is used to ensure the resident is safe while smoking. <p>Review of the resident's care plan, revised 06/03/24, showed:</p> <ul style="list-style-type: none"> - The resident is a smoker and may not always be compliant with smoking policy; - Cigarettes (or other smoking materials) and lighter are required to be stored at the nurse's station; - Instruct resident about the facility policy on smoking locations, times, and safety concerns; <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Notify charge nurse immediately if it is suspected resident has violated facility smoking policy; - The smoking policy was reviewed and accepted by the resident and/or resident family; - The resident requires supervision while smoking. <p>During an interview on 06/04/24 at 12:40 P.M., the resident said he/she keeps his/her cigarettes and lighter with him/her all the time. He/she keeps his/her lighter because if staff had it, he/she would never get it back. He/she smokes two cigarettes a day and had a pack of cigarettes in his/her t-shirt pocket. He/she keeps extra packs of cigarettes in a nightstand that has a lock and key.</p> <p>6. Review of Resident #336's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of cognitive communication deficit, muscle weakness, and chronic respiratory failure (a condition that occurs when the lungs cannot get enough oxygen into the blood or eliminate enough carbon dioxide from the body). <p>Review of the resident's Smoking Assessment, dated 04/24/24, showed:</p> <ul style="list-style-type: none"> - The resident requires supervision; - The resident needs the facility to store lighter and cigarettes; - The plan of care is used to ensure the resident is safe while smoking. <p>Review of the resident's care plan, revised 04/24/24, showed:</p> <ul style="list-style-type: none"> - Resident is dependent on tobacco and noncompliant with facility smoking policy; - Instruct resident about the facility policy on smoking locations, smoke times, facility rules, and safe smoking practice; - Notify social worker or administrator immediately if it is suspected resident has violated facility smoking policy; - The resident requires supervision while smoking; - The resident's smoking supplies are stored in a lock box, under staff supervision. <p>Observation of the resident on 06/07/24 at 9:45 A.M. showed the resident smoked unsupervised with other residents in the courtyard.</p> <p>During an interview on 06/05/24 at 12:50 P.M., the SSD said the residents were not supposed to keep cigarettes and/or lighters on them. The problem was the residents would get them when they were on leave of absence or their family members would bring to them. This had been a big issue and the facility had been trying to resolve it.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/05/24 at 3:30 P.M., Licensed Practical Nurse (LPN) A said the residents go out to the smoking area without supervision in between set smoking times. When going out to the smoking area, this turns the door alarm on and he/she said this happens daily with staff being aware.</p> <p>During an interview on 06/07/24 at 9:50 A.M., Resident #24, #48, and #336 collectively said there are never enough staff to supervise the residents while they smoke. It happens on a daily basis.</p> <p>During an interview on 06/07/24 at 3:20 P.M., the Administrator and Director of Nursing said staff is supposed to keep the cigarettes and lighters and all residents have supervised smoking with set smoking times.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on interview and record review, the facility failed to provide documentation of on-going assessments, monitoring, and communication between the facility and the dialysis (a process for removing waste and excess water from the blood) center for one resident (Resident #14) out of one sampled resident. The facility's census was 83.</p> <p>Review of the facility's policy, Dialysis Care Guidelines, revised 03/15/24, showed:</p> <ul style="list-style-type: none"> - Communication between the dialysis provider and center staff should included written communication that includes daily weights, changes in condition or mood, response to treatment, and evaluation of the vascular site; - Whether resident receives hemodialysis out of center or receives dialysis in house, communication is essential for continuity of care; - Be cognizant of medications ordered and timing of administration; - If resident is feeling ill or exhibiting unusual symptoms before the scheduled session, communicate symptoms to the out patient dialysis center and physician to ascertain if dialysis should be delayed; - Review transfer forms post dialysis, for any pertinent information; - Check fistula for bruit (an abnormal whooshing sound heard through a stethoscope) and thrill (a palpable murmur that feels like a ringing phone or a fly trapped in one's hand) daily. <p>1. Review of Resident #14's Physician's Order Sheet, dated June 2024, showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Order for dialysis on Mondays, Wednesdays and Fridays; - Obtain vital signs before and after dialysis; - Upon return from dialysis, palpate (examine by touch) for thrill and listen for bruit, document findings. <p>Review of the resident's medical record showed:</p> <ul style="list-style-type: none"> - Diagnoses of end stage renal disease (a medical condition where the kidneys can no longer function to filter wastes or excess fluids from the blood), hypertension (high blood pressure) and muscle weakness; - Documentation of the communication reports, dated 03/27/24-06/05/24, showed 16 out of 31 opportunities missed; <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Documentation of the completed communication reports, dated 03/27/24-06/05/24, showed three out of 15 opportunities missed to document vital signs after the resident returned to the facility on either communication report or in chart.</p> <p>During an interview on 06/06/24 at 8:30 A.M., Resident #14 said he/she goes to dialysis on Mondays, Wednesdays and Fridays. The resident said staff did not observe his/her arm every time and he/she used to have a red or green folder that was taken to dialysis and brought back, but had not seen that in a while. He/She had asked staff on a couple occasions if they need to look at his/her arm upon return, but had been told they didn't need to see it.</p> <p>During an interview on 06/06/24 at 8:40 A.M., Registered Nurse (RN) M said they have a communication form that is sent with the resident to dialysis. They send any missed medications for that morning, vital signs, and check for thrill and bruit. Upon return, vital signs are checked along with thrill and bruit. The dialysis center is responsible for the pre and post weights.</p> <p>During an interview on 06/07/24 at 10:00 A.M., Licensed Practical Nurse (LPN) L said they send a dialysis form with the resident and it is brought back to fill out, but LPN L hasn't seen the form in awhile. The assessments are put into the Treatment Administration Record (TAR).</p> <p>During an interview on 06/07/24 at 3:20 P.M., the Administrator and Director of Nursing (DON) said they would expect dialysis communication forms to be filled out and sent with resident to dialysis center, then upon return to facility, completed again.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46555</p> <p>Based on observation and interview, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. These practices had the potential to affect all residents who are served food from the kitchen. The facility census was 83.</p> <p>Review of the facility's policy, Food Safety Requirement, dated 09/01/21, showed:</p> <ul style="list-style-type: none"> - It is the policy of this facility to procure food from sources approved or considered satisfactory by the federal, state, and local authorities; - Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety. <p>1. Observation on 06/04/24 at 12:14 P.M., 06/05/24 at 12:14 P.M. and on 06/06/2024 at 10:45 P.M. of the walk-in refrigerator showed dirt and debris in the bottom of the refrigerator.</p> <p>2. Observation on 06/04/24 at 12:14 P.M., 06/05/24 at 12:14 P.M. and on 06/06/2024 at 10:45 P.M. of the walk-in freezer showed:</p> <ul style="list-style-type: none"> - Food items not labeled or dated, including bags of corn on the cob, meat, and cinnamon rolls; - Dirt and debris in the bottom of the freezer. <p>3. Observation on 06/04/24 at 12:14 P.M., on 06/05/24 at 12:14 P.M. and on 06/06/2024 at 10:45 P.M. of the kitchen showed:</p> <ul style="list-style-type: none"> - Debris on the shelves and counters throughout the kitchen; - Debris on the floors throughout the kitchen; - [NAME] grime build up on the commercial dishwasher; - A build up of a brown substance in the fryer; - Debris on the front of the fryer around the knobs; - Debris on the table top on which the fryer was placed; - Carbon build up on the convection oven doors; - Black substance build up on the flat griddles; - A black substance on the ceiling above the walk in freezer; <p>(continued on next page)</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>46555</p> <p>Based on observation and interview, the facility failed to ensure the dumpsters were closed at all times and maintained to keep pests out and to keep the garbage contained in the dumpster. The facility census was 83.</p> <p>The facility did not provide a sanitation policy.</p> <p>Observations of the dumpster, located in front of the facility, showed:</p> <ul style="list-style-type: none"> - On 06/06/24 at 8:05 A.M., the dumpster with the lid opened with visible bags and other miscellaneous items; - On 06/6/24 at 1:00 P.M., the dumpster with the lid opened with visible bags and other miscellaneous items; - On 06/6/24 at 4:10 P.M., the dumpster with the lid opened with visible bags and other miscellaneous items; - On 06/07/24 at 8:15 A.M., the dumpster with the lid opened. <p>During an interview on 06/07/24 at 10:00 A.M., the Dietary Manager said she would expect staff to ensure the trash dumpster lids are closed after staff discard trash and other miscellaneous items. Housekeeping is also responsible for disposing of trash in the dumpsters.</p> <p>During an interview on 06/07/24 at 10:49 A.M., the Housekeeping and Laundry Manager said housekeeping empties trash and he/she would expect staff to ensure the lids are closed after staff discard trash and other miscellaneous items.</p> <p>During an interview on 06/07/24 at 3:20 P.M., the Administrator and Director of Nursing said they would expect the trash dumpster lids to be closed after staff discard trash and other miscellaneous items.</p>		

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NAME OF PROVIDER OR SUPPLIER Arbor View Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6400 the Cedars Court Cedar Hill, MO 63016	
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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>39360</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection control practices to prevent the development and transmission of infection for one resident (Resident #336) out of 18 sampled residents. The facility's census was 83.</p> <p>Review of the facility's policy, Infection Prevention and Control Program, revised 05/15/23, showed:</p> <ul style="list-style-type: none"> - All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment; - All staff shall demonstrate competence in relevant infection control practices; - Direct care staff shall demonstrate competence in resident care procedures established by our facility; - Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures. <p>Review of the facility's policy, Hand Hygiene, dated 09/01/21, showed:</p> <ul style="list-style-type: none"> - Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice; - Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table; before applying and removing personal protective equipment (PPE), including gloves, before and after handling clean or soiled dressings, linens etc., before performing resident care procedures, after handling items potentially contaminated with blood, body fluids, secretions or excretions, when, during resident care, moving from contaminated body site to a clean body site; - The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. <p>Observation on 06/06/24 at 9:00 A.M. of wound care for Resident #336 showed:</p> <ul style="list-style-type: none"> -Licensed Practical Nurse (LPN) A did not sanitize or wash hands prior to gathering supplies from wound cart, then created a clean barrier on the resident's bed; -LPN A sanitized hands and donned gloves, removed the old dressing from the resident's left leg using scissors obtained from his/her pocket, then placed the soiled scissors onto the clean barrier; -With the same soiled gloves, LPN A picked up sanitizer bottle from the barrier on bed and placed on top of the resident's refrigerator; <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>-LPN A removed gloves and sanitized hands using the now soiled, hand sanitizer bottle;</p> <p>-LPN A donned gloves, obtained gauze pads soaked with wound cleanser and cleaned two wound areas with the same gloves;</p> <p>-LPN A placed Santyl (an ointment used to removed dead tissue from wounds allowing to heal) on a cotton swab and applied to one wound;</p> <p>-With the same soiled gloves, LPN A obtained a wooden stick applicator, applied Santyl to second wound and removed gloves;</p> <p>-LPN A sanitized hands, donned clean gloves and wrapped the resident's foot with a gauze bandage and secured with tape;</p> <p>-With the same soiled gloves, LPN A picked up pressure relieving boot and placed on the resident's lower leg, then touched and adjusted the resident's pillow under his/her leg;</p> <p>-LPN A placed soiled trash in a bag, removed gloves and left room without washing hands, while holding the soiled scissors;</p> <p>-LPN A cleaned scissors with an alcohol wipe and ungloved hands;</p> <p>-LPN A placed the soiled bottle of sanitizer and wound cleanser back on side bin of the wound cart;</p> <p>-LPN A carried bag of trash to soiled utility room and immediately came back out without washing hands.</p> <p>During an interview on 06/06/2024 at 10:10 A.M., LPN A said his/her process of wound care is to get supplies together, introduce self, wash hands, put gloves on, take old bandages off, remove gloves, place new dressing, bag trash, take bags out, and wash hands. He/She should clean dirty scissors with alcohol wipes and should not place dirty/soiled scissors on a clean barrier. He/She uses the same hand sanitizer and same wound cleaner on the wound cart for every resident with wounds.</p> <p>During an interview on 06/07/2024 at 1:00 P.M., LPN B/Infection Preventionist said he/she would expect staff to sanitize hands going in and going out of rooms. Scissors should be cleaned with saniwipes/bleach wipes. Wound cleanser and hand sanitizer on the wound cart should stay on the wound cart. Wound cleanser and hand sanitizers should absolutely not be taken off the wound cart and used on multiple residents and taken into multiple rooms. Staff should absolutely change gloves between different wounds. Staff should absolutely sanitize/wash hands before leaving the room.</p> <p>During an interview on 06/07/2024 at 3:20 P.M., the Director of Nursing (DON) said he/she would expect staff to wash their hands between dirty and clean and to change their gloves between dirty and clean when providing resident care and would expect shared equipment or items to be cleaned according to policy.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>49150</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to control the fly population in the facility. This practice had the potential to affect all residents. The facility census was 83.</p> <p>Review of the facility's policy titled, Pest Control Program, revised 09/01/22, showed an effective pest control program is defined as measures to eradicate and control and contain common household pests (bed bugs, lice, roaches, ants, mosquitos, flies, mice, and rats).</p> <p>Review of the facility's Policy Explanation and Compliance Guidelines, dated 09/21/21 and revised on 09/01/22, showed:</p> <ul style="list-style-type: none"> - Facility will maintain a written agreement with a qualified outside pest service to provide comprehensive pest control services on a regular and scheduled basis; - Facility will ensure that appropriate chemicals are used to control pests, but can be used safely inside the building without compromising resident health; - Facility will maintain a report system of issues that may arise in between scheduled visits with the outside pest service and treat as indicated; - Facility will utilize a variety of methods in controlling certain seasonal pests, flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations; - Facility will ensure that the outside pest service also treats the exterior perimeter of the facility and any outlying buildings or structures, dumpster area. <p>Review of monthly pest control invoices, dated 12/16/23 to 05/28/24, showed:</p> <ul style="list-style-type: none"> - December service targeted unknown; - January service targeted mice and cockroaches; - February service targeted mice and cockroaches; - March service targeted mice and cockroaches; - April service targeted mice and cockroaches; - May service targeted mice, cockroaches, and ants; - Monthly pest control invoices did not include any services targeting flies. <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Observation of Room D-9 on 06/04/24 at 1:38 P.M. showed approximately six flies in the room, flying around and landing on the resident at times.</p> <p>During an interview on 06/04/24 at 1:38 P.M., the resident in Room D-9 said staff always leave the meal trays and it draws flies.</p> <p>2. Observation of Room A-1 on 06/04/24 at 12:30 P.M. showed six flies, flying around the room and landing on the resident's bedside table.</p> <p>3. Observation of Room B-6 showed:</p> <ul style="list-style-type: none"> - On 06/04/24 at 12:57 P.M., two flies in room; - On 06/05/24 at 12:35 P.M., two flies in room. <p>4. Observation of Room A-2 on 06/06/24 at 02:36 P.M. showed eight flies flying around the room during wound care.</p> <p>5. Observation on 06/06/24 at 2:06 P.M., showed residents swatted at a fly during the resident council meeting.</p> <p>6. Observation on 06/07/24 at 12:45 P.M., showed a fly buzzing around a resident while eating in the dining room.</p> <p>During an interview on 06/07/24 at 9:33 A.M., Housekeeper K said there are flies on A and B hall now mainly. The residents opening their windows and people coming in and out of doors draw the flies into the facility.</p> <p>During an interview on 06/07/24 at 09:59 A.M., Licensed Practical Nurse (LPN) L said that he/she hasn't seen any flies on C hall yet today, but noticed about 50 at the nurses station earlier today.</p> <p>During an interview on 06/07/24 at 10:00 A.M., Certified Medical Assistant (CMA) J and Certified Medication Technician (CMT) I said that there are flies in all hallways, but mainly on A and B hallway at this time.</p> <p>During an interview on 06/07/24 10:10 A.M., LPN B said that with the change of seasons, residents are opening windows and opening doors when going to smoke, causing the flies to come into the facility.</p> <p>During an interview on 06/07/24 at 10:49 P.M., the Housekeeping and Laundry Manager said the flies are horrible. Housekeeping does everything they can to keep things clean to help with the fly situation. Part of the problem is there is no longer a system in place for staff to communicate to the new pest control company on where in the building needs sprayed. They used to have someone that would come once a week and spray the entire building, but now the new one comes once a month and only sprays five rooms per visit. There is no process in place to determine which rooms he sprays, and they have no way to communicate to him where they see flies and bugs. They used to have a book where they would make a note for him, and now they don't have that.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/07/24 at 3:20 P.M., the Administrator and Director of Nursing said they would expect the facility to be free from pests.</p>		