STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285271	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northfield Retirement Communities Care Center	2100 Circle Drive Scottsbluff, NE 69361

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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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 49263 Based on record review and interview, the facility failed to provide the Centers for Medicare and Medicaid Services (CMS)-10055 form to 3 (Residents 23, 33, and 41) of 3 sampled residents as required. The facility census was 47. The Findings Are: A record review of facility policy Medicare Advance Beneficiary and Medicare Non-Coverage Notices with last revised date of September 2022, revealed in the Skilled Nursing Facility Advance Beneficiary Notice (CMS form 10055) section that if the director of admissions or benefits coordinator believed that Medicare would not pay for an otherwise covered skilled service, the resident (or representative) would be notified in writing why the service may not be covered and of the resident's potential liability for payment of the non-covered service. A. A record review of CMS form SNF Beneficiary Notification Review for Residents who Received Medicare Part A Services, completed by the facility Minimum Data Set Coordinator (MDS) on 6/13/24 in regard to Resident 33, revealed the resident's last covered day of Part A Service was 1/25/24, and that a Skilled Nursing Facility-Advance Beneficiary Notice (SNF-ABN), CMS-10055 Form was not provided to the resident. The reason for the form not being provided was documented as Only have form 10123. B. A record review of CMS form SNF Beneficiary Notification Review for Residents who Received Medicare Part A Services, completed by the facility Minimum Data Set Coordinator (MDS) on 6/13/24 in regard to Resident 41, revealed the resident's last covered day of Part A Service was 3/28/24, and that a Skilled Nursing Facility-Advance Beneficiary Notice (SNF-ABN), CMS-10055 Form was not provided to the resident. The reason for the form not being provided was documented as Only have form 10123. C. A record review of CMS form SNF Beneficiary Notification Review for Residents who Received Medicare Part A Services, completed by the facility Minimum Data Set Coordinator (MDS) on 6/13/24 in regard to Resident 23, revealed the resident's last covered day of Part A Service was 5/23/24, and that a Skilled Nursing Facility-Advance Beneficiary Notice (SNF-ABN), CMS-10055 Form was not provided to the resident. The reason for the form not being provided was documented as Only have form 10123. An interview on 6/13/24 at 10:00 AM with the Minimum Data Set Coordinator (MDS) revealed the facility did not have the SNF-ABN, Form CMS-10055 and had not provided this form to Residents 23, 33, or 41, or to any of their representatives.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Potential for minimal harm Residents Affected - Many	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49263 Licensure reference Number 175 NAC 12-006.04A3b Based on record review and interviews, the facility staff failed to completed background checks for 5 of 5 employees reviewed and failed to provide rational for hiring for 1 of 1 staff member who had a negative findings. This had the potential to affect all residents who resided within the facility. The facility census was 47. The Findings Are: A record review of facility policy Background Screening Investigations with revised date of March 2019, revealed the facility was to conduct background checks and criminal conviction checks on all potential direct access employees. The policy also revealed that the background and criminal checks would be initiated within two days of an offer for employment and would be completed prior to employment. There was no information contained in the policy regarding conducting a criminal background check on employees who were legally minors, a nurse aide registry check on employees who were direct care employees but not nurse's aides, nor regarding what the facility would do to mitigate risk to the residents if they hired someone with a criminal record. Record review of Dietary Aid (DA) G employee file revealed there was no criminal background check or Nurse Aide Registry completed. Record review of Nurse Aide (NA) J) employee file revealed there was no criminal background check completed. Record review of Medication Aide (MA) H's employee file revealed the Nurse Aide Registry had not been completed and did not have a rational for hiring with negative finding on the criminal background check. An interview on 6/17/24 at 10:07 AM with Human Resources (HR) revealed the facility did not conduct a criminal background check on their employees that were legally minors since those records are sealed. HR confirmed that a criminal background check was not completed for DA-G, who was [AGE] years old at the time of hire, or for NA-J, who was [AGE] years old at the time of hire. HR- also revealed they did not run a nurse aide registry check on any staff, aside from those who would had been hired to work as a nurse aide. HR confirmed a nurse aide registry check was not completed on DA-G or on MA-H. HR also confirmed that MA-H had a criminal record and the facility had not documented rationale for proceeding with MA-H's employment.

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 49263 Licensure Reference Number 175 NAC 12-006.18E1 Based on observations, record review, and interview the facility failed to ensure an' oxygen concentrator was turned off when not in use, and failed to ensure the nasal cannula was not left on the resident's unoccupied bed when the concentrator was left on and unattended for 1 (Reskdent 32) of 1 sampled resident. The facility census was 47. The Findings Are: A record review of facility policy Oxygen Administration with last revised date of October 2010, revealed the facility would instruct the resident, their family, visitors, and roommate (if any) of the oxygen safety precautions and that the facility would provide the resident with a written copy of the Oxygen Safety handout. A record review of undated facility provided document Using Oxygen Safely, revealed instruction to Turn off your oxygen when you're not using it. Don't set the cannula or mask on the bed or a chair if the oxygen is turned on. A record review of Resident 32's Significant Change in Condition Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning), dated 3/24/24 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 15/15, which indicated the resident was cognitively intact, and in Section O that the resident was receiving oxygen therapy. A record review of Resident 32's physician's orders revealed an order with a start date of 12/18/23 revealed the resident was to utilize oxygen at 2 liters per minute (LPM). An observation on 6/13/24 at 12:00 PM revealed Resident 32 was not in their room. Their O2 concentrator, which was sitting on the floor near Resident 32's bed, was turned on and set at 2 LPM. The nasal cannula tubing was attached to the oxygen concentrator with the nasal cannula end of the tubing laying on top of the resident's blankets on their bed. An interview on 6/13/24 at 12:05 PM with the Director of Nursing (DON) confirmed Resident 32's oxygen concentrator was running at 2 LPM, that the nasal cannula was laying on the resident's bed, and that there was no one present in the resident's room at that time.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 49263 Licensure Reference Number 175 NAC 12-006.09 Based on record review and interview, the facility failed to evaluate and implement interventions to manage pain for 1(Resident 39) of 1 sampled residents. The facility census was 47. The Findings Are: A record review of facility policy Pain Assessment and Management with last revised date of October 2022, revealed pain would be assessment using a consistent approach and a standardized pain assessment instrument appropriate to the resident's cognitive level. A record review of website, wongbakerfaces.org revealed the Wong-Baker FACES Pain Rating Scale was a self-assessment tool that must be understood by the patient, so they would be able to choose the face that best illustrated the physical pain they were experiencing. The website also stated it was not a tool to be used by a third person, parents, healthcare professionals, or caregivers, to assess the patient's pain. A record review of the website, painscale.com revealed the following explanation of the 0-10 pain rating scale: - A rating of 0 indicated a person was having no pain. - A rating of 1-3 indicated a person was having mild pain. - A rating of 4-6 indicated a person was having moderate pain. - A rating of 7-8 indicated a person was having severe pain. - A rating of 9-10 indicated a person was having the worst pain possible. A record review of Resident 39's quarterly Minimum Data Set (MDS), a federally mandated comprehensive assessment tool used for care planning, dated 4/17/24 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 7/15, which indicated the resident had severe cognitive impairment. Section I revealed the resident had a diagnosis of non-Alzheimer's dementia and a diagnosis of pain. A record review of Resident 39's care plan revealed the resident had the potential for general pain and discomfort and had a diagnosis of pain. The care plan stated that Resident 39's cognition was impaired, and the FACES scale might need to be used. The resident's goal for this problem was to have no verbal or non-verbal indicators of pain within one hour of an intervention. The interventions for the problem included to observe the resident for complains of pain and for non-verbal signs of pain. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review conducted on 6/16/24 of Resident 39's physician's orders revealed an order with a start date of 10/12/23, for acetaminophen (a medication used for pain) 325 milligrams (MG), two tablets as needed every 4 hours for pain. The documentation on the order revealed that over the prior 30 days, the resident had only received the acetaminophen on 5/20/24 and 5/22/24. There was no evidence of the medication being administered on any other dates. A record review of Resident 39's Treatment Administration Record (TAR) revealed an order with a start date of 10/12/23, of Check a Pain Scale every shift and document intensity with a special instruction on the order that stated to note if the 0-10 Scale or the FACES scale was used and to document the intensity of the pain. The review of the TAR from 5/18/24 through 6/17/24 revealed the following dates with documentation of pain and the pain intensity: - On 5/20/24 the resident's pain was documented at a 5 out of 10 on both the day and evening shifts. There was no evidence of the resident being offered their as needed acetaminophen on the evening shift. - On 5/24/24 the resident's pain was documented at a 4 out of 10 on the day shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 5/25/24 the resident's pain was documented at a 10 out of 10 on the day shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 5/26/24 the resident's pain was documented at a 5 out of 10 on the day shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 5/27/24 the resident's pain was documented at a 10 out of 10 on the day shift, a 3 out of 10 on the evening shift, and a 1 out of 10 on the night shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 5/30/24 the resident's pain was documented at a 5 out of 10 on the day shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 6/1/24 the resident's pain was documented at a 3 out of 10 on the evening shift and a 2 out of 10 on the night shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 6/2/24 the resident's pain was documented at a 5 out of 10 on the day shift, and at a 2 out of 10 on the evening and night shifts. There was no evidence of the resident being offered their as needed acetaminophen. - On 6/5/24 the resident's pain was documented at a 1 out of 10 on the day shift and was documented as yes on the night shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 6/6/24 the resident's pain was documented at a 2 out of 10 on the evening shift. There was no evidence of the resident being offered their as needed acetaminophen. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- On 6/7/24 the resident's pain was documented at a 4 out of 10 on the day shift and at a 10 out of 10 on the evening shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 6/9/24 the resident's pain was documented at a 10 out of 10 on the day shift and at a 1 out of 10 on the evening shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 6/11/24 the resident's pain was documented at a 1 out of 10 on the day and evening shifts. There was no evidence of the resident being offered their as needed acetaminophen. - On 6/12/24 the resident's pain was documented at a 1 out of 10 on the day shift and at a 4 out of 10 on the night shift. There was no evidence of the resident being offered their as needed acetaminophen. - On 6/16/24 the resident's pain was documented at a 2 out of 10 on the day and evening shifts, and at a 1 out of 10 on the night shift. There was no evidence of the resident being offered their as needed acetaminophen. A record review of Resident 39's progress note on 5/24/24 at 8:19 AM revealed that the resident had increased levels of agitation, had been combative, had been making negative statements, and was distrustful of staff that morning. Resident 39 was given an as needed anti-anxiety medication for their agitation. There was no evidence in the progress note that the resident had been offered their as needed acetaminophen. A record review of Resident 39's progress note on 5/27/2024 at 7:46 AM revealed that the resident was agitated, grimacing, was yelling out, and distrustful of staff. The note also stated the resident was not easily redirected. There was no evidence in the progress note that the resident had been offered their as needed acetaminophen. A record review of Resident 39's progress note on 5/29/2024 at 9:26 AM revealed that the DON was called to the dining room as the resident was not eating and was yelling out. The DON attempted to reposition the resident in their wheelchair, but the resident did not have relief of symptoms from this. The resident was then assisted to lay down in bed for comfort. There was no evidence in the progress note that the resident had been offered their as needed acetaminophen. A record review of Resident 39's progress note on 6/07/2024 at 8:39 AM revealed the resident had been yelling out and uncomfortable while at the table in the dining room. The resident had refused their medications that AM and had been assisted to lay down in bed after being in the dining room. A record review of Resident 39's progress note on 6/08/2024 at 9:17 AM revealed the resident had been yelling out while in their room and in the dining room, and that the resident appeared to be in pain throughout the entire meal. There was no evidence in the progress note that the resident had been offered their as needed acetaminophen. An interview on 6/12/24 at 12:37 PM with Resident 39's representative revealed the resident had arthritis, particularly in the right leg and that the resident had pain to both legs. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 6/17/24 at 1:00 PM with the DON confirmed that the charge nurse on duty each shift was responsible for completing each resident's ordered pain assessment. An interview on 6/18/24 at 10:31 AM with Registered Nurse (RN)-B, revealed that due to Resident 39's cognition, a licensed nurse was required to complete their pain assessment each shift. RN-B revealed at times the resident was oriented enough to rate their pain on the 0-10 scale, otherwise the facility staff was to utilize the FACES pain scale for the resident's assessments. RN-B further reported on occasion they would utilize the FLACC (Face, Legs, Activity, Cry, Consolability) pain scale (a behavioral pain assessment scale targeted for use in children). RN-B reported based on the resident's pain rating, the staff could utilize pain medications, or they could try repositioning. RN-B revealed Resident 39 most often had pain in the mornings during their AM cares and getting ready for the day and had generalized pain.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766 Licensure Reference 175 NAC 12-006.12B Based on interviews and record reviews, the facility failed to ensure a medication regimen review was completed monthly by the pharmacist and that a physician had reviewed the pharmacist's recommendations as required for 3 (Resident 1, 21, and 39) of 5 sampled residents. The facility census was 47. Findings are: A record review of a facility policy Medication Regimen Reviews with a last revised date of May 2019 indicated the pharmacist will review the medication regiment at least monthly for every resident receiving medication. In addition, the pharmacist documents any irregularities and makes recommendations as needed. The physician then reviews the recommendation and documents what action was taken to address it as part of the resident's permanent medical record. A. A record review of Resident 21's quarterly Minimum Data Set (MDS), a standardized assessment tool that measures health status in nursing home residents, with an Assessment Reference Date of 5/8/2024 indicated Resident 21 was admitted on [DATE] and had diagnoses of hypertension (high blood pressure,) Dementia, hypothyroidism, anxiety, and pain. The MDS also indicated Resident 21 received routine antipsychotic and antidepressant medications. A record review of Resident 21's medical record revealed no evidence of the pharmacist having completed a review of the resident medications over the past year. An interview on 6/17/2024 at 4:15 PM with the Director of Nursing (DON) confirmed the facility did not have documentation that a pharmacist had completed monthly medication regimen reviews or that a physician had reviewed the pharmacist's recommendation as required over the past year. 49263 B. A record review of Resident 1's MDS completed on 5/27/24 revealed the resident was admitted to the facility on [DATE] and had diagnoses of hypertension (elevated blood pressure), non-Alzheimer's dementia, hyperkalemia (elevated potassium in the blood), nontoxic goiter (a condition affecting the Thyroid), and edema (an excess of fluid in the body tissues). The MDS also revealed that the resident was taking antipsychotic and antidepressant medications. A record review of Resident 1's medical records revealed no evidence of the pharmacist having completed the required monthly reviews of the resident's medications since their admission. An interview on 6/17/24 at 4:15 PM with the Director of Nursing (DON) confirmed that the facility did not have documentation that a pharmacist had completed monthly medication regimen reviews or that a physician had reviewed the pharmacist's recommendations as required since Resident 1 was admitted . (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	C. A record review of Resident 39's MDS, completed on 4/17/24 revealed the resident was admitted to the facility on [DATE] and had diagnoses of anemia, heart failure, hypertension, a urinary tract infection within the prior 30 days, hyperlipidemia, a cerebrovascular accident, non-Alzheimer's dementia, post traumatic stress disorder, pain, edema, benign prostatic hyperplasia with lower urinary tract symptoms, unspecified disorder of adult personality and behavior, and constipation. The MDS also revealed the resident was taking antipsychotic, antianxiety, antidepressant, and diuretic medications. A record review of Resident 39's medical records revealed no evidence of the pharmacist having completed the required monthly reviews of the resident's medications since their admission. An interview on 6/17/24 at 4:15 PM with the Director of Nursing (DON) confirmed that the facility did not have documentation that a pharmacist had completed monthly medication regimen reviews or that a physician had reviewed the pharmacist's recommendations as required since Resident 39 was admitted .

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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. 49766 Licensure Reference Number 175 NAC 12-006.10 Based on interviews and record reviews, the facility failed to ensure PRN (as needed) antipsychotic medication use was limited to 14 days and that a rationale for continued use was documented by the provider as required for 1 (Resident 21) of 5 sampled residents. The facility census was 47. Findings are: A record review of a facility policy Antipsychotic Medication Use with a revised date of July 2022 indicated PRN medications will not be renewed beyond 14 days unless the healthcare practitioner has evaluated the resident for the appropriateness of that medication and documented the rationale for continued use. The duration of the PRN order will be indicated in the order. A record review of Resident 21's Face Sheet indicated the facility admitted Resident 21 on 4/28/2022 with diagnoses of Dementia with behavioral disturbance and anxiety. A record review of Resident 21's Orders as of 6/17/2024 revealed an order for Seroquel 25 milligrams (mg) as needed for agitation. The order had begun on 9/9/2023 and did not include a stop date or duration. A record review of Resident 21's medical record revealed no evidence of recent documentation from a physician for the rationale for continued use of the antipsychotic. An interview on 6/17/2024 at 10:54 AM with the Director of Nursing (DON) confirmed the order did not include a stop date or duration. A follow up interview on 6/17/2024 at 4:12 PM with the DON confirmed there was no documented rationale for the continued use of the antipsychotic for Resident 21.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 50253 Licensure Reference Number 175 NAC 12-006.10D Based on Record Review, Observations, and Interviews, the facility failed to ensure it was free of a medication error rate of 5% or greater. Observation of 36 medications administered revealed 4 errors while crushing medications resulting in a medication error rate of 11.11%. These medication errors affected 2 residents (Resident 5 and Resident 22) of 5 observed residents. Current Census at the facility was 48. The findings are: A. A review of the medication Potassium Chloride (a medication that is indicated in patients for whom dietary intake is inadequate) from Drug.com on 6/17/2024 reveals; Swallow tablets whole without crushing, chewing or sucking. A review of the medication Ferrous Sulfate (a medication used to treat a lack of red blood cells in the blood stream caused by having too little iron in the body) from Drug.com on 6/17/2024 reveals; Swallow the tablet whole and do not crush, chew, or break it. Take ferrous sulfate on an empty stomach, at least 1 hour before or 2 hours after a meal. Avoid taking antacids or antibiotics within 2 hours before or after taking ferrous sulfate. A review of the medication Enteric Coated Aspirin (a medication used to treat pain and reduce fever or inflammation. It is sometimes used to treat or prevent heart attacks, strokes, and chest pain.) from Drug.com on 6/17/2024 reveals: Do not crush, chew, break, or open an enteric-coated or delayed/extended-release pill. Swallow the pill whole. Interview on 6/13/2024 at 07:40 AM with Medication Aide-A (MA) confirmed that MA-A has been a Medication Aide for one year and works this capacity on nearly all shifts. B. Observation on 6/13/2024 at 7:50 AM of MA-A adminitsering medications reveal all medication tablets were crushed for Resident #5 including potassium chloride 20 milliequivalents and ferrous sulfate 325 mg and administered to Resident #5 while Resident #5 was eating breakfast. A interview on 6/13/2024 at 7:55 AM with MA-A confirmed that all medications in tablet form were crushed for Resident #5. C. Observation on 6/13/2024 at 8:00 AM of MA-A administering medications revealed all medications for Resident #22 were crushed prior to administering including enteric coated aspirin 81 milligrams and potassium chloride ER 20 milliequivalents. Interview on 6/13/2024 at 08:04 with MA-A confirmed all medications were crushed for Resident #22 prior to administration.

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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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 49766 Licensure Reference 175 NAC 12-006.11D Based on observations, interviews, and record review; the facility failed to follow a recipe to ensure nutritive value was preserved. This had the potential to affect all 47 residents that reside and eat at the facility. Findings are: A continuous observation on 6/17/2024 at 9:17 AM of meal preparation of Turkey Tetrazzini prepared by Cook-K revealed the following: - Cook-K could not find the scale and therefore had portioned out an approximate amount of spaghetti noodles. - Cook-K had found the scale, but the weight of the turkey was too heavy for the scale and therefore, did not weigh the amount of turkey placed into the dish. An interview on 6/17/24 at 10:24 AM with Cook-K confirmed they were unable to find the scale and had guessed the portion of spaghetti noodles placed into the meal. An interview on 6/17/24 at 10:40 AM with Cook-K confirmed the turkey was too heavy to weigh and had guessed the amount of turkey placed into the meal. A record review of the facility provided recipe for Turkey Tetrazzini with a report date of 6/23/2023 revealed the recipe called for 3 pounds 12 ounces of spaghetti noodles and 7 pounds 8 ounces of cooked diced turkey.

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	285271	A. Building B. Wing	06/18/2024

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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** 49766 Licensure Reference 175 NAC ,d+[DATE].11E Based on observations, interviews, and record review; the facility failed to ensure foods were discarded before the expiration dates, foods were stored in a manner that prevented potential for foodborne illnesses and failed to ensure the kitchen was maintained in a sanitary conditions. This had the potential to affect all 47 residents that resident at the facility. Findings are: A record review of the facility policy Food Storage with a copyright date of 2013 revealed the following: - Food should be date marked to indicate the day which food should be consumed or discarded by. - Food is to be stored at a minimum of 6 inches off the floor. - All food should be covered, labeled, and dated. - Leftover food is used within 3 days or discarded. A record review of the facility policy Dry Storage Areas with a copyright date of 2013 revealed foods with expiration dates are used prior to the date on the package. An observation during the initial kitchen tour on [DATE] at 7:18 AM of the pantry revealed the following: -There were four bottles of Thick It Clear Advantage Cranberry Juice Blends with an expiration date of [DATE]. -There were four, gallon jugs of ReaLime Juice with a best by date of [DATE]. An interview on [DATE] at 8:17 AM with the Assistant Food Supervisor (AFS) confirmed these items were passed expiration date. The AFS disposed of the items during the interview. An observation during the initial kitchen tour on [DATE] at 7:27 AM of the walk-in refrigerator revealed the following: -There were four Reduce Fat Ice Cream Chocolate Mixes with use by dates of [DATE]. -There were two Vanilla Soft Serve Mixes with use by dates of [DATE]. -There was a package of hotdog buns that were ,d+[DATE] used with no opened-on or use by date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-There was a package of tortillas with no opened-on or use by date. -There were two clear single serve bowls of grape and strawberry fruit mix wrapped in plastic wrap with no preparation or use by dates. -There was one container of Fresh Salad that was ,d+[DATE] empty with a use by date of [DATE]. -There was one container of Fresh Salad that was ,d+[DATE] empty with a use by date of [DATE]. -There was one container of Fresh Salad that was full and had a use by date of [DATE]. An interview on [DATE] at 8:20 with the AFS confirmed these items were expired and the other items should have been dated with a preparation date and use by date. An observation during the initial kitchen tour on [DATE] at 7:36 AM of the walk-in freezer revealed the following: -There was one white box of Sysco food on the floor. -There was a brown box of Vanilla Mighty Shakes stored on the floor. -There was a cup of chocolate ice cream stored on the floor. -There were two clear dishes of vanilla ice cream stored on a pink tray with no coverage of the plastic wrap. The plastic wrap was attached to the tray but did not cover the ice cream. A package of raw meat was stored next to the ice cream. An interview on [DATE] at 8:25 AM with the AFS confirmed the food could not be stored on the floor and meat should not be stored with the other foods but should be stored on a lower shelf. An observation during the initial kitchen tour on [DATE] at 7:42 AM of a kitchen shelf revealed four bottles of Smucker's Platescapers Raspberry with expiration date of [DATE]. An interview on [DATE] at 8:28 AM with the AFS confirmed these items were expired. An observation during the initial kitchen tour on [DATE] at 7:43 AM of the reach-in refrigerator revealed the following: -There were seven individual Cranberry juice boxes with best by dates of [DATE]. -There was a tray of six individual cups of [NAME] Lynch dressing and four individual cups of Ranch on a tray that was partially covered with plastic wrap with two of the cups being fully exposed. There was no preparation or use by date. An interview on [DATE] at 8:30 AM with the AFS confirmed the juice boxes were expired. The tray of salad dressings was no longer present at the time of the interview. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An observation during the initial kitchen tour on [DATE] at 7:45 AM of a kitchen shelf with spices revealed the following: -There was a bottle of Cream of Tartar that was ,d+[DATE] used with a received date of [DATE]. -There was a bottle of Ground Thyme Leaves that was ,d+[DATE] used with a received date of [DATE]. -There was a bottle of Whole Fennel Seeds that was ,d+[DATE] used with no received or use by date. -There was a bottle of Celery Salt that was ,d+[DATE] used with a received date of [DATE]. -There was a bottle of Melange Pepper that was ,d+[DATE] used with an expiration date of 2017. -The shelf had old flour, salt, and other debris. An interview on [DATE] at 8:35 AM with the AFS confirmed the spices should be disposed of and the shelf needed to be wiped down. An observation during the initial kitchen tour on [DATE] at 7:53 AM of the ice machine revealed various food debris and a build up of fuzzy gray matter on the floor surrounding the ice machine. An interview on [DATE] at 8:32 AM with AFS confirmed this area was part of the kitchen and did need to be cleaned. An observation on [DATE] at 8:51 AM of the south kitchenette revealed the following: -There was one bottle of Smucker's Platescapers Raspberry that had expired on [DATE]. -There was white frosting in a plastic bag with a preparation date of [DATE] with no use by date. An interview on [DATE] at 8:54 AM with Dietary Aide (DA) - D confirmed the Smucker's Platescapers Raspberry was expired. An interview on [DATE] at 8:55 AM with DA-E revealed items should be discarded after 10 days. DA-E confirmed the frosting should have been disposed of before this date.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 49263 Licensure Reference Number 175 NAC 12-006.17 Based on observation, interviews, and record review the facility failed to utilize Enhanced Barrier Precautions as required for 1 (Resident 39) of 1 sampled resident and failed to implement a water management program that would prevent the growth and spread of Legionella and other opportunistic water borne pathogens. This had the potential to affect all residents. The facility census was 47. The Findings Are: A. A record review of undated facility policy Enhanced Barrier Precautions (EBP) Policy for Long-Term Care Facilities, revealed enhanced barrier precautions would be implemented in the facility to prevent the transmission of infectious diseases, including but not limited to, respiratory viruses (e.g., influenza, COVID-19) and multi-drug resistant organisms (MDROs). An observation on 6/13/24 at 8:52 AM revealed Resident 39 laying in their bed in their room. The resident had an indwelling urinary catheter with the catheter bag hanging in a dignity bag on the side of their bed. There was no signage inside or outside of the resident's room and no Personal Protective Equipment (PPE) set up that would indicate the resident was on Enhanced Barrier Precautions. A record review of Resident 39's physician's orders revealed an order for catheter cares to be performed every shift. There were no orders in place that would indicate the resident required EBP during the catheter cares. An interview on 6/13/24 at 11:05 AM with the Assistant Director of Nursing (ADON) confirmed the facility had no residents on any type of precautions at that time. An interview on 6/18/24 at 8:50 AM with the ADON confirmed the facility did not implement EBP for residents with indwelling catheters that did not have a MDRO, and that the facility used standard precautions for all residents unless they had methicillin-resistant staphylococcus aureus (MRSA) or another resistant strain of resistant pathogen. B. A record review of facility policy Legionella Water Management Program with last revised date of September 2022, revealed the facility's water management program would include the following elements: -A detailed description and diagram of the water system in the facility. -The identification of areas in the water system that could encourage the growth and spread of Legionella or other waterborne bacteria. -The identification of situations that can lead to Legionella growth. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Specific measures used to control the introduction and/or spread of Legionella. -The control limits or parameters that are acceptable and that are monitored. -A diagram of where control measures are applied. -A system to monitor control limits and the effectiveness of control measures. -A plan for when control limits are not met and/or control measures are not effective. -Documentation of the program. How did you know they didn't have one? An interview on 6/18/24 at 8:17 AM the Plant Director (PD) revealed that the facility had not performed an assessment of where Legionella or other opportunistic waterborne pathogens could grow and spread within the facility's waterlines and had not established a detailed description and diagram of the water system in the facility. The PD stated that the facility completed water temperature checks in random rooms in the care center on a weekly basis and that the temperatures should maintain at 120 degrees. The PD also stated that the water was run (sink, shower, and toilets) in all empty rooms every 30 days and the nursing department in the care center was responsible for this. The PD confirmed that there were no other measures or monitors in place for the facility's water management program.