STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305071	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Teresa Rehabilitation & Nursing Center	519 Bridge Street Manchester, NH 03104

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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 - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43002 Based on observation, interview, and record review, it was determined that the facility failed to implement policies and procedures to ensure screening of staff was conducted prior to working for 1 of 5 staff reviewed for background checks (Staff H). Findings include: Observation on 3/26/24 at 12:17 p.m. of Staff H (Licensed Nursing Assistant (LNA)) working on the [NAME] Unit. Review on 3/27/24 of the nursing schedule for 3/26/24 revealed that Staff H worked the 7:00 a.m. to 3:00 p.m. shift as an LNA. Interview on 3/27/24 at 3:00 p.m. with Staff D (Regional Clinical Director) and Staff I (Director of Nursing) confirmed that Staff H worked on 3/26/24. Interview further revealed that the facility did not have an employee record for Staff H because he/she was from a staffing agency. Staff D revealed Staff H had only worked at the facility on 3/26/24. Review on 3/28/24 of the facility's Weekly Schedules Report revealed that the facility used staff from the same agency that Staff H was from on the following dates: 2/28/24, 2/29/24, 3/1/24, 3/2/24, 3/5/24, 3/7/24, 3/9/24, 3/10/24, 3/11/24, 3/17/24, 3/19/24, 3/20/24, 3/22/24, 3/23/24, 3/24/24, and 3/25/24. Interview on 3/28/24 at 2:51 p.m. with Staff J (Scheduler) revealed that the facility was using agency for staffing needs and that the facility did not have any of the background checks for staff that worked for the same agency that employed Staff H . Staff J confirmed the above findings. Review on 3/28/24 of the facility's policy Abuse/Staff Treatment of Residents revised 3/25/11, revealed, .It is the policy of this facility to ensure protection of all residents' right to be free from verbal, sexual, physical, and mental abuse; neglect; corporal punishment; involuntary seclusion and misappropriation of property . Facility policy must identify procedures for screening potential employees for a history of abuse, neglect or mistreatment of resident .

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 305071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024

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F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 47129 Based on interview and record review, it was determined that the facility failed to provide the resident or the resident's representative with a written notice of transfer/discharge and also failed to send a copy of the written notice of transfer/discharge to the Long-Term Care (LTC) Ombudsman for 1 of 2 residents reviewed for transfer/discharge in a final sample of 12 residents (Resident Identifier #14). Findings include: Review on 3/28/24 of Resident #14's medical record revealed they had been discharged to the hospital on 10/7/23. There was no documentation of a written notice of transfer/discharge for the 10/7/23 discharge. Interview on 3/28/24 at 9:30 a.m. with Staff A (Director of Social Services) confirmed the above findings. Staff A stated that nursing staff were completing the notice of transfer/discharge forms when residents were transferred. Staff A was unable to provide evidence that Resident #14's copy of written notice of transfer/discharge was sent to the LTC Ombudsman. Interview on 3/28/24 at 10:30 p.m. with Staff C (Registered Nurse) revealed that he/she was not providing residents or the residents' representative a written notice of transfer/discharge when they were transferred to the hospital. Interview on 3/28/24 at 12:30 p.m. with Staff D (Regional Clinical Director) confirmed the above findings. Staff D stated that since the facility changed electronic medical records in August 2023, the residents or the residents' representative were not provided with a written notice of transfer/discharge.

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F 0625 Level of Harm - Potential for minimal harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 47129 Based on record review and interview, it was determined that the facility failed to notify residents of the bed hold policy before transfer for 1 of 1 resident reviewed for hospitalization s in a final survey sample of 12 residents (Resident Identifier #14). Findings include: Review on 3/28/24 of Resident #14's medical record revealed they had been discharged to the hospital on 10/7/23. Further review of Resident #14's medical record revealed no evidence that the bed hold policy was provided to Resident #14 upon transfer to the hospital. Interview on 3/28/24 at 10:30 a.m. with Staff C (Registered Nurse) revealed that there was no bed hold policy provided to Resident #14 at the time of transfer since the facility switched to the new electronic medical system in August. Interview on 3/28/24 at 12:30 a.m. with Staff D (Regional Clinical Director) confirmed the above findings. Review on 3/28/24 of the facility's policy titled Bed Hold and Return to Facility dated 8/1/17, revealed: . Residents and their representatives will be provided with bed hold and return information at admission and before a hospital transfer or therapeutic leave .

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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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47129 Based on interview and record review, it was determined that the facility failed to ensure that the residents' Minimum Data Set (MDS) accurately reflected the resident's status for 2 of 12 residents reviewed for MDS in a final sample of 12 residents (Resident Identifiers #35 and #42). Findings include: Resident #35 Review on 3/28/24 of Resident #35's quarterly MDS with an Assessment Reference Date (ARD) of 2/29/24 revealed under section N0415 Medications: High-Risk Drug Classes: Use and Indication B. Antianxiety was coded indicating that Resident #35 had received an antianxiety medication during the last 7 days. Review further revealed that no other high-risk drug classes in section N0415 were coded. Review on 3/28/24 of Resident #35's February 2024 Medication Administration Record (MAR) revealed the following orders: Citalopram hydrobromide tablet 20 mg [milligrams], give 1 tablet by mouth one time a day for depression. Start date 8/24/23. Eliquis oral tablet 5 mg, give 1 tablet by mouth two times a day related to other pulmonary embolism. Start date 12/22/23. Interview on 3/28/24 at 2:06 p.m. with Staff C (Registered Nurse) confirmed the above findings. Interview on 3/28/24 at 2:30 p.m. with Staff F (Director of Clinical Reimbursement) revealed that Resident #35's MDS, dated [DATE], was coded incorrectly. Staff F stated that under section N0415 C. Antidepressant and E. Anticoagulant should have been coded. B. Antianxiety was coded in incorrectly. Resident #42 Review on 3/27/24 of Resident #42's progress note dated 1/25/24 revealed that Resident #42 was being discharged to home. Review on 3/27/24 of Resident #42's discharge - return not anticipated MDS with an ARD date of 1/25/24 revealed under section A210504, Identification Information: Discharge Status: 04: Short-Term General Hospital (acute hospital, IPPS) was coded indicating that Resident #42 was discharged to the hospital. Interview on 3/27/24 at 1:00 p.m. with Staff A (Director of Social Services) revealed that Resident #42 was discharged to home and not the hospital. Interview on 3/28/24 at 2:30 p.m. with Staff F confirmed the above findings and that the MDS dated [DATE], was coded incorrectly.

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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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 43002 Based on interview and record review, it was determined that the facility failed to ensure that a Preadmission Screening and Resident Review (PASARR) screening was done for 1 of 2 residents reviewed for PASARR in a final sample of 12 residents (Resident Identifier #2). Findings include: Review on 3/27/24 of Resident #2's medical record revealed that Resident #2 was admitted to the facility in June 2023 and had diagnoses of bipolar disease and major depression. Further review of the medical record revealed there was no Level I PASARR. Interview on 3/27/24 at 1:15 p.m. with Staff A (Director of Social Services) confirmed that he/she could not find that a Level I PASARR had been completed for Resident #2. Interview on 3/27/24 at 1:26 p.m. with Staff E (Medical Records) confirmed that there was no Level I PASARR for Resident #2. Review on 3/28/24 of the facility's 11/16/17 policy titled Preadmission Screening and Annual Resident Review (PASARR) Requirements Policy revealed: .The intent of this policy is to ensure that all residents admitted to this facility are screened for a mental disorder (MD) or intellectual disability (ID) prior to admission and that individuals identified with MD or ID are evaluated and receive care and services in the most integrated setting appropriate to there needs. A negative PASARR I screen permits admission to proceed and ends the pre-screening process . A positive Level I screen necessitated an in-depth evaluation of the individual . Prior to admission the facility will obtain a PASARR Level I screen from the referring agency or physician .

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43002 Based on observation, interview, and record review, it was determined that the facility failed to follow physician orders for 1 of 5 residents reviewed for medication pass in a final sample of 12 residents. (Resident Identifier #32). Findings include: Standards: [NAME], [NAME] A., and [NAME] [NAME]. Fundamentals of Nursing. 7th ed. St. Louis, Missouri: Mosby Elsevier, 2009. Page 336 - Physicians' Orders The physician is responsible for directing medical treatment. Nurses follow physician's orders unless they believe the orders are in error or harm clients. Therefore you need to assess all orders, and if you find one to be erroneous or harmful, further clarification from the physician is necessary . Review on 3/27/24 of Resident #32's physician's orders revealed that Resident #32 had a physician's order dated 2/26/24 for saline nasal spray, 2 sprays two times a day and as needed. Observation on 3/27/24 at 9:03 a.m. revealed Staff L (Medication Nursing Assistant) administering medications to Resident #32. Staff L did not administer saline nasal spray. Review on 3/27/24 of Resident #32's March Medication Administration Record (MAR) revealed a physician's order saline nasal spray nasal solution 0.65% [percent] (saline) 2 sprays alternating nostrils two times a day for 2 sprays per nostril twice daily and as needed. Further review revealed that the saline spray had not been signed off by staff as being administered. Interview on 3/27/24 at 9:47 a.m. with Staff L confirmed he/she did not administer the nasal spray to Resident #32 on 3/27/24. Review on 3/28/24 of the facility's policy titled Medication Administration dated January 2021 revealed: .1. Medications are administered in accordance with written orders of the prescriber. If a dose seems excessive considering the resident's age and condition, or a medication order seems to be unrelated to the resident's current diagnosis or condition, the nurse calls the provider pharmacy for clarification . If necessary the nurse contacts the prescriber for clarification .

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47129 Based on observation, interview, record review, and policy review, it was determined that the facility failed to follow Centers for Disease Control and Prevention (CDC) guidance for Transmission Based Precautions (TBP) for 5 of 9 residents with suspected Norovirus (Resident Identifiers #21 and #30, #9, #17, and #13). Findings include: Resident #21 Interview on 3/26/24 at 9:00 a.m. with Staff G (Infection Prevention) revealed that Resident #21 was placed on precautions on 3/22/24 because he/she had the norovirus. Observation on 3/26/24 at 9:30 a.m. of Resident #21's room revealed a Personal Protective Equipment (PPE) cart outside of the door which included, gowns, gloves, masks, face shields, and signage for precautions. Observation on 3/26/24 at 9:30 a.m. of Resident #21's room revealed Staff K (Housekeeper) was cleaning Resident #21's room wearing a gown, gloves, mask, and face shield. Further observation revealed Staff K removed her gown, gloves, and face shield and then used alcohol-based hand sanitizer as he/she left Resident #21's room and before entering another room to clean. Interview on 3/27/24 at 1:00 p.m. with Staff K confirmed the above findings. Staff K revealed that he/she was not educated prior to the morning of 3/27/24 that he/she must wash his/her hands with soap and water before entering and exiting a room of a resident who had the norovirus. Review on 3/27/24 of Resident #21's bowel elimination documentation revealed that Resident #21 had loose/diarrhea on 3/22, 3/23, 3/24, and 3/25. Interview on 3/27/24 at 2:00 p.m. with Staff G confirmed the above findings. 43002 Resident #9 Observation on 3/26/24 at approximately 12:25 p.m. revealed Resident #9 in his/her room. Staff entered the room and delivered his/her meal tray without any PPE on. There was no signage up that PPE was required for this room. Observation on 3/27/24 at approximately 12:27 p.m. of Resident #9's room revealed that there was no signage up that PPE was needed for this room. Review on 3/28/24 of Resident #9's progress notes dated 3/24/24 revealed the following; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At 9:40 p.m. revealed that Resident started vomiting during [bedtime] care. Standing orders initiated - Pepto Bismol and Clear liquid diet. At 9:41 p.m. revealed that Resident #9 was administered Pepto Bismol which was ineffective. At 10:57 p.m. revealed that Resident #9 had no symptoms of GI [gastro-intestinal] bug at start of shift. Then at [9:00 p.m.] . vomited a small [amount] . Pepto Bismol given and . vomited again . Review on 3/28/24 of Resident #9's progress note dated 3/25/24 at 2:02 p.m. revealed, No emesis, nausea or loose stools today . Review on 3/28/24 of Resident #9 Licenced Nursing Assistant (LNA) documentation of bowel elimination revealed that on 3/25/24 at 2:32 a.m. and 3/26/24 at 10:10 p.m. documented as Loose/Diarrhea. Observation on 3/28/24 of Resident #9's room revealed that there was signage up for precautions and PPE was available outside the door. Review on 3/28/24 of Resident #9's progress note dated 3/28/24 at 12:21 a.m. revealed, Precautions maintained for GI [gastrointestinal] virus . Interview on 3/28/24 at 11:52 a.m. with Staff N (Unit Manager) confirmed that Resident #9 was taken off contact precautions early. Interview on 3/28/24 at 11:55 a.m. with Staff G confirmed that Resident #9 should have been on precautions on 3/26/24 and 3/27/24. Interview on 3/28/24 at 10:55 a.m. with Staff G revealed that Staff I (Director of Nursing) did education for the norovirus outbreak with some of the nursing staff on 3/22/24, but confirmed not all staff, including housekeeping and nursing staff who worked the weekend through 3/26/24, were educated on the infection control precautions that needed to be maintained for the outbreak. Staff G confirmed that he/she did not do any education with staff. 40522 Resident #30 Interview on 3/26/24 at approximately 8:00 a.m. with Staff G revealed that the facility was currently in a norovirus outbreak. Staff G also stated that the residents who had symptoms of the norovirus were placed on contact precautions. Observation and interview on 3/26/24 from approximately between 8:15 a.m. to 8:30 a.m. with Staff M (LNA) revealed that Resident #30 was on TBP for vomiting and suspected norovirus. Observation at Resident #30's room revealed a droplet precaution sign outside the room. Staff M doffed PPE and used alcohol-based hand sanitizer before leaving the room. Interview with Staff M confirmed the above observations. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review on 3/26/24 of the facility's Gastrointestinal (GI) norovirus disease outbreak line list, updated 3/26/24, revealed that Resident #30 had nausea, vomiting, and diarrhea with a date of onset of 3/24/24. Review on 3/28/24 of Resident #30's Electronic Medical Record (EMR) revealed that Resident #30 had documentation of vomiting prior to lunch on 3/24/24. There was no documentation that Resident #30 had diarrhea. Interview on 3/28/24 at approximately 2:00 p.m. with Staff G revealed that Staff G was unable to provide documentation and explanation of accurate tracking of Resident #30's GI symptoms. Resident #17 Interview on 3/26/24 at approximately 8:45 a.m. with Staff G revealed that Resident #17 was not on TBP as his/her GI symptoms was resolved. Further interview with Staff G revealed that residents with norovirus symptoms were to be placed on contact precautions and that staff wanted residents on droplet precautions for extra precautions. Staff G stated that they follow the state public health guidelines for the norovirus outbreak. Staff G also stated that residents were taken off contact precautions after 48 hours with no GI symptoms such as nausea, vomiting, and/or diarrhea. Observation on 3/26/24 at approximately 9:00 a.m. revealed that Resident #17 was out of his/her room walking down the hallway of Bridge Street to the [NAME] Street hall going to the [NAME] Street dining/activity area. Random observations between 11:00 a.m. to 1:00 p.m. revealed that Resident #17 was at the [NAME] Street dining/activity area sitting with 3 other residents at the same table talking and having lunch. Observation on 3/27/24 at approximately 8:00 a.m. revealed a contact precaution sign outside of Resident #17's room. Interview on 3/27/24 at approximately 8:00 a.m. with Staff B (Registered Nurse) revealed that Resident #17 was on contact precaution for norovirus. Staff B also stated that Resident #17 has been on contact precautions. Observations on 3/27/24 at approximately 9:00 a.m., 11:00 a.m, and 1:00 p.m. revealed that Resident #17 was walking in the hallway between Bridge Street and [NAME] Street. Further observations revealed that there were staff walking past Resident #17 and staff were present in the nurse's station while Resident #17 walked to the [NAME] Street hallway. Review on 3/27/24 of the facility's GI norovirus disease outbreak line list updated 3/26/24, revealed that Resident #17 had nausea and diarrhea with an onset date of 3/22/24. Review on 3/28/24 of the facility's March 2024 GI norovirus line lists with no date revealed that Resident #17 had diarrhea on 3/23/24 and documented nausea and vomiting on 3/24/24. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review on 3/28/24 of Resident #17's EMR revealed that Resident #17's had a diagnosis of dementia. Review of Resident #17's EMR also revealed that on 3/22/24 resident was evaluated by the provider and that Resident #17 had vomiting and diarrhea. The provider indicated that Resident #17 was experiencing symptoms similar to other residents at the facility and was likely a viral etiology. Review also revealed that there was no vomiting documented between 3/22/24 to 3/28/24. Further review of the EMR revealed that Resident #17 had loose stools on 3/23, 3/25/2,4 and 3/26/24. Review also revealed that on 3/27/24 Resident #17 had 2 large stools in the morning. Interview on 3/28/24 at approximately 9:00 a.m. with Staff N revealed that Resident #17 continues to have loose stools and continued to be on contact precautions. Interview on 3/28/24 at approximately 2:00 p.m. with Staff G confirmed the above findings for Resident #17. Staff G was unable to provide documentation and explanation of accurate tracking of Resident #17's GI symptoms, resolution, and discontinuation of Resident #17's contact precautions. Resident #13 Observation on 3/26/24 at approximately 9:20 a.m. revealed that Resident #13 had a precaution sign outside of Resident #13's door. Observation on 3/27/24 at approximately 8:00 a.m. revealed that Resident #13 changed rooms. Resident #13 did not have a precaution sign outside their new room. Interview on 3/27/24 at approximately 8:00 a.m. with Staff B confirmed the above observation for Resident #13 on 3/27/24. Staff B stated that Staff G tracks the residents with norovirus symptoms and makes the decision on when residents are taken off the contact precautions. Review on 3/27/24 of the facility's GI norovirus disease outbreak line list dated 3/26/24, revealed that Resident #13 had nausea and diarrhea with an onset date of 3/22/24. Observation on 3/28/24 at approximately 8:00 a.m. revealed that Resident #13 was not on contact precautions. Review on 3/28/24 of Resident #13's EMR revealed that Resident #13 was evaluated by the provider for complaints of diarrhea and loose stools in the morning of 3/22/24. Further review of Resident #13's EMR revealed that Resident #13 had 2 loose stools on 3/25/24 at 6:34 a.m. and 12:34 p.m. Review on 3/28/24 of the facility's GI norovirus disease outbreak line list dated 3/28/24, revealed that Resident #13 recovered from norovirus on 3/24/24 and was off contact precaution on 3/25/24, which was inconsistent with the above findings. Interview on 3/28/24 at approximately 2:00 p.m. with Staff G confirmed the above findings for Resident #13. and that Resident #13 was taken off contact precautions before 48 hours of GI symptom resolution. Policy review (continued on next page)

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Review on 3/26/24 of the facility's policy titled Infection Prevention Manual Appendix A, page 129, revealed that for norovirus infection use contact precautions to control institutional outbreaks.

Review on 3/27/24 of the facility's policy titled Policy for Outbreak Investigation year 2012, revealed III. DETERMINATION THAT AN OUTBREAK EXISTS When a commonality of symptoms is evident among residents or staff .suspect an outbreak. Get the facts yourself! Confirm that symptoms really exist by chart review, and ask the following questions: A. If gastrointestinal illness is reported IV LOOK FOR NEW CASES . VI INSTITUTE CONTROL AND PREVENTION MEASURES A. Controls may include isolating individuals who are ill from those who are not ill, discontinuing group activities, cohorting residents and staff, limiting visitors (especially if they are ill), and using personal protective equipment (PPE) such as masks, gowns, gloves etc. B. Post signs as needed with instructions about control measures. VII. EDUCATE STAFF< RESIDENTS, AND VISITORS A. In-service all staff about the existence of an outbreak, their individual responsibilities, and the importance of compliance with isolation .C. Reinforce the importance of hand washing and proper personal protective equipment. VIII. BEGIN TO DOCUMENT 1. Institute A LINE LIST OF ALL ILL RESIDENTS AND STAFF. Update the line list daily or as needed .IX NOTIFY STATE AND LOCAL HEALTH OFFICIALS .

.Outbreak Measures: Dos and Don'ts .Do .Maintain isolation Wash your hands often after handling a resident or their belongings after touching handrails, doorknobs, etc .Maintain line list on each unit with all available information .Update last columns in pencil each shift .

Review on 3/27/24 of the CDC website titled Norovirus Guidelines for Healthcare Settings dated 11/05/2015 found at https://www.cdc.gov/infectioncontrol/guidelines/norovirus/ revealed: 2. Patient Cohorting and Isolation Precautions Place patients with norovirus gastroenteritis on Contact Precautions for a minimum of 48 hours after the resolution of symptoms .8. During outbreaks, use soap and water for hand hygiene after providing care or contact with patients suspected or confirmed with norovirus gastronomists .

Review on 3/27/24 of Staff I (Director of Nursing) email to department heads with the subject line GI Bug/Norovirus Fact Sheet dated 3/22/24 at 5:59 p.m., revealed .Proper handwashing for 20 seconds or more with soap and water is needed in this case. Hand sanitizer does not kill the virus residents can come off precautions 48 hours after last symptom and terminal room cleanings must be completed.

Interview on 3/27/24 at approximately 11:30 a.m. with Staff I confirmed the above finding.

Interview on 3/27/24 at approximately 11:30 a.m. with Staff O (Director of Husekeeping) revealed that he/she read Staff I's email on 3/25/24. Staff O was unable to provide documentation of education provided to the housekeeping staff about the norovirus outbreak and their role in mitigating the risk of norovirus transmission.

Review on 3/28/24 of the facility's GI norovirus disease outbreak line list from 3/22/24 to 3/28/24 revealed that the line list did not consistently track resident symptoms after symptoms onset to determine symptom resolution and discontinuation of contact precautions. The facility's GI outbreak line lists did not accurately reflect resident's symptoms onset and symptom resolution of norovirus in regards to the resident's EMR.

Interview on 3/28/24 at approximately 2:00 p.m. with Staff G confirmed the above GI outbreak line list.