

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alternative Healthcare Solutions LLC		STREET ADDRESS, CITY, STATE, ZIP CODE Septimo Piso Doctors Center Hospital San Juan, PR 00910	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47384</p> <p>Based on observations of the physical environment, review of policies and procedures and facility staff interview performed on 04/17/2024 through 04/18/2024, from 8:00 AM through 5:00 PM, it was determined that the facility failed to promote the resident right to receive services in a safe, clean, comfortable, and homelike environment.</p> <p>Findings include:</p> <p>During observational tour of facility on 04/17/2024 the following was noticed:</p> <p>Review of policy Temperatura de Habitaciones room temperatures should be the established parameters norm of 71 to 81 degrees. The policy also stated that patients with skin leisure's room should be between 66 and 68 degrees, at the moment of survey no patients with skin leisure's was admitted .</p> <p>1. Three residents complained about cold temperatures in room (706A, 708A, 709A).</p> <p>During document review of room temperature log 04/14/24, it was found that daily measurements of temperatures exceeds the established parameters norm of 71 to 81 degrees.</p> <p>2. During observational tour it was observed in room [ROOM NUMBER] that wall behind door had peeling paint due to water damage.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alternative Healthcare Solutions LLC		STREET ADDRESS, CITY, STATE, ZIP CODE Septimo Piso Doctors Center Hospital San Juan, PR 00910	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20423</p> <p>Based on eleven records reviewed (RR) resident interview, and interview with the Nursing Supervisor (employee #2) performed from 04/17/2024 thru 04/18/2024 from 8:30 AM thru 4:30 PM, it was determined that the facility failed to ensure to develop and implement a baseline care plan that includes the instructions needed to provide the local care to the right power line. This deficient practice was identified in 1 out of 2 residents with central line (RR #8).</p> <p>Findings include:</p> <p>Record review #8 is a [AGE] year-old male resident admitted [DATE] with a diagnosis of Lumbar Discitis plus Osteomyelitis. Resident was admitted for complete 90 days of antibiotic therapy. This resident was admitted with a power central line in the right subclavian to be used to administer antibiotic therapy. While reviewing the medical record on 04/18/2024 at 10:00 AM with Nursing Supervisor (employee #2) it was identified that the baseline care plan does not include the local care of the power central line.</p> <p>During an interview on 04/18/2024 at 1:10 PM Nursing Supervisor (employee #2) stated that this case does not have plan of care for power central line due to this was inserted in another facility and that the resident had it when he was admitted . Nursing Supervisor (employee #2) also stated during interview on 04/18/2024 at 1:20 PM that nursing personnel provide local care and change bandages every 72 hours on an ongoing basis.</p> <p>Resident #8 was interviewed on 04/17/2024 at 11:35 AM and stated that he was admitted to the facility to complete antibiotics due to an infection in his back area. He stated that he went to the facility with a power line in the right subclavian place 2-3 days previous the admission and that nursing personnel provide local care to the area and change bandages every 72 hours.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alternative Healthcare Solutions LLC		STREET ADDRESS, CITY, STATE, ZIP CODE Septimo Piso Doctors Center Hospital San Juan, PR 00910	

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15884</p> <p>Based on eleven records reviewed (R.R.), resident interview and interview with the Nursing Supervisor (employee #2) performed from 04/17/2024 thru 04/18/2024 from 8:30 AM thru 4:30 PM, it was determined that the facility failed to ensure care provided to a peripherally inserted central catheter (PICC) is performed in accordance with a physician order. This deficient practice was identified in 2 out of 11 R.R. (RR #6 and RR #8).</p> <p>Findings include:</p> <p>2.R.R #6 is a [AGE] year-old male resident admitted [DATE] with a diagnosis of Intraspinal abscess and granuloma. Resident was admitted for rehabilitation services, and to receive antibiotic therapy. This resident was admitted with a PICC line on his left arm that is to be used to administer antibiotic therapy.</p> <p>While reviewing the medical record on 04/18/2024 at 11:50 AM with Nursing Supervisor (employee #2) it was identified that no order for the care to the PICC line was found.</p> <p>During interview on 04/18/2024 at 1:10 PM Nursing Supervisor (employee #2) stated that this case does not have an order for the care to the PICC line and that this vascular access was inserted in another facility and that the resident had it when he was admitted . Nursing Supervisor (employee #2) also stated in an interview on 04/18/2024 at 1:20 PM that nursing personnel provide local care and change bandages every 72 hours on an ongoing basis.</p> <p>Resident #6 was interviewed on 04/17/2024 at 10:55 AM and stated that he was admitted to the facility to complete antibiotics due to an infection in his back area. He stated that he went to the facility with a PICC line on his left arm on 03/21/2024 and that nursing personnel provide local care to the area and change bandages every 72 hours.</p> <p>20423</p> <p>2. R. R #8 is a [AGE] year-old male resident admitted [DATE] with a diagnosis of Lumbar Discitis plus Osteomyelitis. Resident was admitted to complete 90 days of antibiotic therapy. This resident was admitted with a power central line in the right subclavian to be used to administer antibiotic therapy. While reviewing the medical record on 04/18/2024 at 10:00 AM with Nursing Supervisor (employee #2) it was identified that no order for the care to the power line was found.</p> <p>During interview on 04/18/2024 at 1:10 PM Nursing Supervisor (employee #2) stated that this case does not have an order for the care to the power line and that this vascular access was inserted in another facility and that the resident had it when he was admitted . Nursing Supervisor (employee #2) also stated in an interview on 04/18/2024 at 1:20 PM that nursing personnel provide local care and change bandages every 72 hours on an ongoing basis.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alternative Healthcare Solutions LLC		STREET ADDRESS, CITY, STATE, ZIP CODE Septimo Piso Doctors Center Hospital San Juan, PR 00910	

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #8 was interviewed on 04/17/2024 at 11:35 AM and stated that he was admitted to the facility to complete antibiotics due to an infection in his back area. He stated that he went to the facility with a power line in the right subclavian place 2-3 days previous the admission and that nursing personnel provide local care to the area and change bandages every 72 hours.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alternative Healthcare Solutions LLC		STREET ADDRESS, CITY, STATE, ZIP CODE Septimo Piso Doctors Center Hospital San Juan, PR 00910	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>15884</p> <p>Based on an interview with the Director of Nursing (DON) employee #3 on 04/17/2024 through 04/18/2024 from 8:00 AM to 4:30 PM, it was determined that the facility failed to ensure that care and management of peripherally inserted central catheter (PICC) lines is provided by competent and trained nursing staff. Which can affect 2 out of 2 residents with PICC lines. (RR#6 and #8)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Competence certification who include information related to the skills of nursing personnel who are interacting with residents who had PICC lines was requested to the DON on 04/18/2024 at 10:55 AM. 2. Information related to the competence certification and skills of nursing personnel who are interacting with residents who had PICC lines was not provided or evidenced during survey procedures on 04/17/2024 through 04/18/2024 from 8:00 AM to 4:30 PM. 3. DON stated in an interview on 04/18/2024 at 1:30 PM that the competence of skills of nursing personnel (12 nurses) who are providing care to residents who had PICC lines was not performed on year 2024. <p>20423</p> <ol style="list-style-type: none"> 4. Information related to the competence certification and skills of nursing personnel who are interacting with residents who had PICC lines was not provided or evidenced during survey procedures on 04/17/2024 through 04/18/2024 from 8:00 AM to 4:30 PM. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alternative Healthcare Solutions LLC		STREET ADDRESS, CITY, STATE, ZIP CODE Septimo Piso Doctors Center Hospital San Juan, PR 00910	

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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>47384</p> <p>Based on observations and interview with the Dietitian (employee #1) performed from 04/17/2024 thru 04/18/2024, from 8:00 AM thru 4:00 PM, it was determined that the facility failed to provide sufficient support for personnel safely and effectively carry out the functions of the food and nutrition service.</p> <p>Findings include:</p> <p>During an interview with the Dietitian performed on 04/17/2024 she stated that the facility did not have covered the dishwasher position. The Dietitian stated that this makes difficult the function of the kitchen because she must use a TSA for the dishwashing functions.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alternative Healthcare Solutions LLC		STREET ADDRESS, CITY, STATE, ZIP CODE Septimo Piso Doctors Center Hospital San Juan, PR 00910	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47384</p> <p>Based on observations of the Kitchen, review of policies procedures and facility staff interview performed on 04/17/2024 to from 8:00 AM through 4:00 PM, it was determined that the facility failed to comply with the required sink compartment sanitations.</p> <p>Findings include:</p> <p>Review of facility's policy and procedure Limpieza y Desinfeccion en Fregadero de Tres Compartimientos , Cleaning and Disinfection of three compartment Sinks regarding the process of cleaning and sanitization of kitchen equipment was reviewed on 04/17/2024 at 10:30 AM and it says that compartment one (1) must have a temperature of 110 F, on compartment two (2) temperature must be at 75 F and on compartment three (3) temperature must be at least 75 F with a sanitizing solution concentration of 200 ppm.</p> <p>1. During the visual inspection and staff interview it was noticed that 3 compartment sink was not prepared as stated in the facility policies and procedures. It was observed that the staff working the sink did not have knowledge of the temperatures required in the different sinks' compartments. In turn, it was requested that the concentration of sanitizer be taken on the third compartment and the concentration measurement read 600 ppm and the requirement is 200 ppm. Overuse of the sanitizing agent could be harmful.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alternative Healthcare Solutions LLC		STREET ADDRESS, CITY, STATE, ZIP CODE Septimo Piso Doctors Center Hospital San Juan, PR 00910	

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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>47384</p> <p>Based on review of policies, procedures and facility staff interview performed on 04/17/2024 to from 8:00 AM through 4:30 PM, it was determined that the facility failed to comply with the policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p> <p>Findings include:</p> <p>Review of facility's policy and procedure ND-0003 Almacenaje de los alimentos en la nevera de los residentes, stated that all food in the refrigerator must be identified with the resident's initials, room number and date. Approximately at 1:30 PM some snacks (juice, desserts and vegetables(carrots) were observed with no date or labeled in the residents' refrigerator.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Alternative Healthcare Solutions LLC		STREET ADDRESS, CITY, STATE, ZIP CODE Septimo Piso Doctors Center Hospital San Juan, PR 00910	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47384</p> <p>Based on observations performed from 04/17/2024 through 04/18/2024, from 8:20 AM through 4:30 PM, it was determined that the facility failed to maintain equipment in a safe operating condition.</p> <p>Findings include:</p> <p>During observational tour of facility, the following was noticed:</p> <ol style="list-style-type: none"> 1. Electrical cord (plug) on residents beds A and B of room [ROOM NUMBER] were observed with broken plastic covering. 2. Alcohol-based hand rub (ABHR) dispenser was found to be broken in room [ROOM NUMBER]. 3. Window shade cover was observed broken and in the floor on room [ROOM NUMBER].