

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 405018	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Ryder Memorial Hospital Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 355 Ave Font Martelo Humacao, PR 00792	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20423</p> <p>Based on records reviewed (RR), residents' interview and registered nurse (RN) interview and policy and procedure review, it was found that the facility failed to ensure that patient right to request and formulate advance directive auto determination for 3 out of 18 resident record review. (Resident #105, #111 and #124)</p> <p>Findings include:</p> <p>Facility policy and procedure number 4.9 update on 7/14/16 title: Advance Directive Auto determination evaluate on 05/14/24 at 01:56 PM refer in the item #1 and #2 that the physician during the initial evaluation must oriented the resident related to his right to auto determine his treatment and answer to the resident if have any advance directive formulated. The physician completes the sheet of the resident orientation about the auto determination indicating if have or not any advance directive.</p> <p>1. Resident #105 is a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis of Diabetes Mellitus and Right Total Knee Replacement. During the record review performed on 5/13/2024 at 11: 41 AM it was found that resident was oriented related to the advance directive and sign the orientation on 05/04/2024, however no mark if have or not any advance directive the space for this was left in blank.</p> <p>2. Resident #111 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Deconditioning. During record review performed on 05/13/24 at 03:05 PM, it was found that residents on 05/08/2024 sign the advance directive orientation, however no mark if have or not any advance directive.</p> <p>During interview with the RN employee #5 related to why the resident orientation related if have or not advance directive was left in blank, she states that this was the responsibility of the physician when performed the initial evaluation</p> <p>15884</p> <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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Resident #124 is a [AGE] year-old male admitted to the facility on [DATE] with a diagnosis of Left Total Knee Replacement. During the record review performed on 5/13/2024 at 10:12 AM it was found that resident was oriented related to the advance directive and sign the orientation on 05/04/2024, however no mark if have or not any advance directive the space for this was left in blank.</p> <p>During the interview the RN (employee # 3) stated that it is the responsibility of the physician when performing the initial evaluation to complete the area if resident to have or not any advance directive.</p>		

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<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 procedures and facility staff interview performed on 05/13/2024 through 05/15/2024 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 the following was observed related with environment in the facility:</p> <ol style="list-style-type: none"> 1. Room headlights are missing lightbulbs or one light not working on room [ROOM NUMBER], #103, #117 2. The room temperatures were not within the parameters established by the institution's Politica de Temperaturas en Habitaciones de Pacientes policy which states room temperatures must be between 68 and 72 degrees fahrenheit . Some residents reported feeling hot temperatures and even waking up at night sweaty. When taken, the temperature in room [ROOM NUMBER] was 83 degrees fahrenheit and room [ROOM NUMBER] was 82 degrees fahrenheit. 3. Wooden closets were observed with dust and spider webs. 4. Residents in room [ROOM NUMBER] and #119 stated that water temperature of showers did not reach a comfortable warm temperature.

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15884</p> <p>Based on thirteen records reviewed (R.R.), and interview with the nursing supervisor (employee #3), it was determined that the facility failed to ensure that treatment and care provided to residents' place priority on identifying health identified concerns. This deficiency affects 1 out of 13 records reviewed. (Resident #120).</p> <p>Findings include:</p> <p>Sample selection resident #120-A is a [AGE] year-old female resident admitted on [DATE] with a diagnosis of Left Knee Replacement. On 05 /10/22 at 8:25 AM during initial pool process resident was interview and stated that she had diabetes disease history and that since admission facility is monitoring her sugar levels with Dextrostix every 6 hours and if sugar levels are out of expected range personnel will administer to her regular insulin to control them.</p> <p>Review of medical record on 05/13/24 evidence that physician order subcutaneous insulin protocol on 05/10/24 at 10:00 PM to monitor resident blood sugar levels however did not select on the standing order the type of insulin that personnel must administer if blood sugar levels are out of expected range.</p> <p>Blood sugar monitoring and insulin protocol standing order include regular human insulin and human: Lispro human insulin which it is a rapid acting human analog insulin that works parenterally to lower blood glucose by regulating the metabolism of carbohydrates, proteins, and fats.</p> <p>During interview on 05/13/24 at 10:30 AM nursing supervisor (employee #3) stated that physician did not select the type of insulin in the insulin protocol and that on 05/11/24 at 5:00 PM and 9:30 PM nursing personnel administer regular human insulin subcutaneous.</p> <p>Nursing supervisor notified the physician and he ordered on 05/13/24 at 2:54 PM to use regular human insulin when levels are out of expected range.</p> <p>The facility failed to notify physician immediately when they identify that physician did not select the type of insulin in the insulin protocol.</p> <p>The facility failed to ensure that physician is timely consulted when is needed based on pertinent aspects that were identified related with resident treatment.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15884</p> <p>Based on dining observations, review of policies procedures, thirteen records reviewed (RR) and facility staff interview performed on 05/13/2024 through 05/15/2024 to from 8:30 AM through 4:30 PM, it was determined that the facility failed to ensure that kitchen personnel follow therapeutic diet specifications consistent with the resident's comprehensive assessment. This deficiency affects 1 out of 13 records reviewed. (Resident #55).</p> <p>Findings include:</p> <p>Facility policy Title: Nutritional Needs was reviewed on 05/15/2024 at 3:05 PM with Dietitian. Policy clearly stated on the procedures that for every resident admitted to the facility and accordingly with a comprehensive assessment therapeutic diet specifications must be followed accordingly with resident's needs.</p> <ol style="list-style-type: none"> RR# 55 is a male [AGE] year-old resident admitted on [DATE] with a diagnosis of Fracture on Left Femur. This resident case was consulted with the Speech Language Pathology (SLP) on 05/13/24 at 9:00 PM because resident was presenting difficulty to swallow food. SLP evaluate the resident on 05/14/24 at 10:41 AM and recommend that due to resident difficulty to swallow liquid and solid food, diet consistency must be provided with blenderized food, no broths, no gelatin and to use thickening for the liquids which must reach a puree consistency. On 05/14/24 at 3:21 PM the facility dietitian evaluates the SLP recommendations and a diet of 1,600 kilocalorie mash and ground low sugar diet with no liquid food was ordered. On 05/15/24 at 8:15 AM it was observed that residents receive for breakfast coffee, hot cereal, apple juice and orange gelatin. On 05/15/24 at 8:20 AM it was informed by the Dietitian that resident received gelatin on his breakfast tray. <p>Dietitian (employee #2) stated in an interview on 05/15/24 at 8:25 AM that kitchen personnel must comply with diet recommendations.</p> <ol style="list-style-type: none"> Review of department of kitchen card with diet specifications of resident #55 on 05/15/24 at 8:30 AM evidence that card clearly specify that no gelatin must be served on resident tray. No explanation was provided by the facility dietitian (employee #2) of the reason why the kitchen personnel did not address the correct diet recommendations. Facility failed to offer a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. 		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>47384</p> <p>Based on observations and interview with the Dietitian (employee #2) performed from 05/13/2024 thru 05/15/2024, from 8:00 AM thru 5:00 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 05/14/2024 she stated that the facility did not have all the necessary personnel in the kitchen.</p> <p>A kitchen personnel pattern was requested to the kitchen manager by the surveyor and it was noticed that the pattern revealed 5 more employees were needed for optimal operation.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15884</p> <p>Based on dining observations, review of policies procedures and facility staff interview performed on 05/13/2024 through 05/15/2024 to from 8:30 AM through 4:30 PM, it was determined that the facility failed to ensure that residents needs and preferences related with food services are met. This deficiency was identified in 3 out 13 sample cases reviewed (Resident #116, #120 and #121).</p> <p>Findings include:</p> <p>Facility policy Title: Food Services to Residents was reviewed on 05/13/2024 at 11:35 AM with Dietitian (employee #2) Policy clearly stated on the procedures that every resident's breakfast must be delivered between 7:00 AM-8:15 AM.</p> <p>1. During initial pool process residents located in room [ROOM NUMBER]-A, #116-A and #117-A stated that breakfast did not arrive at a time in the morning that best suits their needs.</p> <p>a. Resident sample # 116 stated in the interview on 05/13/24 at 8:40 AM that breakfast has arrived for the past four days after 8:30 AM. She stated that she was admitted on [DATE] due to status post right hip surgery for rehabilitation. She stated that breakfast came at the same time physical therapy escort personnel comes for us to take us to physical therapy in the morning. Because breakfast came at the same time physical therapy escort personnel is coming for us to take us to physical therapy in the morning this does not permit us to eat calmly and to go to the bathroom before going to the physical therapy treatment. She also stated that she prefers to have breakfast between 7:30 AM and 8:00 AM.</p> <p>b. Resident sample # 120 stated in an interview on 05/13/24 at 8:50 AM that breakfast has arrived for the past four days after 8:30 AM. She stated that she was admitted on [DATE] due to Left Knee Replacement for rehabilitation. She stated that breakfast came at the same time physical therapy escort personnel is coming for me to take me to physical therapy in the morning. Resident stated that she has diabetes, and she usually eats breakfast earlier in the morning. She also stated that she prefers to have breakfast between 7:30 AM and 8:00 AM.</p> <p>c. Resident sample # 121 stated in an interview on 05/13/24 at 9:10 AM that breakfast has arrived for the past four days after 8:30 AM. He stated that he was admitted on [DATE] due to Left Knee Replacement for rehabilitation. He stated that breakfast came at the same time physical therapy escort personnel is coming for me to take me to physical therapy in the morning. Resident stated that he has diabetes, and he usually eats breakfast earlier in the morning. He also stated that she prefers to have breakfast between 7:30 AM and 8:00 AM.</p> <p>d. Resident preferences related with time where breakfast came in the morning is discussed with facility administrator (employee #1) on 05/13/24 at 10:50 AM. Facility administrator stated on interview that she had knowledge of the situation and that referred the situation to the facility dietitian for her to meet with kitchen contracted manager to solve the situation. Facility administrator also stated in an interview that agreements had been reached with the kitchen contracted company to adjust food delivery in a way that adjusts to resident preferences and rehabilitation routine.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>47384</p> <p>e. During an interview with the Dietitian performed on 05/14/2024 she stated that the facility did not have all the necessary personnel in the kitchen.</p> <p>A kitchen personnel staffing pattern was requested to the kitchen manager by the surveyor, and it was noticed that the pattern revealed 5 more employees were needed for optimal operation.</p> <p>f. Facility dietitian (employee #2) stated in an interview on 05/13/24 at 11:10 AM that a new kitchen company began to offer services on March 1, 2024. She stated that since this company began to offer services; she met with kitchen manager on several occasions to explain to her the importance of adjust resident's food delivery in a way that adjust to their resident preferences and rehabilitation routine. She stated that kitchen manager agrees since the company began to offer services, that food delivery was going to be carried out in a way that adjusts to resident preferences and rehabilitation routine. She stated that those are the agreements that they made with the kitchen contractor manager, but she also explained that she had knowledge that the kitchen contracted company had experience staff turnover and this could affect services provided.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15884</p> <p>Based on dining observations, review of policies procedures and facility staff interview performed on 05/13/2024 through 05/15/2024 to from 8:30 AM through 4:30 PM, it was determined that the facility failed to ensure that input received from residents and preferences related with food services are met. This deficiency affects 4 out of 13 cases reviewed during initial pool process (Resident #108, #116, #120 and #121).</p> <p>Findings include:</p> <p>The facility policy Title: Nutritional Needs last updated in January 2024, was reviewed on 05/15/2024 at 3:05 PM with Dietitian. Policy clearly stated the procedures that for every resident admitted to the facility food will be provided considering each resident preference.</p> <p>1. During initial pool process residents located in room [ROOM NUMBER]-A, #116-A and #117-A stated that food brought by the kitchen personnel had items that they do not like in their breakfast, lunch, and dinner.</p> <p>a. Resident sample #116 stated in an interview on 05/13/24 at 8:40 AM that she receives in her breakfast eggs and coffee with milk and that she does not like those. She stated that she receives milk with lunch and dinner, and she does not drink milk. She also stated that she wants and request fresh fruit and receives canned fruits.</p> <p>Review of department of kitchen card with diet specifications of resident #116 on 05/15/24 at 11:00 AM evidence that card clearly specifies that resident prefer black coffee, that she does not want milk with foods, and that she prefers fresh fruits.</p> <p>Resident preferences of resident #116 was discussed with facility dietitian (employee #2) on 05/13/24 at 10:55 AM.</p> <p>Facility dietitian (employee #2) stated on interview on 05/13/24 at 11:00 AM that she performs the nutritional initial assessment to resident #116 on 05/04/24 when she was admitted and she specify in the diet order that no eggs or milk were liked by the resident, she also specifies that resident want to receive fresh fruits.</p> <p>On 05/14/24 at 8:00 AM it was observed that residents receive for breakfast scrambled eggs and coffee with milk. On 05/14/24 at 12:10 PM it was observed that residents receive canned mandarin orange.</p> <p>b. Resident sample #120 stated in an interview on 05/13/24 at 8:50 AM that she does not like to eat rice every day during lunch and dinner. She said that she prefers salad or potatoes, cassava or other starchy tuberous. She stated that she does not like carrots. She stated that she receives rice with lunch and dinner, and she does not want to eat rice on daily basis.</p> <p>(continued on next page)</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of department of kitchen card with diet specifications of resident #120 on 05/15/24 at 11:30 AM evidence that card clearly specify that resident prefer starchy tuberous instead of rice.</p> <p>Resident #120 preferences were discussed with facility dietitian (employee #2) on 05/13/24 at 11:15 AM.</p> <p>Facility dietitian (employee #2) stated on interview on 05/13/24 at 11:25 AM that she performs the nutritional initial assessment to resident #120 on 05/10/24 when she was admitted , and she specify in the diet order that resident prefer starchy tuberous instead of rice.</p> <p>On 05/13/24 at 12:15 PM it was observed that residents received for lunch pasta and steamed carrots.</p> <p>c. Resident sample #121 stated in an interview on 05/13/24 at 9:10 AM that he does not eat hot cereal for breakfast. He stated that he prefers a sandwich in the morning. He also stated that if he receives eggs or hot cereal for breakfast, he does not like it and he does not eat those items.</p> <p>Review of department of kitchen card with diet specifications of resident #120 on 05/15/24 at 11:55 AM evidence that card clearly specify that resident prefer sandwich for breakfast and does not like hot cereal.</p> <p>Resident #121 preferences were discussed with facility dietitian (employee #2) on 05/13/24 at 11:35 AM.</p> <p>Facility dietitian (employee #2) stated on interview on 05/13/24 at 11:30 AM that she performs the nutritional initial assessment to resident #121 on 05/10/24 when he was admitted , and she specify in the diet order that resident prefer sandwich for breakfast.</p> <p>On 05/14/24 at 12:22 PM it was observed that residents receive scrambled eggs for breakfast.</p> <p>No explanation were provided by the facility dietitian (employee #2) of the reason why the kitchen personnel did not address the correct diet recommendations.</p> <p>20423</p> <p>d. Resident #108 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Right Total knee Replacement. During the interview 05/13/2023 at 10:00 AM, she states that she likes some days with a sandwich for breakfast and Lactose Free milk, that she notified the nutritionist but continued with regular milk.</p> <p>During the record review performed on 05/14/24 at 3:27 PM the nutritionist evaluation was performed on 5/7/2024 and recommended 1500 kilocalories diet low sodium, low sugar, 25 gram of fiber, 60 gram of protein, 1500 milliliter of liquid, Lactose free milk, no sauce food, option of sandwich for breakfast to vary, 8 ounces of Glucerna for snack.</p> <p>The department of kitchen card with diet specifications of resident #108 reviewed on 05/14/24 12:00 PM, revealed that resident preference was some days sandwich for breakfast, No Lactose, no sauce, 2 snack and include fresh fruits on 5/7/24.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During observation on 5/13/2024 at breakfast time the meals tray not observe Lactose free milk, during the lunch time the lunch was cold, and no fresh fruit was observed.</p> <p>On 5/14/2024 at 7:45 AM resident was asked about breakfast and stated that she does not drink milk because she do not know if it is lactose free milk.</p> <p>During an interview with the nutritionist related to resident observation she states that supposed to be labeled the milk as Lactose free.</p> <p>The facility failed to ensure that resident preference was granted, and recommendation of the nutritionist was granted, and the fruit was caned not palatable, attractive, and appetizing temperature.</p> <p>No explanation was provided by the facility dietitian (employee #2) of the reason why the kitchen personnel did not address the correct diet recommendations.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15884</p> <p>Based on dining observations, review of policies procedures and facility staff interview performed on 05/13/2024 through 05/15/2024 to from 8:30 AM through 4:30 PM, it was determined that the facility failed to ensure that each resident receives, and the facility provides food and drink that is palatable, attractive, and at a safe and appetizing temperature. This deficiency affects 5 out of 13 cases admitted receiving services (Resident #108, #111, #116, #120 and #121).</p> <p>Findings include:</p> <p>Facility policy Title: Nutritional Needs last updated in January 2024, was reviewed on 05/15/2024 at 3:05 PM with Dietitian. Policy clearly stated the procedures that for every resident admitted to the facility food will be provided considering each resident preference.</p> <p>1. During initial pool process residents located in room [ROOM NUMBER]-A, #116-A and #117-A, stated that food brought by the kitchen personnel is not palatable, appetizing and at appetizing temperature.</p> <p>a. Resident sample # 116 stated in an interview on 05/13/24 at 8:40 AM that food that she receives for breakfast, lunch and dinner lack of flavor and is not agreeable to the palate or taste.</p> <p>She also stated that food brought by kitchen personnel does not have an appetizing temperature during breakfast, lunch, or dinner. She stated that cold food items are warm and hot food is brought cold.</p> <p>b. Resident sample # 120 stated in an interview on 05/13/24 at 8:50 AM that food items brought by the kitchen personnel for breakfast, lunch and dinner are not pleasant to taste. She also stated that food at the facility is not appetizing, savory, tasty or tempting. She stated that the fact that cold food is brought by kitchen personnel warm and hot food is brought by kitchen personnel cold it has its effect on the desire to eat those food items.</p> <p>c. Resident sample # 121 stated in an interview on 05/13/24 at 9:10 AM that food items brought by kitchen personnel for breakfast, lunch and dinner are not palatable or agreeable to the palate. He also stated that cold food items are brought by kitchen personnel warm and that hot food items are brought by kitchen personnel cold. He stated that he does not opt for asking personnel to heat hot food items because he thinks that it may make its taste worse, and he eats a little, but he remains hungry sometimes.</p> <p>Facility dietitian (employee #2) stated in an interview on 05/13/24 at 11:10 AM that a new kitchen company begin to offer services on March 1, 2024. She stated that since this company began to offer services, she met with kitchen manager on several occasions to explain to her the importance of adjusting residents' food preferences. She stated that kitchen manager agreed since the company began to offer services, that food delivery was going to be carried out in a way that adjusts to resident preferences. She stated that those are the agreements that they did with the kitchen contractor manager, but she also explained that she had knowledge that the kitchen contracted company had experience staff turnover and this could affect services provided.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>20423</p> <p>d. Resident #108 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Right Total knee Replacement. During the interview 05/13/2023 at 10:00 AM, she states that she likes some days a sandwich for breakfast and Lactose Free milk, that she notified the nutritionist but continued with regular milk.</p> <p>During the record review performed on 05/14/24 at 3:27 PM the nutritionist evaluation was performed on 5/7/2024 and recommended 1500 kilocalories diet low sodium, low sugar, 25 gram of fiber, 60 gram of protein, 1500 milliliter of liquid, Lactose free milk, no sauce food, option of sandwich for breakfast to vary, 8 ounces of Glucerna for snack.</p> <p>The diet kitchen cart reviewed on 05/14/24 12:00 PM, revealed that resident preference was some days sandwich for breakfast, No Lactose, no sauce, 2 snack and include fresh fruits on 5/7/24.</p> <p>During observation on 5/13/2024 at breakfast time the meals tray no Lactose free milk observed, during the lunch time the lunch was cold, and no fresh fruit was observed. On 5/14/2024 at 7:45 AM resident was asked about breakfast and stated that she do not drink milk because she do not know if it is lactose free milk.</p> <p>During an interview with the nutritionist related to resident observation she states that supposed to be labeled as Lactose free milk.</p> <p>The facility failed to ensure that resident preference was granted, and recommendation of the nutritionist was granted, and the fruit was caned not palatable, attractive, and appetizing temperature.</p> <p>e. Resident #111 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Deconditioning. During the interview the resident stated that the food was cold.</p> <p>During observation on 5/13/2024 at 8:15 AM at breakfast time and at 12:00 PM lunch time the resident says that food was cold, and she likes it hot.</p> <p>The facility failed to ensure that resident preference was granted for appetizing temperature.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20423</p> <p>Based on dining observations, review of policies procedures and facility staff interview performed on 05/13/2024 through 05/15/2024 to from 8:30 AM through 4:30 PM, it was determined that the facility failed to ensure that each resident receives food that accommodates resident allergies, intolerances, and preferences. This deficiency was identified in 1 out of 13 residents of the sample selection receiving services (Resident #108).</p> <p>Findings include:</p> <p>Facility policy Title: Nutritional Needs last updated in January 2024, was reviewed on 05/15/2024 at 3:05 PM with Dietitian. The policy clearly stated on the procedures that for every resident admitted to the facility food will be provided considering each resident preferences and food intolerances.</p> <p>1. Resident #108 is a [AGE] year-old female admitted to the facility on [DATE] with a diagnosis of Right Total knee Replacement. During the interview 05/13/2023 at 10:00 AM, she states that she likes some days with a sandwich for breakfast and Lactose Free milk, that she notified the nutritionist but continued with regular milk.</p> <p>During the record review performed on 05/14/24 at 3:27 PM the nutritionist evaluation was performed on 5/7/2024 and recommended 1500 kilocalories diet low sodium, low sugar, 25 gram of fiber, 60 gram of protein, 1500 milliliter of liquid, Lactose free milk, no sauce food, option of sandwich for breakfast to vary, 8 ounces of Glucerna for snack.</p> <p>The diet kitchen cart reviewed on 05/14/24 12:00 PM, revealed that resident preference was some days sandwich for breakfast, No Lactose, no sauce, 2 snack and include fresh fruits on 5/7/24.</p> <p>During observation on 5/13/2024 at breakfast time the meals tray not observe Lactose free milk, during the lunch time the lunch was cold, and no fresh fruit was observed. On 5/14/2024 at 7:45 AM resident was asked about breakfast and stated that the milk she do not drink because she do not know if it is lactose free milk.</p> <p>During an interview with the nutritionist employe #2 related to resident observation she states that supposed to be labeled the milk as Lactose free.</p> <p>The facility failed to ensure that resident preference was granted, and recommendation of the nutritionist was granted, and the fruit was caned not palatable, attractive, and appetizing temperature.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47384</p> <p>Based on observations of the Kitchen, review of policies procedures and facility staff interview performed on 05/13/2024 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 [NAME], Enjuage y Saneamiento, Cleaning and Disinfection of three compartment Sinks regarding the process of cleaning and sanitization of kitchen equipment was reviewed on 05/13/2024 at 11:30 AM and it says that compartment one (1) must have a temperature of 110 F, on compartment two (2) and on compartment three (3) utensils should be for 30 seconds 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. It was requested that the concentration of sanitizer be taken on the third compartment and the concentration measurement higher than 600 ppm and the requirement is 200 ppm. Overuse of the sanitizing agent could be harmful.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>15884</p> <p>Based on review of thirteen medical records on 05/13/24 through 05/15/24 from 8:00 AM till 4:30 PM and interview with facility nursing supervisor (employee #3), it was determined that facility failed to ensure that telephone orders taken by nursing personnel were signed and authenticated accordingly with facility policies and procedures. This deficient practice was identified in 3 out of 13 cases reviewed. (Case RR#105, #108 and #117).</p> <p>Findings include:</p> <p>Facility policy Title: Notificacion al Medico por Via Telefonica Sobre Cambios en la Condicion del Paciente last update July 15, 2016, was reviewed on 05/13/2024 at 2:35 PM with Nursing Supervisor (employee #3). Policy clearly stated on the procedures that every order prescribed by physician by telephone must be authenticated in a period of 48 hours.</p> <p>1. During review of record review of case #117 it was identified that facility nursing personnel receive telephonic orders on 05/10/24 at 10:00 PM, and on 05/11/24 at 12:00 PM by the physician. No authentication, sign, or confirmation of those telephone orders by the physician was evidenced on 05/13/24.</p> <p>Nursing Supervisor (employee #3) stated in an interview on 05/13/2024 at 2:45 PM that every telephone order must be authenticated and signed by the physician in a period no later than 48 hours.</p> <p>20423</p> <p>2. During review of record review of case #105 it was identified that facility nursing personnel receive telephonic orders on 05/09/24 at 9:00 PM, and on 05/11/24 at 9:13 PM by the physician. No authentication, sign, or confirmation of those telephone orders by the physician was evidenced on 05/13/24.</p> <p>3. During the record review of case #108 it was identified that facility nursing personnel receive telephonic orders on 05/10/24 at 9:00 PM, and on 05/12/24 at 9:00 PM by the physician. No authentication, sign, or confirmation of those telephone order by the physician was evidenced on 05/13/24.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>15884</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on review of Quality Assessment Performance Improvement (QAPI) activities and interview with facility administrator (employee #1) performed on 05/13/24 through 05/15/24 from 8:00 AM till 4:30 PM it was determined that facility failed to ensure the participation of all required members on the Quality Assessment Performance Improvement (QAPI) committee meetings.</p> <p>Findings include:</p> <p>1. During review of facility committee meetings of QAPI during year 2023 and the months of January 2024 and April 2024 the following was identified:</p> <p>Upon review of facility rules and procedures related with QAPI program committee meeting activities last reviewed on July 15, 2016, it was identified that rule did not establish that the Infection Preventionist must participate in every QAPI committee meeting.</p> <p>a. There is no evidence of participation of facility Infection Preventionist on QAPI committee meetings performed on April 19, 2023, July 20, 2023, October 25, 2023, January 30, 2024, and April 17, 2024.</p> <p>b. During interview on 05/15/24 at 1:00 PM facility administrator (employee #1) stated that infection control officer gives her the infection control report and discuss with her relevant areas and is her as administrator who present the findings on the QAPI committee meetings.</p>		

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<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>47384</p> <p>Based on observations of the physical environment, review of policies procedures and facility staff interview performed on 05/13/2024 through 05/15/2024 from 8:00 AM through 5:00 PM, it was determined that the facility failed to maintain all patient care equipment in safe operating condition. This deficient practice had the potential to affect 21 out of 21 residents.</p> <p>Findings include:</p> <p>During observational tour the following was observed related with equipment in the facility:</p> <ol style="list-style-type: none"> 1. 10 out of 15 wheelchairs in the Physical Therapy area were observed with rust. 2. 1 out of 2 walking canes in the Physical Therapy area were observed with rust. 3. 5 out of 10 walkers in the Physical Therapy area were observed with rust. 4. The parallel bars and steps showed rust in some of their parts. 		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>47384</p> <p>Based on observations of the physical environment and facility staff interview performed on 05/13/2024 through 05/15/2024 from 8:00 AM through 5:00 PM, it was determined that the facility failed to maintain adequately equipped rooms to allow residents to call for staff assistance . This deficient practice had the potential to affect 4 out of 21 residents.</p> <p>Findings include:</p> <p>Rooms #102 and #106 nurse call were found not working.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>47384</p> <p>Based on observations of the physical environment and facility staff interview performed on 05/13/2024 through 05/15/2024 from 8:00 AM through 5:00 PM, it was determined that the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. This deficient practice had the potential to affect 21 out of 21 residents.</p> <p>Findings include:</p> <p>During observation tour with Safety Officer (employee #6) the following was observed:</p> <ol style="list-style-type: none"> 1. Rust particulate in the air conditioner vents was observed in rooms #103, #104, #108, #117, #119 2. Excessive dust behind patients beds and closet doors on rooms #102, #108, # 112, # 113, #115, #117, #119, #120. 3. Peeling paint was observed in rooms #108 and #119 4. Water and humidity stains on ceiling tiles were observed in rooms #104, #107, #108, #114, #117, #118. 5. Bathroom curtain pole were found unsecured in 11 rooms, this represents a fall risk for residents.

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<p>F 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Put firmly secured handrails on each side of hallways.</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 procedures and facility staff interview performed on 05/13/2024 through 05/15/2024 to from 8:00 AM through 5:00 PM, it was determined that the facility failed to equip corridors with firmly secured handrails on each side. This deficient practice had the potential to affect 21 out of 21 residents.</p> <p>Findings include:</p> <p>Loose handrail was observed in corridor in front of room [ROOM NUMBER] close to the corner.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>47384</p> <p>Based on observations of the kitchen and physical environment performed on 05/13/2024 through 05/15/2024 from 8:00 AM through 5:00 PM, it was determined that the facility failed maintain an effective pest control program so that the facility is free of pests. This deficient practice had the potential to affect 21 out of 21 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During the flash kitchen tour a live spider and spider webs were observed in the dry food storage. 2. Spiders were observed on the lightning fixtures in main corridor. 3. Spiders and spider webs were observed in residents rooms near glass windows leading to main corridor.