

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  405023	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2025
NAME OF PROVIDER OR SUPPLIER  Damas Hospital Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  2213 Ponce by Pass Ponce, PR 00717	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51782</b></p> <p>Based on observations of the physical environment and facility staff interview performed on 03/27/2025 from 8:00 AM through 4:00 PM, it was determined that the facility failed to promote the resident right to receive service in a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. This deficient practice was observed on 8 out of 9 rooms at the facility visited.</p> <p>Findings include:</p> <p>1. During the observations performed in the residents' rooms, with Physical Plant Director employee (#10) the following was observed:</p> <p>a) On 03/27/2025 from 9:00 AM through 9:40 AM it was observed the nightstands had parts of the plastic cover exposed in rooms #309, #311, #318 and #319.</p> <p>b) On 03/27/2025 from 9:10 AM through 9:40 AM it was observed the armchairs had armrest deteriorated in rooms #309, #311, #314 and #316.</p> <p>c) On 03/27/2025 at 9:40 AM it was observed the table tray is uneven in room [ROOM NUMBER].</p> <p>d) On 03/27/2025 at 9:51 AM no cord was available to turn on the light.</p> <p>e) On 03/27/2025 from 9:00 AM through 9:35 AM it was observed the bathroom grab bars were unsafe and loose in rooms #310, #311, #314, #315, #316 and #319.</p> <p>f) On 03/27/2025 at 9:35 AM it was observed mold in the bathroom faucet area of in room [ROOM NUMBER].</p> <p>g) On 03/27/2025 at 9:32 AM it was observed deteriorated floor in room [ROOM NUMBER].</p> <p>h) On 03/27/2025 from 9:00 AM through 9:40 AM it was observed parts of the floor baseboard to be detached and deteriorated in rooms #309, #314, #315 and #319.</p> <p>i) On 03/27/2025 at 9:32 AM, it was observed areas behind the chairs and beds were observed to littered with dirt and trash in rooms #315, #316 and #318.</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51637</p> <p>Based on the interview and records reviewed (RR), it was determined that the facility failed to complete the Comprehensive Minimum Data Set (MDS) assessment in a timely manner for one resident. This deficient practice was identified for 1 of 12 residents reviewed for MDS assessments. (Resident #513).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During initial pool on 03/27/2025 at 8:30 AM resident 513 is visited who is a female admitted on [DATE] for left artificial knee replacement and a Continuous Positive Airway Pressure (CPAP) machine is observed in the room. By interviewing the resident, she indicates that she has been using CPAP for a diagnosis of sleep apnea since 2018 and has always used the same machine. She indicates that her husband brought her the machine in a bag, but the nursing or medical staff were notified that she had that diagnosis and needed the machine to sleep. The resident refers that she took the CPAP out to use on the night of March 26, 2025, and realized that the machine was not working.</li> <li>2. During the R.R. 513 on 03/27/2025 at 11:20 AM it is noted that the initial care plan did not include the diagnosis of sleep apnea or the need for a CPAP.</li> <li>3. The facility failed to perform a proper comprehensive assessment that identified all the residents' diagnoses and needs.</li> </ol>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51637</b></p> <p>Based on review of twelve medical records, resident interview and interview with the Respiratory Therapy Director (employee #1) performed from 03/27/2025 thru 03/28/2025, from 8:00 AM thru 4:00 PM, it was determined that the facility failed to develop and implement baseline care plan within 48 hours of a resident's admission in order to promote the continuity of care and communication among nursing home staff, increase resident safety, and safeguard against adverse events that are most likely to occur right after admission; and to ensure the resident and representative, if applicable, are informed of the initial plan for delivery of care and services. This deficient practice was identified in 1 out of 12 records reviewed (RR). (RR #513)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During initial pool on 03/27/2025 at 8:30 AM resident 513 is visited who is a female admitted on [DATE] for left artificial knee replacement and a Continuous Positive Airway Pressure (CPAP) machine is observed in the room. By interviewing the resident, she said that she has been using CPAP for a diagnosis of sleep apnea since 2018 and has always used the same machine. She indicates that her husband brought her the machine in a bag, but the nursing or medical staff were notified that she had that diagnosis and needed the machine to sleep. The resident refers that she took the CPAP out to use on the night of March 26, 2025, and realized that the machine was not working.</li> <li>2. During upon file review on 03/27/2025 at 11:20 AM it is noted that the baseline care plan within 48 hours did not include a care plan for respiratory care or use of the CPAP machine.</li> <li>3. In an interview with the respiratory therapy director on 03/28/25 at 11:02 AM, he indicated that in cases of patients with respiratory needs, they oversee carrying out the care plan once they receive the medical order from the internal doctor or nursing recommendation. They could supply the equipment with what they have available in the hospital, but since they do not have the parameters available and the machine does not adjust to the residents' preferences since it has a mask and not a nasal cannula, it is a little complicated for them.</li> <li>4. The facility failed to conduct and document a baseline care plan during the first 48 hours of admission that included actions to be taken to address the residents' needs.</li> </ol>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51637</b></p> <p>Based on observations, twelve records reviewed (RR) and interviews with the Director of Respiratory Therapy (employee #1) and the Supervisor of Respiratory Therapy (employee #9), it was determined that facility failed to have the capability to provide needed respiratory care/services to residents with respiratory diagnosis that requires specialized respiratory care and/or services. This deficient practice affects 1 out of 14 sample cases (SC) receiving services. (SC#513)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During initial pool on 03/27/2025 at 8:30 AM resident 513 is visited who is a female admitted on [DATE] for left artificial knee replacement and a Continuous Positive Airway Pressure (CPAP) machine is observed in the room. By interviewing the resident, she said that she has been using CPAP for a diagnosis of sleep apnea since 2018 and has always used the same machine. She indicates that her husband brought her the machine in a bag, but the nursing or medical staff were not notified that she had that diagnosis and needed the machine to sleep. The resident refers that she took the CPAP out to use on the night of March 26, 2025, and realized that the machine was not working.</li> <li>2. In an interview with the respiratory therapy director on 03/28/25 at 11:02 AM, he indicated that in cases of patients with respiratory needs, they oversee carrying out the care plan once they receive the medical order from the internal doctor or nursing recommendation. They could supply the equipment with what they have available in the hospital, but since they do not have the parameters available and the machine does not adjust to the patient's preferences since it has a mask and not a nasal cannula, it is a little complicated for them.</li> <li>3. The respiratory therapy supervisor was interviewed on 03/28/2025 at 11:50 AM and reported that on 03/27/2025 all the pertinent steps were taken to address the diagnosis of resident 513, however, when calling the resident's pulmonologist, he told her that the resident had not attended a follow-up visit for two years, so he could not provide her with the parameters to be performed since she would have to undergo the sleep study again.</li> </ol>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>47384</p> <p>Based on dining observations, review of policies procedures and facility staff interview performed on 03/27/25, 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 3 out of 21 residents of the sample selection receiving services (Residents #162, #163, #314).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Resident # 314 does not take instant coffee, prefers to be prepared traditionally this was not provided.</li> <li>2. Resident #162 referred to hot cereal was not palatable for her needs, she was provided with unsweetened hot cereal which she could not eat because of the flavor.</li> <li>3. Resident #163 said the meat she was served was dry and was not palatable for her preference.</li> </ol>		

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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>47384</p> <p>Based on observations of the Kitchen, review of policies procedures and facility staff interview performed on 03/27/25, it was determined that the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During the visual inspection of the kitchen area it was observed that Chicken was held on temperature of 132 degrees Fahrenheit on serving container on line prep not reaching the required temp of 165 degrees Fahrenheit for poultry.</li> <li>2. Meat freezer floor was observed uneven and with broken cement in entrance permitting mold and ice to develop.</li> <li>3. Holding racks in meat freezer were observed with rust in tubing.</li> </ol>

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>47384</p> <p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>Based on review of policies, procedures and facility staff interview performed on 03/27/25, 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>During observation of the residents refrigerator a unlabeled yogurt and ice cream were found.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51782</b></p> <p>Based on observations of the physical environment, review of policies procedures and facility staff interview performed on 03/27/2025 through 03/28/2025 from 8:00 AM through 4:00 PM, it was determined that the facility failed with the use of standards practice for prevention and requirements for temperature recording which could promote deterioration of the supply or the spread of microorganisms. This deficient practice could affect 21 out of 21 residents admitted receiving care at the facility.</p> <p>Findings include:</p> <p>The MDS Coordinator (employee #4) provided facility's policy and procedure last update on 02/2025 for Registro de Temperatura y Humedad en Almacenes de Suplidos de Materiales Medico Quirúrgicos. It was reviewed on 03/27/2025 at 1:45 PM. States that the air conditioning system temperature parameters, according to the standard, are 70 F to 75 F. In the procedure area. In section 2, it states that the physical plant will be notified if the temperature is not within the appropriate parameters and their action will be documented.</p> <p>1. During the tour of the facility's storage performed on 03/27/2025 at 1:20 PM, and interview with MDS Coordinator (employee #4), it was observed that medical-surgical material storage had a temperature of 69.3 F. The daily temperature record for the month of March was observed and for this day the reading was 68.6 F, no written action taken by personnel was observed.</p> <p>2. It was observed in the daily temperature records that in the months of January, February and March the temperature fluctuated between 66.1 F to 69.5 F and no written action taken by personnel was observed for these months.</p> <p>47632</p> <p>3. During the observations made in the wound treatment procedures by the Orthopedic Technician employee #6 on 03/28/2025 at 9:00 AM to 10:00 AM, the following were observed:</p> <p>a. Resident #211 is a [AGE] year-old male admitted on [DATE] with Right hip Osteoarthritis/TKR.</p> <p>The Orthopedic Technician employee #6 was observed providing skin wound care.</p> <p>When she went to change the bandages did not wash her hands with soap and water or hand sanitizer.</p> <p>At the time of disinfecting the wound, gloves were changed, but hands were not disinfected with soap and water or hand sanitizer.</p> <p>She changes gloves without washing hands with soap and water or hand sanitizer before applying Xeroform (Vaseline gauze).</p> <p>The Director of Nursing (DON) was interviewed on 03/28/2025 at 11:30 AM, she referred to not having a policy created on the management in the Skilled Nursing area by the Orthopedic Technician.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Orthopedic Technician job description provided by the supervisor talks about treatments and changing dressings on orthopedic surgery residents, but the facility has not created policies and procedures on how they are going to proceed at the time of a wound treatment on residents.</p> <p>4. During the round provided in the rooms with the Physical Plant Manager employee #10 on 3/27/2025 from 8:00 AM to 3:00 PM, the following was observed:</p> <p>The Supervisor (employee #2) provided facility's policy and procedure last update on 02/2025 for Reemplazo Filtros de Ductos de Aire Acondicionado. Replacement of Filter of the Ducts of the Air Condition Procedure:</p> <p>2. The physical plant personnel will replace the air duct filters monthly. 6. The cleaning staff will clean the grill.</p> <p>a. The air conditioning inlet grill compartments were observed to be dusty in rooms #309, #310, #311.</p> <p>51637</p> <p>5. During the medication pass performed on 03/27/2025 from 12:52 PM to 1:18 PM with the registered nurse (employee #7) it was observed that the nurse fails 6 of 12 opportunities to perform hand hygiene.</p> <p>6. During the medication pass performed on 03/28/2025 from 7:57 AM to 8:10 AM with the registered nurse (employee #8) it was observed that the nurse fails 2 of 6 opportunities to perform hand hygiene.</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>47632</p> <p>Based on observations of the rooms, review of policies procedures and facility staff interview performed on 03/27/2025 from 8:00 AM through 3:00 PM, it was determined that the facility did not meet the requirements for sanitation of the air conditioner inlet grill compartment for 3 out of 3 residents' rooms.</p> <p>Findings include:</p> <p>The Supervisor (employee #2) provided facility's policy and procedure last update on 02/2025 for Reemplazo Filtros de Ductos de Aire Acondicionado. Replacement of Air Conditioning Duct Filters. Procedure: 2. The physical plant personnel will replace the air duct filters monthly. 6. The cleaning staff will clean the grill.</p> <p>1. During the round provided in the rooms with the Physical Plant Manager employee #10 on 3/27/2025 from 8:00 AM to 3:00 PM, the following was observed:</p> <p>a. The air conditioning inlet grille compartments were observed to be dusty in rooms #309, #310, #311.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51782</b></p> <p>Based on observations of the physical environment and facility staff interview performed on 03/27/2025 from 8:00 AM through 4:00 PM, it was determined that the facility failed maintain an effective pest control program so that the facility is free of pests.</p> <p>Findings include:</p> <p>1. During the observations performed in the resident's rooms, with Physical Plant Director employee (#10) the following was observed:</p> <p>a) On 03/27/2025 at 9:15 AM spider was observed behind curtains in room [ROOM NUMBER].</p>