

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Grand Islander Center		STREET ADDRESS, CITY, STATE, ZIP CODE 333 Green End Avenue Middletown, RI 02842	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice relative to following physician's order for 2 of 2 residents reviewed for fortified diets, Resident ID #s 63 and 88.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing page 314 states in part, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.</p> <p>Record review of a document titled Corporate Recipe-Fortified Foods provided to the surveyor by the Food Service Director, revealed the facility offers three items as fortified food choices; Fortified Cinnamon Oatmeal, Fortified Pudding Parfait, and Fortified Mashed Potatoes.</p> <p>1. Record review revealed Resident ID #63 was admitted to the facility in November of 2022 with diagnoses including, but not limited to, unspecified protein-calorie malnutrition, dysphagia (difficulty swallowing), and cognitive communication deficit.</p> <p>Record review of a Minimum Data Set (MDS) assessment dated [DATE] revealed the resident requires supervision with eating.</p> <p>Record review of a care plan dated 1/12/2024 revealed the resident is at nutritional risk and is underweight related to decreased PO (by mouth) intake with inventions including, but not limited to, double protein portions and fortified food as ordered.</p> <p>Record review of the resident's most recent weight obtained on 5/3/2024 revealed s/he is 76.8 lbs. (pounds).</p> <p>Further record review of a physician's diet order dated 12/3/2023, states in part, 2 gm [gram] Sodium Dysphagia Advance texture, Moist ground-fortified foods-double protein portions .</p> <p>During surveyor observations on the following dates and times, the resident was observed not receiving the double protein portions or fortified foods as ordered:</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 5/28-lunch</p> <p>- 5/29-breakfast and lunch</p> <p>- 5/30-breakfast and lunch</p> <p>During a surveyor interview with Cook, Staff O, on 5/30/2024 at approximately 12:30 PM, he acknowledged the resident did not receive double protein or fortified foods.</p> <p>2. Record review revealed Resident ID #88 was admitted to the facility in July of 2022 with a diagnosis including, but not limited to, dementia.</p> <p>Record review of a care plan dated 3/31/2023 revealed the resident is at nutritional risk related to weight loss with staff interventions including, but not limited to, a fortified diet as ordered.</p> <p>Record review of the weight log revealed that the resident had an 8.4 lb. weight loss in one month.</p> <p>Record review of a physician's diet order dated 10/27/2023, states in part, .regular diet regular texture, fortified foods .</p> <p>During surveyor observations on the following dates and times, the resident was observed not receiving the fortified foods as ordered:</p> <p>- 5/28-breakfast</p> <p>- 5/29-breakfast and lunch</p> <p>- 5/30-breakfast and lunch</p> <p>- 5/31-breakfast</p> <p>During a surveyor interview with the Registered Dietician, Staff A on 5/30/2024 at approximately 11:20 AM and 12:39 PM, she acknowledged the above-mentioned residents have had a weight loss. She further acknowledged Resident ID #63 is on a fortified double protein diet and Resident ID #88 is on a fortified diet. Additionally, she indicated that she would expect the diets to be followed as ordered.</p> <p>During surveyor interviews with the Director of Nursing Services, on 5/30/2024, at approximately 1:43 PM and on 5/31/2024 at approximately 9:16 AM, she was unable to provide evidence that Resident ID #s 63 and 88 had received their diets, as ordered.</p> <p>41729</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>46118</p> <p>Based on surveyor observations, record review, staff and resident representative interview, it has been determined that the facility failed to ensure that a resident receives assistive devices to maintain hearing abilities for 1 of 1 resident reviewed, Resident ID #63.</p> <p>Findings are as follows:</p> <p>Record review revealed Resident ID #63 was readmitted to the facility in November of 2022 with a diagnosis including, but not limited to, sensorineural hearing loss (hearing loss from damage to cells or nerve fibers in the inner ear).</p> <p>Record review of a care plan dated 4/28/2023 revealed the resident .has impaired communication as evidence by .impaired hearing .assist resident/patient with proper care and maintenance of hearing aids . Further record review of the care plan revealed it is important to the resident that s/he has the opportunity to engage in daily routines that are meaningful relative to his/her preferences. Additional record review revealed the resident enjoys listening to music and keeping up with the news by listening to the radio.</p> <p>Review of the May 2024 Medication Administration Record revealed a physician's order dated 1/8/2023 for nursing to apply bilateral hearing devices in the morning and remove them at bedtime every day and night. Further review revealed it was documented that the resident's hearing devices were applied only once in the month of May, on 5/1/2024. Additional review revealed NA [Not Applicable] was documented for the remaining days of the month.</p> <p>During the following surveyor observations, the resident did not have his/her hearing aids in his/her ears and had difficulty hearing the surveyor:</p> <p>-5/28/2024 at 10:44 AM and 1:17 PM</p> <p>-5/30/2024 at 9:37 AM</p> <p>-5/31/2024 at 11:05 AM</p> <p>During a surveyor interview on 5/29/2024 at 12:33 PM with the resident's family member, s/he revealed that the resident is hard of hearing and wears hearing aids. S/he indicated that s/he usually has to request for staff to place the resident's hearing aids in his/her ears when s/he visits and that the resident does not have them in often. Additionally, s/he indicated that the resident would benefit from wearing his/her hearing aids during the day.</p> <p>During a surveyor interview on 5/31/2024 at 11:08 AM with Nurse Manager, Staff N, she indicated that the nursing staff does not apply the resident's hearing aids unless the resident has a visitor. Additionally, she acknowledged that per the physician's order, the hearing aids should be applied every day.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 5/31/2024 at 11:13 AM with the Director of Nursing Services, she acknowledged that the resident has difficulty hearing and wears hearing aids. She further indicated that she would expect staff to be applying the resident's hearing aids every day, as ordered.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>46338</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to provide a resident with limited range of motion appropriate treatment and services to increase range of motion and or to prevent further decrease in range of motion for 1of 3 residents reviewed for a mobility device, Resident ID #89.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was readmitted to facility in April of 2024 with diagnoses including, but not limited to, hemiplegia (paralysis of one side of the body) and hemiparesis (weakness of one side of the body) following cerebral infarction (stroke) affecting the left non-dominant side and weakness.</p> <p>Record review of the care plan dated 4/3/2024 revealed, the resident is expected to be discharged due to his/her admission for a skilled short-term stay for rehabilitation. Further record review revealed interventions including, but not limited to, functional mobility and a need for an assistive device.</p> <p>Record review of a physical therapist note dated 4/24/2024 revealed, Physical Therapist (PT) was to initiate the process of getting the resident a left ankle-foot orthosis (AFO; a custom made device to assist the position and motion of the ankle).</p> <p>Record review of a PT note dated 5/20/2024 revealed, the resident was cast for a left foot AFO that day.</p> <p>Record review revealed a physician order dated 5/3/2024 for an AFO to the left lower extremity related to the resident's left sided weakness.</p> <p>Record review of a progress note dated 5/6/2024 revealed, the orthotic company called the facility to reschedule the visit related to the AFO brace for 5/22/2024.</p> <p>Surveyor observations on the following dates and times failed to reveal evidence of the ankle-foot orthoses:</p> <p>5/28/2024 - 11:00 AM, 1:20 PM and 2:40 PM</p> <p>5/29/2024 - 10:40 AM, 12:30 PM and 2:00 PM</p> <p>5/30/2024 - 9:44 AM, 12:18 PM and 2:28 PM</p> <p>5/31/2024 - 9:28 AM</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a surveyor interview on 5/31/2024 at 9:56 AM with Registered Nurse, Staff B, she revealed that two weeks ago the orthotic company came and took the resident's measurements for the AFO. She further indicated that Physical Therapy is supposed to follow-up on it.</p> <p>Record review of the Detailed Prescription, the invoice used for ordering the AFO, failed to reveal evidence that the Physician signed the form, as required.</p> <p>During a surveyor interview on 5/31/2024 at 11:55 AM with the Director of Rehabilitation Services, she revealed that the resident was prescribed the device to assist him/her with ambulation because s/he is unable to lift his/her left foot without assistance, due to having a stroke. Additionally, she indicated she had received the Detailed Prescription form from the orthotic company on 5/22/2024 and another one on 5/24/2024 which required the physician's authorization and signature but, did not know what to do with it.</p> <p>During a surveyor interview on 5/31/2024 at approximately 12:30 PM with the Director of Nursing Services, she indicated that the Rehabilitation Services should have followed-up on the status of the resident's AFO device. Additionally, she indicated that she would expect the Rehabilitation department to have ensured that the resident received his/her AFO, as ordered.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>Based on record review, staff and resident interviews, it has been determined that the facility failed to provide appropriate treatment and services for 1 of 2 residents reviewed with constipation, Resident ID #103.</p> <p>Findings are as follows:</p> <p>Record review revealed the resident was admitted to the facility in August 2023 with diagnoses including, but not limited to, muscle weakness and urinary incontinence.</p> <p>Review of a Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status score of 13 out of 15, indicating intact cognition. Further review revealed the resident was occasionally incontinent of bowels and was dependent on staff for toileting.</p> <p>Review of a care plan dated 8/8/2023 revealed, the resident exhibits or is at risk for gastrointestinal symptoms or complications related to constipation. Further review revealed interventions including, but not limited to, monitoring, and recording of bowel movements, and to assess and report signs and symptoms of decreased bowel movements.</p> <p>During a surveyor interview on 5/28/2024 at 10:22 AM with the resident, s/he indicated that s/he sometimes does not have a bowel movement for more than 4 days. S/he further indicated that staff do not offer him/her medications for constipation and s/he has had to request the medications him/herself.</p> <p>Record review revealed the following physician's orders for constipation:</p> <ul style="list-style-type: none"> -Miralax Powder- 17 grams (gm) by mouth as needed for constipation in 4 to 8 ounces of fluids if the resident has not had a bowel movement (BM) in 72 hours -Milk of Magnesia (MOM) Suspension 400 milligrams(mg)/5 milliliters- administer 30 ml by mouth as needed for constipation at bedtime if no BM in 3 days -Dulcolax Suppository 10 mg- administer 1 suppository rectally as needed for constipation if no result from MOM by next shift -Fleet Enema 7-19 gm/118 ml- insert 1 dose rectally as needed for constipation if no result from Dulcolax within 2 hours. If no results from Fleet enema, call MD/advanced practice provider for further orders. <p>Record review of the resident's hand written bowel record revealed either a 0 was recorded or it was left blank for the resident's bowel movements from 5/20/2024 on the 7:00 AM- 3:00 PM shift until 5/26/2024 on the 7:00 AM - 3:00 PM shift, indicating the resident did not have a bowel movement for 6 days.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the May 2024 Medication Administration Record revealed, Miralax Powder (a medication for constipation) was administered at approximately 8:00 AM on 5/24/2024. Further review failed to revealed evidence that any other medications were administered or that the facility's bowel protocol was followed for constipation prior to the resident having a bowel movement on 5/26/2024.</p> <p>Record review failed to reveal evidence that a provider was notified of the resident going without a bowel movement for 6 days.</p> <p>During a surveyor interview on 5/29/2024 at 2:07 PM with the Director of Nursing Services (DNS), she indicated that the facility did not have a bowel protocol policy however all residents have a bowel protocol order set in place. She further indicated that the bowel protocol should start after 3 days without a BM to include MOM on the 3:00 PM - 11:00 PM shift, if no results then a Dulcolax suppository on the 11:00 PM - 7:00 AM shift, and if no results, a Fleet enema on the 7:00 AM- 3:00 PM shift.</p> <p>During a surveyor interview on 5/29/2024 at 1:48 PM with Nursing Assistant, Staff C, she revealed that bowel movements are monitored and recorded for each resident every shift and documented electronically and in the bowel book. She further indicated that she does not alert the nurse if a resident has not had a bowel movement in 3 days because she thinks the computer alerts the nurse.</p> <p>During a surveyor interview on 5/30/2024 at 9:34 AM with Registered Nurse, Staff D, she acknowledged that the resident did not have a substantial bowel movement documented from 5/20/2024 until 5/26/2024. She further acknowledged that Miralax was given to the resident on 5/24/2024 at approximately 8:00 AM with no results documented on the bowel record. Additionally, she acknowledged no additional interventions were administered to the resident for constipation per the physician's orders.</p> <p>During a surveyor interview on 5/30/2024 at 11:30 AM with the DNS, she indicted that she would expect the bowel protocol to begin after 3 days, 9 documented 0"s in the bowel record, or if only a small bowel movement was documented. She further indicated that a small bowel movement is not considered a substantial bowel movement and the bowel protocol should still be initiated. Additionally, she acknowledged that the resident did not have a substantial bowel movement documented for 6 days and could not provide evidence that a provider was notified of the constipation.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>46118</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents who require dialysis (a blood purifying treatment given when kidney function is not optimum) receive such services consistent with professional standards of practice for 1 of 2 residents reviewed for dialysis, Resident ID #64.</p> <p>Findings are as follows:</p> <p>Review of the facility policy titled Dialysis: Hemodialysis (HD) Provided by a Certified End-Stage Renal Facility [ESRD] revealed in part, .Professional standards of practice include .Ongoing communication and collaboration with the certified ESRD facility .</p> <p>Record review revealed the resident was admitted to the facility in March of 2024 with diagnoses including, but not limited to, end stage renal disease (when your kidneys can no longer support your body's needs) and hypertension.</p> <p>Record review of a care plan dated 3/26/2024 revealed, the resident exhibits or is at risk for impaired renal (kidney) function and is at risk for complications related to hemodialysis. Further review of the care plan revealed, the resident is at risk for cardiovascular symptoms or complications related to the diagnosis of hypertension.</p> <p>Record review revealed the resident received hemodialysis three times a week at a dialysis center.</p> <p>Review of a Nurse Practitioner's (NP) note dated 5/10/2024 revealed, the resident's blood pressure (BP) is elevated .220/64 [normal range 120/70], recheck later was 173/74 after medications. Patient is on [the following blood pressure medications] hydralazine, labetalol, amlodipine, and lisinopril at max doses. Will have nursing send BP log to next [dialysis] visit and see if they have any recommendations .</p> <p>Review of the Hemodialysis Communication Sheet dated 5/11/2024 revealed the following communication written by nursing staff at the facility, Please review BPs and provide recs [recommendations] ie [example] alpha beta blocker [blood pressure medication] or something else . Further review revealed the residents BP log was attached to the communication sheet for review. Additional review revealed the Dialysis center left the Communication from the Dialysis Center portion of the communication sheet blank.</p> <p>Record review failed to reveal evidence that the physician was notified or that the facility followed up with the dialysis center regarding the request to review the BPs or for a medication recommendation.</p> <p>During a surveyor interview on 5/31/2024 at 9:50 AM with Registered Nurse, Staff E, she indicated that if the dialysis center does not document on the communication sheet, then nursing should follow up with the dialysis center. Additionally, she could not provide evidence that the facility and the dialysis center communicated regarding the request on 5/11/2024 or that the physician was notified.</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>39496</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to assist residents in obtaining routine dental services for 2 of 2 residents reviewed, Resident ID #s 37 and 69.</p> <p>Findings are as follows:</p> <p>1. Record review revealed Resident ID #69 was admitted to the facility in July of 2020 with diagnoses including, but not limited to, cognitive communication deficit and dysphagia (difficulty swallowing food or liquid).</p> <p>Review of an annual Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status Score of 5 out of 15 indicating his/her cognition is severely impaired.</p> <p>A surveyor observation of the resident on 5/29/2024 at 8:32 AM revealed that the s/he had multiple missing teeth. The resident was unable to answer questions related to his/her cognition.</p> <p>Record review revealed a physician's order dated 7/1/2020 for Podiatry, Dental and Ophthalmology consult, and treatment as needed for patient health and comfort.</p> <p>Record review of a progress note dated 4/28/2023 at 5:25 PM revealed in part, .Pt [patient] has 4 plus decayed or broken teeth/roots Pt care plan has been initiated including obtaining a dental consult as needed .</p> <p>Further record review failed to reveal evidence that the resident had received routine dental services since his/her admission in July of 2020.</p> <p>During a surveyor interview on 5/31/2024 at approximately 9:45 AM with the Infection Preventionist, she was unable to provide evidence that the resident had received routine dental services.</p> <p>During a surveyor interview on 5/31/2024 at 11:06 AM with the Director of Nursing Services, she was unable to provide evidence that the resident had received routine dental services since his/her admission. Additionally, she was unable to provide evidence of resident refusals prior to this surveyor bringing the lack of dental services to the facility's attention.</p> <p>2. Record review revealed Resident ID #37 was admitted to the facility in March of 2023 with diagnoses including, but not limited to, dementia and dysphagia.</p> <p>Review of an annual Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status Score of 11 out of 15 indicating his/her cognition is moderately impaired. It further revealed obvious or likely cavity or broken natural teeth.</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A surveyor observation of the resident on 5/28/2024 at 12:42 PM revealed, that the the resident had missing and broken teeth.</p> <p>Record review revealed a physician's order dated 3/18/2023 for Podiatry, Dental and Ophthalmology consult, and treatment as needed for patient health and comfort.</p> <p>Record review of a progress note dated 3/5/2024 at 4:00 PM revealed in part, .Pt has 4 plus decayed or broken teeth/roots .</p> <p>Further record review failed to reveal evidence that the resident had received routine dental services.</p> <p>During a surveyor interview on 5/31/2024 at 11:55 AM, with Licensed Practical Nurse, Staff F, she could not provide evidence that the resident had received routine dental services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Grand Islander Center		STREET ADDRESS, CITY, STATE, ZIP CODE 333 Green End Avenue Middletown, RI 02842	
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(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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>Based on surveyor observation and staff interview, it has been determined that the facility failed to ensure that food is stored and distributed in accordance with professional standards for food service safety, relative to the main kitchen and 3 of 3 kitchenettes observed.</p> <p>Findings are as follows:</p> <p>1. Record review of the Rhode Island Food Code, 2018 Edition, Section ,d+[DATE].17 states in part, . READY -TO-EAT-TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the premises, sold, or discarded when held at a temperature of 5 degrees Celsius or 41 degrees Fahrenheit or less for a maximum of 7 days. The day of preparation shall be counted as Day 1 .</p> <p>During the initial tour of the kitchen in the presence of the Food Service Director (FSD), on [DATE] at 8:45 AM, the following was observed in the walk-in refrigerator:</p> <ul style="list-style-type: none"> - 1 large package of hot dogs, opened with approximately 6 hot dogs removed, not labeled or dated. <p>During the above observation with the FSD, he acknowledged the large package of hot dogs was not labeled or dated.</p> <p>A surveyor observation on [DATE] at approximately 9:05 AM revealed a document titled Resident Fridge located on the exterior door of the refrigerator located in the main dining area. The document states Please label all Resident Food items with their name and the date. We have provided labels and a marker for your convenience located behind this notice. All resident food items will be disposed of after three days by the Dietary Department.</p> <p>During a surveyor observation of the kitchenette in the main dining room on [DATE] at approximately 9:05 AM, in the presence of kitchen Staff G, the following was observed:</p> <ul style="list-style-type: none"> - 1 20 oz Styrofoam cup with a lid containing milk, not labeled or dated. - A single serve container of Dannon yogurt with a manufacturer's use by date of [DATE]. - In the freezer was a half of a bagel wrapped in clear wrap, not labeled or dated. <p>A surveyor interview with Staff G immediately following the observations, he acknowledged the above-mentioned items were not labeled or dated, and should have been discarded per facility policy.</p> <p>During a surveyor observation in the presence of the FSD, of the kitchenette located on the transitional care unit on [DATE] at approximately 9:30 AM, the following was observed:</p> <ul style="list-style-type: none"> - 2 single serve containers of Yoplait yogurt with manufacturer's use by dates of [DATE]. <p>(continued on next page)</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>	<ul style="list-style-type: none"> - 1 single serve container of Siggie brand yogurt with a manufacturer's used by date of [DATE]. - 1 single serve bottle of Activia Probiotic with a manufacturer's use by date of [DATE]. - A one gallon zip lock bag dated ,d+[DATE] containing: <ul style="list-style-type: none"> - 3 unlabeled 2 oz containers with lids containing what appeared to be tarter sauce, ketchup and an orange substance. - 1 single serve bottle of Activia Probiotic with a manufacturer's use by date of [DATE]. - 1 large black plastic container containing cooked pasta, dated ,d+[DATE]. <p>During an interview with the FSD on [DATE] at approximately 9:37 AM he acknowledged the above-mentioned items were expired and should have been discarded.</p> <p>During a surveyor observation of the kitchenette located on the Homestead unit on [DATE] at 9:50 AM, the following was observed:</p> <ul style="list-style-type: none"> - 1 48 oz jar of [NAME] Applesauce with a manufacturer's use by date of [DATE]. - 1 48 oz jar of grape jelly with a manufacturer's use by date of [DATE]. - 1 small clear reusable plastic container containing orange slices, not labeled or dated. <p>During a surveyor interview with Registered Nurse, Staff H on [DATE] at approximately 9:55 AM, he acknowledged the above-mentioned items were expired and should have been discarded.</p> <p>During a surveyor interview with the FSD on [DATE] at approximately 10:30 AM, he revealed the facility dietary staff is responsible for maintaining the kitchenettes. He further acknowledged that the expired items, and the items exceeding the facility's three day policy should have been discarded. Additionally, he acknowledged that food items should be labeled and dated when opened.</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46118</p> <p>39496</p> <p>Based on surveyor observation, record review, staff and resident interview, it has been determined that the facility failed to provide specialized rehabilitation services such as physical therapy that were required per the resident's comprehensive plan of care for 1 of 1 resident reviewed for rehabilitation services, Resident ID #93.</p> <p>Findings are as follows:</p> <p>Record review revealed that the resident was admitted to the facility in January of 2023 and has diagnoses including, but not limited to, cerebral infarction (stroke), hemiplegia (paralysis of one side of the body) affecting left dominant side, and abnormalities of gait and mobility.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status score of 14 out of 15 indicating intact cognition. The MDS further indicated that the resident requires total dependence for bed mobility and transfer.</p> <p>During a surveyor interview on 5/28/2024 at 11:11 AM with the resident, s/he revealed that s/he would like to receive more therapy, to help with mobility.</p> <p>Review of an Occupational Therapy screen dated 3/7/2024 completed by Occupational Therapist, Staff I, revealed that the resident had functional impairment with wheelchair mobility, and bed and chair positioning. The screen revealed a physical therapy (PT) evaluation was requested.</p> <p>Record review failed to reveal evidence that the physical therapy evaluation was completed.</p> <p>During surveyor interviews on 5/30/2024 at 11:49 AM and 2:17 PM with the Director of Rehabilitation Services, she revealed that she would expect that the PT evaluation would have been completed as requested on the screen date of 3/7/2024. She was unable provide evidence that the PT evaluation was completed.</p> <p>During a surveyor interview on 5/31/2024 at 10:46 AM, with Staff I, she revealed that the resident has tightness in his/her hip and discomfort sitting in his/her wheelchair. She further revealed that she feels the resident needs PT for assistance with positioning, appropriate seating, and bed positioning.</p> <p>During a surveyor interview on 5/31/2024 at 11:09 AM with the Director of Nursing Services, she revealed that she would have expected the PT evaluation to have been completed and was unable to provide evidence that it was.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46338</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to provide a safe and sanitary environment to help prevent the transmission of infections related to a wound dressing change for 1 of 2 residents, Resident ID #329. Additionally, the facility failed to maintain Enhanced Barrier Precautions (EBP; an infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes) for 4 of 5 residents reviewed, Resident ID #s 75, 97, 115, and 329.</p> <p>Finding are as follows:</p> <p>Review of the Center for Disease Control and Prevention document titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDROs) Last Reviewed: August 1, 2023, states in part, Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities .The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents .with MDRO infection or colonization. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include:</p> <ul style="list-style-type: none"> -Dressing -Bathing/showering -Transferring -Providing hygiene -Changing linens -Changing briefs or assisting with toileting -Device care or use of a device (i.e central lines, urinary catheters, feeding tubes . <p>1. Record review revealed Resident ID #75 was readmitted to the facility in December of 2023 with a diagnosis including, but not limited to, a history of bladder cancer with a urostomy tube in place (an opening in the abdomen to make new passageway for urine to leave the body).</p> <p>Surveyor observation of signage posted on the resident's door revealed in part, Enhanced Barrier Precautions; Attention: Caregivers, staff and visitors .Wear Gown and Gloves prior to these activities .During high-contact resident care activities .Device care or use of a device (i.e .urinary catheters) .</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 - Some</p>	<p>During a surveyor observation on 5/28/2024 at 2:44 PM, Nursing Assistant (NA), Staff J, was observed not wearing a gown as required while in the resident's room emptying his/her urostomy catheter bag.</p> <p>During a surveyor interview immediately following the above observation with Staff J, she acknowledged that she had entered the resident's room and emptied his/her urostomy catheter bag and failed to wear a gown while emptying the catheter bag.</p> <p>2. Record review revealed Resident ID #97 was readmitted to the facility in October of 2023 with diagnoses including, but not limited to, end stage renal disease, hemodialysis (process where blood is removed from the body and filtered to remove harmful substances and placed back into the body), has a perma catheter to the right upper chest wall (a flexible tube placed into a blood vessel that is used for hemodialysis treatment) and a pressure ulcer (soft tissue injury that forms as a result of prolonged pressure) to the left heel.</p> <p>Record review of a care plan dated 3/28/2024 revealed, the resident is at risk for MDRO infections due to a wound. Further record review revealed interventions including, but not limited to, maintaining EBP while performing all high-contact activities.</p> <p>Surveyor observation of signage posted on the resident's door revealed in part, Enhanced Barrier Precautions; Attention: Caregivers, staff and visitors .Wear Gown and Gloves prior to these activities .During high-contact resident care activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, assisting with toileting .</p> <p>During a surveyor observation on 5/29/2024 at 10:40 AM, NA, Staff K, was observed transferring the resident into a wheel chair and assisted the resident to the bathroom. Further observation failed to reveal evidence that Staff K was wearing a gown, as required.</p> <p>During an interview immediately following the above-observation, Staff K indicated that she had assisted the resident with bathing and toileting while s/he was in the bathroom. Staff K, acknowledged that she was not wearing a gown when she provided care to the resident.</p> <p>3. Record review revealed Resident ID #115 was admitted into the facility in February of 2024 with diagnosis including, but not limited to, unspecified abnormalities of gait and mobility, need for assistance with personal care and retention of urine.</p> <p>Record review of a care plan dated 3/28/2024 revealed, the resident is at risk for MDRO infections due to having an indwelling device/foley catheter (a tube that goes into the bladder to empty out urine) with interventions including, but not limited to, maintaining EBP while performing all high-contact activities.</p> <p>Surveyor observation of signage posted on the resident's door revealed in part, Enhanced Barrier Precautions; Attention: Caregivers, staff and visitors .Wear Gown and Gloves prior to these activities .During high-contact resident care activities .Device care or use of a device (i.e .urinary catheters) .</p> <p>During a surveyor observation on 5/28/2024 at 2:47 PM, Staff J was observed emptying the resident's foley catheter bag and was not wearing a gown, as required.</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 - Some</p>	<p>During an interview immediately following the above-observation with Staff J, she acknowledged that she had emptied the resident's catheter bag and was not wearing a gown, as required.</p> <p>During a surveyor interview on 5/29/2024 at 10:45 AM with the Infection Preventionist, she indicated that she would expect staff to wear the required PPE.</p> <p>4. Record review revealed Resident ID #329 was admitted to the facility in May of 2024 with diagnoses including, but not limited to, personal history of other infectious and parasitic diseases and orthopedic aftercare following a surgical amputation.</p> <p>Record review of his/her care plan dated 5/14/2024 revealed, the resident has a PICC line (IV that gives your doctor access to the large central veins near the heart) relative to cellulitis, infection, and antibiotic therapy.</p> <p>Surveyor observation of the signage posted on the resident's door revealed in part, Enhanced Barrier Precautions; Attention: Caregivers, staff and visitors .Wear Gown and Gloves prior to these activities .During high-contact resident care activities .Device care or use of a device (i.e .urinary catheters) .</p> <p>During a surveyor observation on 5/30/2024 at approximately 10:00 AM, NA, Staff L, was observed providing care for Resident ID #329 without wearing a gown as required.</p> <p>Further observation revealed that Licensed Practical Nurse (LPN), Staff M, entered the room at 10:08 to assist Staff L. Staff M proceeded to assist the resident with toileting and provided wound care to the resident without wearing a gown, as required.</p> <p>During a surveyor interview immediately following the above-observations, Staff M acknowledged that the resident has an order for Enhanced Barrier Precautions and acknowledged she was not wearing the appropriate PPE.</p> <p>During a surveyor interview on 5/30/2024 at approximately 11:00 AM with NA, Staff L, she revealed that she frequently provides care for Resident ID #329, without wearing a gown.</p> <p>During a surveyor interview on 5/30/2024 at approximately 11:30 AM with the Infection Preventionist, she acknowledged that Resident ID #129 has a PICC line and is on EBP. Additionally, she indicated that she would expect staff to wear the appropriate PPE when caring for residents on EBP.</p> <p>5. Record review revealed Resident ID #329 had a wound to his/her coccyx. Further record review revealed a physician's order dated 5/8/2024 to apply a 4x4 Optifoam to the coccyx every Monday, Thursday, and Saturday for skin integrity.</p> <p>During a surveyor observation of the dressing change on 5/30/2024 at approximately 10:15 AM with Staff M, she removed the visibly soiled dressing from the resident's coccyx and placed it directly on the resident's bed. Staff M was then observed placing the soiled dressing and the soiled gauze that she used to clean the wound next to the resident's pillow. Additionally, Staff M removed her soiled gloves and placed a clean dressing on the resident's wound with ungloved hands. Staff M failed to perform hand hygiene after removing the soiled dressing, cleaning the resident's wound and prior to applying a clean dressing to the resident's wound.</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 - Some</p>	<p>During a surveyor interview immediately following the wound dressing observation with Staff M, she acknowledged that she placed the dirty soiled dressing at the head of the resident's bed and applied a clean dressing with ungloved hands.</p> <p>During a surveyor interview on 5/30/2024 at approximately 1:28 PM with the DNS in presence of the Assistant Director of Nursing Services, she indicated that she would expect Staff M to perform hand hygiene, don gloves and discard the soiled dressing appropriately.</p> <p>41729</p>		