

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Westerly Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 280 High Street Westerly, RI 02891	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>41729</p> <p>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to provide respiratory care consistent with professional standards of practice for 4 of 5 residents reviewed for respiratory care, Resident ID #s 4, 20, 105, and 112.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy titled, Oxygen Administration states in part .review the physician's order for this procedure .review resident's care plan to assess needs of the resident . Additional review of the policy under the section titled documentation states in part, .date and time procedure was performed .name and title of the individual who performed the procedure .rate of oxygen flow, route, and rationale .</p> <p>1. Record review revealed Resident ID #4 was admitted to the facility in July of 2022 with diagnoses including, but not limited to, hypertension, and diabetes.</p> <p>Record review of the resident's May 2024 Treatment Administration Record (TAR) revealed an order dated 6/6/2023 for oxygen 2-4 liters/minute via nasal cannula (a tubing used to deliver oxygen) to maintain oxygen saturation greater than 90% (normal range is 95%-100%) every 8 hours as needed.</p> <p>During surveyor observations on the following dates and times, the resident was observed on 1 liter of oxygen instead of 2-4 liters as ordered:</p> <p>-5/6 at 10:48 AM</p> <p>-5/7 at 9:04 AM</p> <p>-5/8 at 8:45 AM</p> <p>Further record review of the TAR for May failed to reveal evidence that the resident received the 2-4 liters of oxygen on the above-mentioned dates and times, as ordered and per the facility's policy.</p> <p>During a surveyor observation and interview with Licensed Practical Nurse (LPN), Staff A on 5/8/2024 at approximately 9:00 AM, she acknowledged the resident was receiving 1 liter of oxygen instead of 2-4 liters, 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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review revealed Resident ID #20 was admitted to the facility in September of 2023 with diagnoses including, but not limited to, pneumonia and anxiety.</p> <p>Record review of the resident's May 2024 TAR revealed an order dated 5/3/2024 for intermittent oxygen at 2-4 liters/minute via nasal cannula for oxygen saturation greater than 93% every 24 hours as needed.</p> <p>During surveyor observations on the following dates and times, the resident was observed on 1 liter of oxygen instead of 2-4 liters as ordered:</p> <ul style="list-style-type: none"> -5/6 at 10:26 AM -5/6 at 1:53 PM -5/7 at 9:04 AM -5/8 at 8:50 AM <p>Further record review of the TAR for May failed to reveal evidence that the resident received the 2-4 liters of oxygen on the above-mentioned dates and times, as ordered and per the facility's policy.</p> <p>During a surveyor interview with LPN, Staff A on 5/8/2024 at 9:03 AM, she acknowledged that the resident was on 1 liter of oxygen instead of 2-4 liters, as ordered.</p> <p>3. Record review revealed Resident ID #105 was admitted to the facility in April of 2024 with diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD, a lung disease that blocks airflow that makes it difficult to breath) and acute respiratory failure.</p> <p>Record review of the resident's May 2024 TAR revealed an order dated 4/30/2024 for oxygen 1 liter/minute via a nasal cannula as needed for comfort and shortness of breath.</p> <p>During surveyor observations on the following dates and times, the resident was observed on 2 liters of oxygen instead of the 1 liter as ordered:</p> <ul style="list-style-type: none"> -5/6 at 9:48 AM -5/6 at 9:50 AM -5/7 at 11:25 AM -5/7 at 11:51 AM <p>Further record review of the TAR for May failed to reveal evidence that the resident received the 1 liter of oxygen on the above-mentioned dates and times, as ordered and per the facility's policy.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a surveyor interview with the Regional Nurse on 5/8/2024 at 12:30 PM, she acknowledged the staff had failed to document the resident had received oxygen on the above-mentioned dates and times as observed by the surveyor. Additionally, she revealed that she would expect the staff to document each time oxygen is administered to a resident as per the facility's policy.</p> <p>4) Record review revealed Resident ID #112 was admitted into the facility in April of 2024 with diagnosis including, but not limited to, chronic obstructive pulmonary disease.</p> <p>Record review of the resident's May 2024 TAR revealed an order dated 4/10/2024 to titrate (adjust the oxygen based on the resident's needs) continuous oxygen as needed to maintain oxygen saturation greater than 95% every 8 hours.</p> <p>Record review of the above-mentioned order failed to reveal evidence of a flow rate of the liter of oxygen to be administered and titrated to the resident.</p> <p>During surveyor interviews on 5/8/2024 at 10:04 AM and at 11:38 AM with the Director of Nursing Services (DNS), she indicated that she would expect the oxygen order to include the flow rate that should be administered to the resident. Additionally, the DNS indicated that she would expect the staff to administer oxygen to the residents as ordered, and that each time oxygen is administered, the staff is expected to document the administration, as per the facility's policy.</p> <p>47939</p> <p>49184</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>39496</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that residents are free from any significant medication errors for 1 of 3 residents reviewed with blood pressure parameters, Resident ID #64.</p> <p>Findings are as follows:</p> <p>Record review of the facility's policy titled, Administering Medications revealed in part, Medications are administered in a safe and timely manner, and as prescribed .Medications are administered in accordance with prescriber orders .The following information is checked/verified for each resident prior to administering medications .Allergies to medications .Vital signs, if necessary .</p> <p>Record review revealed the resident was admitted to the facility in January of 2024 with diagnoses including, but not limited to, essential hypertension, atrial fibrillation (irregular rapid heart beat), and atherosclerotic heart disease (narrowing of the arteries).</p> <p>Record review revealed a physician's order dated 4/3/2024 for Hydralazine HCL (a medication to lower blood pressure) 10 milligrams (mg) give 1 tablet every 6 hours as needed for systolic blood pressure greater than 150.</p> <p>Record review of the hydralazine order on the April and May Medication Administration Record (MAR) revealed that blood pressures failed to be checked every 6 hours, and that the medication failed to be administered since the start date of 4/3/2024.</p> <p>Further record review of the April and May MAR revealed a daily 8:00 AM blood pressure monitoring order with a start date of 4/23/2024. This order revealed the following blood pressures with a systolic blood pressure greater than 150:</p> <p>4/25/2024- 164/78</p> <p>4/26/2024-164/69</p> <p>4/29/2024-166/57</p> <p>4/30/2024- 157/71</p> <p>5/1/2024-178/68</p> <p>5/3/2024-185/62</p> <p>5/5/2024-160/65</p> <p>5/7/2024-160/62</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the April and May MAR revealed that the hydralazine failed to be administered for the above Systolic blood pressures above 150.</p> <p>During a surveyor interview on 5/8/2024 at 12:29 PM with Certified Medication Technician, Staff B, she revealed that because the order for hydralazine was written as a PRN (as needed order) that she had not been taking the resident's blood pressure every 6 hours and administering the medication according to parameters.</p> <p>Further review of the MAR revealed that Staff B was administering medication to this resident on the following day shifts when his/her systolic blood pressure was greater than 150:</p> <p>4/26/2024-164/69</p> <p>4/29/2024-166/57</p> <p>5/1/2024-178/68</p> <p>5/5/2024-160/65</p> <p>During a surveyor interview on 5/8/2024 at 12:36 PM with the Director of Nursing Services, she acknowledged that the resident's blood pressure failed to be checked every 6 hours and the medication failed to be administered as ordered based on the blood pressure, since the order was implemented on 4/3/2024. She further acknowledged that the resident's blood pressure was greater than 150 on the above dates and that the hydralazine should have been administered.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39496</p> <p>Based on surveyor observation, record review and staff interview, it has been determined that the facility failed to store and label drugs and biologicals in accordance with currently accepted professional principles for 4 of 4 medication carts and 1 of 1 medication room observed.</p> <p>Findings are as follows:</p> <p>Record review of the facility's policy titled Medication Labeling and Storage states in part, Medications requiring refrigeration are stored in a refrigerator located in the medication room at the nurses' station or other secure location .</p> <p>Record review of the facility policy titled Discarding and Destroying Medications states in part, if a resident is transferred to another facility, or dies the facility may dispose of the controlled substance(s) by depositing in the authorized on-site collection receptacle .Disposal of controlled substances must take place immediately (no longer than three days) after discontinuation of use by the resident .</p> <p>1. During a surveyor observation on [DATE] at approximately 8:00 AM of the Team One medication cart in the presence of Registered Nurse, Staff C and Licensed Practical Nurse, Staff D revealed the following:</p> <ul style="list-style-type: none"> - Trellegy Elipta inhaler opened and not dated. Manufacturer instructions indicate to discard the inhaler 6 weeks after opening. <p>During an interview immediately following this observation with Staff C and Staff D, they acknowledged the inhaler was opened and not dated.</p> <p>2. During a surveyor observation on [DATE] at approximately 8:08 AM of the Team Two medication cart in the presence of Registered Nurse, Staff E revealed the following:</p> <ul style="list-style-type: none"> - A bottle of Active liquid protein 30 oz (ounce) opened and not dated. Manufacturer instructions indicate a 3-month shelf life from date opened. - Morphine Sulfate (a schedule II-controlled substance) last signed off as administered on [DATE]. The medication was for a resident who had passed away on [DATE]. - Lorazepam (a medication used to treat anxiety) last signed off as administered on [DATE]. The medication was for a resident who had passed away on [DATE]. <p>During an interview immediately following this observation with Staff E, he acknowledged the liquid protein was opened and not dated. Additionally, Staff E acknowledged that the resident who had received the Morphine and Lorazepam had passed away, and he could not provide evidence why the medications were not removed from the medication cart as per the facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. During a surveyor observation on [DATE] at approximately 9:07 AM of the Team Four medication cart in the presence of Licensed Practical Nurse, Staff F revealed the following:</p> <ul style="list-style-type: none"> - Three bottles of Lorazepam intensol (used to treat anxiety) opened, not dated, and unrefrigerated. Manufacturer instruction states in part, .Store at Cold Temperature-Refrigerate 36 -46 F [Fahrenheit] . Discard opened bottle after 90 days . <p>During an interview immediately following this observation with Staff F, she acknowledged that the above-mentioned medications were opened and not dated. Additionally, Staff F revealed that the Lorazepam intensol is only stored in the refrigerator if it is not opened, and once they are opened, they are stored in the medication cart.</p> <p>4. During a surveyor observation on [DATE] at approximately 9:20 AM of the Team Three medication cart in the presence of Licensed Practical Nurse, Staff A revealed the following:</p> <ul style="list-style-type: none"> - Latanaprost 0.005% eye drops (used to treat glaucoma) unopened and stored unrefrigerated in the medication cart. This medication was delivered to the facility on [DATE]. Label on the medication revealed to refrigerate when unopened. <p>During an interview immediately following the above observation with Staff A, she acknowledged the eye drops should have been refrigerated.</p> <p>5. During a surveyor observation on [DATE] at approximately 9:35 AM of the second-floor medication room in the presence of Staff A revealed the following:</p> <ul style="list-style-type: none"> - A bottle of Lorazepam intensol 2MG/ML 30ML unopened with a manufacturer expiration date of [DATE]. <p>During an interview immediately following the above observation with Staff A, she acknowledged the above-mentioned medication had expired.</p> <p>During a surveyor interview on [DATE] at approximately 11:20 AM with the Director of Nursing Services (DNS), she revealed that she would expect the staff to date the medications upon opening and store per the manufacturer's instructions. She further revealed that she would expect the staff to inform her of expired and discontinued medications, and those medications would be removed from the cart in a timely manner.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to maintain an infection prevention and control program designed to provide a sanitary environment and to help prevent the development of infections for 1 of 1 residents reviewed relative to the use of continuous positive airway pressure (CPAP-a device used to provide breathing support), Resident ID #25 and 1 of 1 residents reviewed with current treatment for Multidrug Resistant Organisms (MDRO-organisms resistant to antibiotics), Resident ID #82.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled CPAP/BIPAP Support dated March 2015, states in part, .General guidelines for cleaning .Machine cleaning .Wipe machine with warm, soapy water and rinse at least once a week and as needed .filter cleaning .rinse washable filter under running water once a week to remove dust and debris. Replace this filter at least once a year .Masks, nasal pillows and tubing .Clean daily by placing in warm, soapy water and soaking/agitating for 5 minutes. Mild detergent is recommended. Rinse with warm water and allow it to air dry between uses .Headgear(strap) .wash with warm water and mild detergent as needed. allow to air dry .</p> <p>1. Record review revealed that Resident ID #25 was readmitted to the facility in March of 2024 with diagnoses including, but not limited to, obstructive sleep apnea (a sleep disorder where breathing is interrupted repeatedly) and chronic obstructive pulmonary disorder (COPD- a chronic inflammatory lung disease that causes obstructed airflow from the lungs.)</p> <p>Record review of the Treatment Administration Record (TAR) for April and May 2024 revealed that the resident has an order to use a CPAP machine every night at bedtime. Additional review revealed that the order was signed off as in use every night.</p> <p>Record review failed to reveal evidence that the CPAP machine including the mask were cleaned or disinfected in April or May of 2024 per the facility policy.</p> <p>During a surveyor interview on 5/8/2024 at 12:25 PM with Licensed Practical Nurse, Staff A, she revealed that she is unaware of how the residents CPAP machine should be cleaned. Additionally, she revealed that staff are responsible to clean the machine and there should be a physician's order to sign off as completed.</p> <p>During a surveyor interview on 5/8/2024 at 12:49 PM with the Director of Nursing Services (DNS), she acknowledged that the above-mentioned resident does not have orders to clean his/her machine. Additionally, she was unable to provide evidence that the machine was cleaned per the facility policy.</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>2. Review of the Centers for Disease Control and Prevention (CDC) document titled, Multidrug-resistant organisms management (MDRO) states in part, .For ill residents (e.g., those totally dependent upon healthcare personnel for healthcare and activities of daily living use Contact Precautions [use of gown and gloves when entering a resident's room] .Implement Contact Precautions (CP) routinely for all patients colonized or infected with a target MDRO .modify CP to allow MDRO .colonized/infected patients whose site of colonization or infection can be appropriately contained and who can observe good hand hygiene practices to enter common areas and participate in group activities .No recommendation can be made regarding when to discontinue Contact Precautions .</p> <p>Review of a facility policy titled Multidrug-resistant organisms states in part, .use of contact precautions . implement contact precautions routinely for all residents colonized or infected with target MDRO .modify contact precautions to allow MDRO colonized/infected residents whose site of colonization or infection can be appropriately contained .</p> <p>Record review revealed that Resident ID #82 was readmitted to the facility in February of 2024 with a past medical history including, but not limited to, Extended-spectrum-beta-lactamase (ESBL- a MDRO bacterial infection resistant to many antibiotics.)</p> <p>Review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed s/he required maximum to dependent assistance to complete activities of daily living (ADLs). Additionally, the assessment revealed that the resident was frequently incontinent of bladder and always incontinent of bowel.</p> <p>Review of a urine culture obtained on 5/2/2024 revealed the resident is positive for ESBL.</p> <p>Record review of a physician's order dated 5/6/2024 revealed an order for Augmentin (an antibiotic) 875-125 milligrams (mg) by mouth every 12 hours for bacterial infection for 10 days.</p> <p>Record review of a progress note dated 5/9/2024 by the Nurse Practitioner, Staff G, revealed the following assessment and plan, continue Augmentin until course completed. Continue precautions per facility protocol.</p> <p>During surveyor observations of the resident's room on 5/8/2024 at 8:39 AM and 5/9/2024 at approximately 12:15 PM, failed to reveal evidence that the resident was on any precautions as there was no signage or PPE supplies at the door, indicating that personal protective equipment was required during high-contact resident care activities due to his/her ESBL infection.</p> <p>During a surveyor interview on 5/9/2024 at approximately 1:10 PM with Nursing Assistant, Staff H, she revealed she was unaware that the resident required any precautions during high-contact resident care activities. Additionally, she revealed that the resident is incontinent of urine and requires staff assistance with incontinence care. Furthermore, she acknowledged there was no signage or PPE supplies at the door.</p> <p>During a surveyor interview on 5/8/2024 at 12:49 PM with the Director of Nursing Services (DNS), she was unable to provide evidence that the resident was placed on the appropriate precautions related to his/her ESBL infection. The DNS was unable to provide evidence that the facility maintained an infection control program that provided a sanitary environment to help prevent the development of infections.</p>		