STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425379	A. Building B. Wing	12/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Opus Post Acute Rehabilitation	300 Agape Drive West Columbia, SC 29169

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 48215 Based on observation, interviews, record review and facility policy review, the facility failed to ensure a comfortable and homelike environment was provided for 2 residents, (Resident (R)56, R12), of 10 sampled residents whose rooms were reviewed. Finding include: Review of a facility policy titled, Environmental Conditions/Environmental Rounds with a revised dated of 11/19, revealed, It is the policy of this facility that the facility must provide a safe, functional, sanitary and comfortable environment for residents, staff and the public . residents rooms must be designed and equipped for adequate nursing care, comfort and privacy of residents. Review of R56's, Face Sheet revealed R56 was admitted to the facility with diagnoses including but not limited to: presence of chronic diastolic congestive heart failure, alcohol abuse, generalized anxiety disorder, major depressive disorder, hypertension, unspecified psychosis, chronic kidney disease stage 3A, unsteadiness on feet, weakness and need for assistance with personal care. During an observation and interview on 11/27/24 at 11:41 PM, revealed R56's breakfast tray was still on her table. R56 stated, I'm not treated like I need assistance. I am very independent, but they don't help me, I have to change my own trash and we are heading into lunch and my breakfast tray is still in here at 11:45 AM. During an observation on 11/25/24 at 9:33 AM, revealed a large, covered trash can in the middle of R56's shower. During an interview on 11/25/24 at 9:33 AM, R56 revealed she takes her own showers and must move the trashcan out of the shower herself. During an observation on 11/25/24 at 4:35 PM, revealed the trashcan was still in R56's shower. Certified Nursing Assistant (CNA)1 lifted the lid of the trashcan and revealed the trashcan had trash in it. During an interview on 11/25/24 at 4:35 PM, CNA1 revealed they do not usually keep trashcans in the shower, but the large trash cans are used for PPE and are usually kept in the room. CNA1 stated the trash can should not be in the shower. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R12's Face Sheet revealed R12 was admitted to the facility with diagnoses including but not limited to: peripheral vascular disease, lymphocytic leukemia, and chronic kidney disease. During observations on 11/24/24 at 8:42 AM, 11/25/24 at 8:45 AM, and 11/26/24 at 10:15 AM, revealed chips scattered across the left side of the bedroom floor of R12's room. During an interview on 11/26/24 at approximately 10:50 AM, the Environmental Services Director revealed that R12's bedroom should have been swept and mopped daily. During an interview on 11/25/24 at 4:47 PM, the Director of Nursing (DON) revealed it is expected that there should not be a trashcan in a residents shower at all.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50850 Based on interviews, record review, and review of facility policy, the facility failed to provide services or care that are acceptable standards of practice. Specifically, the facility failed to obtain lab orders for a redraw, after an anticoagulant (Coumadin) adjustment for 1 (Resident (R)388's) of 1 resident reviewed for unnecessary medications. Findings include: Review of the facility policy titled Anticoagulation -Clinical Protocol last revised in November 2018, revealed, The physician will prescribe anticoagulation therapy (for example, low molecular weight heparin, warfarin, or other oral anticoagulant) appropriately, consistent with the recognized guidelines . The physician should adjust the anticoagulant dose or stop, taper, or change medications that interact with the anticoagulant, and/or monitor the PT/INR very closely while the individual is receiving warfarin, to ensure that the PT/INR [A prothrombin time (PT or PT/INR) test measures how quickly your blood clots.] stabilizes within a therapeutic range. Review of R388's Face Sheet revealed R388 was admitted to the facility on [DATE], with diagnoses including but not limited to: proximal atrial fibrillation, Type 2 Diabetes, history of deep vein thrombosis, and hypertension. Review of R388's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/24/24, revealed R388 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicates that she is cognitively intact. Review of R388's Physician Progress Notes dated 11/23/24, documented, was initially noted to have supratherapeutic INR and therefore warfarin was held. She then became subtherapeutic and warfarin was resumed with heparin bridge. Patient's INR improved to 3.3 on day of discharge. Her Coumadin dose was decreased to 5 mg daily. Patient will require INR checks at rehabilitation facility with adjustment in warfarin dosing. Review of R388's Physician Notes dated 11/24/24, revealed R388 coumadin-monitor with PT/INR, INR on Friday was 1.8 - change dosing to 7.5mg on Fridays and 5 mg all other days. Review of R388's Care Plan last reviewed/revised on 11/18/24, revealed, Anticoagulant therapy r/t: prevention of blood clots/ recurrent DVTs. Resident receives medication with a Black box warning: see MD order. [R388] will be free from discomfort or adverse reactions related to anticoagulant use through the review date. Antidote is Vitamin K. Have on hand for emergencies. Labs as ordered. Report abnormal lab results to the MD. Monitor and report s&sx of thromboembolism: acute onset of shortness of breath, pleuritic chest pain, cough, coughing up blood, syncope and anxiety. Monitor/document/report to MD PRN s/sx of anticoagulant complications: blood tinged or frank blood in urine, black tarry stools, dark or bright red blood in stools, sudden severe headaches, nausea, vomiting, diarrhea, muscle joint pain, lethargy, bruising , bleeding, blurred vision, SOB, Loss of appetite, sudden changes in mental status, significant or sudden changes in v/s. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/26/24 at 11:00 AM, the Director of Nursing (DON) was unable to locate an order for a repeat INR after the 11/22/24 medication adjustment for Warfarin. The DON placed a call to the Nurse Practitioner and an Order was given to repeat PT/INR on 11/28/24. During a follow up interview on 11/26/24 at 12:23 PM, the DON stated that the nurses should follow the provider's order related to PT/INR orders for residents. If the provider does not write orders regarding follow up PT/INR labs, the nurse should call the doctor or Nurse Practitioner and get orders for follow up labs. During a phone interview on 11/26/24, at 12:37 PM, the Nurse Practitioner (NP) stated that she usually writes orders for PT/INR a day or two after admission. The NP further stated, I expect the nurses to make sure that the residents get the medication. When the nurses receive the PT/INR results, they should call me with the results so I can make adjustments. After an adjustment, I repeat the PT/INR in 2 days to make sure the medication level has increased. If I forget to order a repeat PT/ INR, the nurses know me well enough that they should call me and ask me about it. During an interview on 11/26/24 at 1:04 PM, Registered Nurse (RN)1 stated, If there are no PT/INR orders I would hold the Coumadin until I have gotten in touch with the practitioner for new PT/INR orders.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46934 Based on observation, interview, record review, and review of facility policy, the facility failed to ensure 1 (Resident (R)78) of 1 resident reviewed for nutrition was provided nutritional supplements per physician orders to prevent potential nutritional problems or further weight loss. Findings include: Review of a facility policy titled Diet Orders states, Diet orders prescribed by the physician will be provided by the Food and Nutrition Services department. Nursing will send a Diet order Communication slip to the Food and Nutrition Services department. The FNS Director or [NAME] in charge will make or adjust the diet profile and tray card as prescribed. The diet count is also to be adjusted as needed. The diet profile and tray card will be removed upon discharge or transfer. Any discrepancy in the diet order slip will be clarified by the FNS Director or [NAME] in charge with nursing. Review of R78's Face Sheet revealed R78 was admitted to the facility on [DATE], with diagnoses including but not limited to: cerebral infarction due to unspecified occlusion or stenosis of an unspecified cerebral artery, Type 2 Diabetes Mellitus, dependence on renal dialysis, muscle weakness, heart failure, and weakness. During an observation and interview on 11/24/24 at 12:44 PM, revealed R78 in her room, sitting in her non-motorized wheelchair in a locked position, with the over bed table in front of her at the appropriate level, a lunch tray set up in front of her with approximately 50 percent food remaining. R78 appeared weak and malnourished. The meal ticket was located on R78's tray and the lunch ticket stated regular diet 11/24/24, with no special instructions. R78 stated she was admitted in August 2024, following multiple hospital stays. R78 stated she also attends dialysis 3 times a week. R78 stated she is on fluid restriction, and she is getting weighed weekly at the facility and had ongoing weight loss since admission. R78 further stated the facility is doing nothing about the weight loss. R78 stated, Look at me, I'm skin and bones, pretty soon I'll deteriorate. R78 stated that she has not received any supplements since admission, just a meal tray and one drink due to fluid restrictions. R78 stated she will ask for snacks at night which will consist of a peanut butter and jelly sandwich or some chips. Review of R78's Electronic Health Record (EHR) revealed a Physician Order for, fortified pudding with lunch and dinner due to risk for malnutrition, no directions specified for order with an active date of 08/25/24. Further review of the Physician Order revealed an order for, renal diet, regular texture, thin liquids consistency with an active start date of 09/30/24. Review of R78's Weight Summary, revealed the following weights: 11/26/2024 - 113.4 Lbs. (pounds) 11/19/2024 - 114.8 Lbs. 11/11/2024 - 114.5 Lbs. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	11/04/2024 - 113.0 Lbs. 10/03/2024 - 126.9 Lbs. 09/17/2024 - 124.5 Lbs. 09/09/2024 - 123.6 Lbs. 09/02/2024 - 121.6 Lbs. 08/29/2024 - 119.8 Lbs. 08/23/2024 - 120.9 Lbs. Review of R78's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/10/24, revealed R78 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicates that she is cognitively intact. Furthermore, under Section K- Swallowing/Nutritional status revealed R78's Weight (in pounds) - 114, indicating R78 had weight loss and was not on prescribed weight loss regimen. Review of R78's Care Plan last reviewed/revised on 11/24/24, revealed, Has risk for malnutrition r/t GERD, Vitamin D Deficiency, dysphagia, Constipation, Pain. Goal - Will maintain adequate nutritional status as evidenced by maintaining weight with no s/sx of malnutrition through the review date. Interventions directed staff to: Administer medications as ordered. Monitor/Document for side effects and effectiveness. Diet as ordered by the physician. Fortified pudding with lunch and dinner due to risk for malnutrition. Give supplements - Prostat & Boost - as ordered. Honor resident rights to make personal dietary choices and provide dietary education as needed. Observe/record/report to MD/NP PRN s/sx of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss. Therapy evaluation and treatment per physician orders. Weights as ordered. Review of R78's Nutrition - Admission Evaluation dated 08/29/24, revealed diet order is renal, texture is ground and mechanical soft, Fluid consistency is thin, Supplement ordered- yes- fortified pudding bid, Food likes- see tray card, Food dislikes- see tray card. Under physical information, most recent weight was 119.8 lbs, and dining ability was - tray set up. Additional intervention by a Registered Dietician states, Recommendation: need fluid restriction with labs, will see if fortified pudding with Ca and P Ph content is appropriate. Nepro may be a better choice. Review of R78's Admission Nutritional assessment dated [DATE], revealed R78 scored a 4 per scale indicating she was malnourished. Review of R78's Nutrition - Quarterly Evaluation dated 11/19/24, revealed diet order is renal, texture- regular, fluid consistency- thin, portion size- regular, most recent weight 114.5 lbs via Hoyer scale. Weigh history states, 1 week ago 113, 1 month ago 126.9, admit 8/23 128.9 sig loss. New request - NO. Registered Dietician states, Monthly nutrition labs from dialysis, fortified pudding bid protein supplement 30 ML/d, Ca was low labs on 10/29. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Dietary Aide/Cook alongside the Registered Dietician (RD) on 11/26/24 at 10:39 AM, confirmed he had just received the printed meal tickets for lunch trays. The Dietary Aide/Cook found R78's lunch meal ticket and stated R78 meal ticket did not reflect fortified puddings and does not recall giving it to the resident. The Dietary Aide/cook stated if it was not addressed on her meal ticket, it would not get put on her tray. The Dietary Aide/Cook stated the Dietary Manager would be responsible for updating and printing the meal ticket. The Dietary Aide/Cook stated the tickets get printed daily. During a follow-up interview with the Registered Dietician (RD) on 11/26/24 at 10:50 AM, revealed typically once a resident is admitted , follow-up on previous diets and diet assessment would be done. The RD stated if a resident requires nutritional supplements, RD's or MDs (Medical Doctors) can put in the order. Once the order is put in, the dietary department is responsible for making sure the supplements are addressed on the resident's meal ticket. The RD confirmed she saw the resident had an order in [DATE] to start fortified pudding for lunch and dinner trays. The RD also confirmed the resident's meal tickets do not reflect fortified puddings. The RD stated if the resident's meal ticket did not address the fortified puddings, that means she has not been receiving it since the order was placed. The RD stated, after reviewing R78's chart, she does not see the resident refusing and advised to speak with the Dietary Manager. During an interview with the Dietary Manager (DM) on 11/26/24 at 11:18 AM, revealed that once a resident receives a new dietary order for supplements or shakes that are an active order, then a diet communication form is to be filled out by nursing staff. The DM stated once received, dietary staff is to make two copies, one is for dietary aides to use for plating, and the other copy is to be placed in her office to update the meal ticket using an online system called Dining RD. Then it has to get manually put in under the notes section so it can reflect on the meal ticket once printed. The DM confirmed receiving R78's diet communication form, however does not remember when she received it. The DM states meal tickets get printed daily, and somehow she forgot to manually modify R78's meal ticket to reflect the fortified puddings. The DM also confirmed that as a result, R78 never received her supplement per physician orders. During an interview with the Director of Nursing (DON) on 11/26/24 at 11:50 AM, revealed that she had been in her position for approximately 2 weeks, before her role she was the MDS Nurse. The DON stated her expectation is for all pertinent staff to follow Physician and dietary orders and for the residents to receive exactly what they are ordered to have to prevent further decline in residents. Furthermore, the DON stated it is not professional standards of practice. During an interview with the Administrator on 11/26/24 at 4:41 PM, revealed he has an open-door policy for residents, staff, and family to voice their concerns. The Administrator revealed he had not been aware of R78's weight loss and staff not executing physician orders. The Administrator stated he will discuss this matter in the next QAPI meeting scheduled at the end of the week, 11/29/2024, with all department heads. The Administrator stated his expectation is for staff to simply follow physician orders.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46934 Based on observations, interviews, and record reviews, the facility failed to provide respiratory care in accordance with professional standards. The facility failed to ensure 1 (Resident (R)140) of 5 residents reviewed for respiratory care, received the correct oxygen flow rate per the physician order. Findings include: Review of a facility policy titled, Oxygen Administration with a revision date of 05/2007, revealed that it is the policy of this facility that oxygen therapy is administered, as ordered by the physician, or as an emergency measure until the order can be obtained. Purpose: The purpose of oxygen therapy is to provide sufficient oxygen to the bloodstream and tissues. Review of R140's Face Sheet revealed that R140 was admitted to the facility on [DATE], with diagnoses including but not limited to: paroxysmal atrial fibrillation, chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, chronic systolic (congestive) heart failure, and nonrheumatic mitral (valve) insufficiency. Review of R140's Physician Order revealed, Oxygen on at 2 LPM (Liters per Minute) via nasal cannula, mask, non-breather continuous, every shift with an active date of 11/22/24. Review of R140's Baseline Care Plan dated 11/24/24, revealed, Has COPD (Chronic Obstructive Pulmonary Disease) The resident has respiratory failure diagnosis with chronic SOB [shortness of breath]. The goal documented, Will be free of s/sx of respiratory infections through the review date. Interventions directed staff to, Give oxygen therapy as ordered by the physician. During observations conducted on 11/24/24 at 12:01 PM and 11/25/24 at 9:12 AM, revealed R140 was lying in bed with the head of bed elevated approximately 45 degrees. R140 was receiving oxygen via nasal cannula at 2.5 LPM, with tubing dated 11/22/24. During an observation on 11/25/24 at 2:40 PM, R140 was receiving oxygen at 1.5 LPM. During an interview with R140 on 11/24/24 at 12:01 PM, revealed she had been admitted to the facility less than a week ago following a hospital stay. R140 states once staff came to talk to her and got her settled in, they hooked her up to the oxygen machine, and that's the last she saw them check the machine. R140 stated she does not know how to maneuver the machine or the settings. During an interview with Registered Nurse (RN)1 on 11/25/24 at 2:44 PM, confirmed to be R140's nurse. RN1 states nurses and respiratory therapists are who check the residents who receive oxygen therapy. RN1 states if a resident requires oxygen, there's an order, located in the resident's EHR. Nurses are to check resident's oxygen machines and tanks, specifically checking to ensure proper rate every shift in the resident order. RN1 confirmed R140 is on oxygen at 2 LPM, via nasal cannula continuously, at all times. When R140 is out of bed, she is to use an oxygen tank, R140 has not been out of bed since admitted . RN1 confirmed the resident's oxygen tank was reading 1.5 LPM. RN1 asked R140 if she touched her oxygen tank and R140 replied no, she didn't know how. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Director of Nursing (DON) on 11/26/24 at 11:37 AM, revealed that it is not acceptable for residents not to receive the correct flow rate, especially when a resident is dependent on oxygen continuously. The DON revealed that she had been in her position for approximately 2 weeks, before her role she was the MDS Nurse. The DON stated her expectation is for all pertinent staff to follow Physician orders and for the residents to receive exactly what they are ordered, to have to prevent further decline in residents.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49918 Based on the facility policy, observations and interviews, the facility failed to ensure that drugs and biologicals were properly stored in 2 of 5 treatment/medication carts. Findings include: Review of the facility policy, copyright 2014, titled, Medication Storage in the Healthcare Centers documents, Medications and biological are stored safely, securely, and properly following manufacturer's recommendation or those of the supplier. The medication supply is accessible to licensed nursing personnel and pharmacy personnel. Respiratory Therapist may access medications used in the provision of respiratory services . 3. Nurses are required to check all medications for deterioration and expiration before administration. Nurses are also required to inspect medication storage facilities, including medication carts, routinely. Medication storage areas are to be kept clean, well-lit and free of clutter. Nursing staff who administer medications are responsible for the cleaning and organization of medication carts and storage. During an observation on [DATE] at 11:24 AM, of the Transitional Care Unit (TCU) Treatment Cart revealed the following: Border gauze labeled ,d+[DATE] [NAME] D3, opened and no longer sterile. Maxorb II Alginate wound Dressing 1x 12 rope 1x 12 in (2.5 x 30cm) Ref # MSC7312EP Lot (10) 83624057788 manufacturer Medline exp 2027 05 01, opened and no longer sterile. Swabcap Lot 5855906 Expired 2024 02 01. Maxorb II AG Alginate wound dressing w/ antibacterial silver 4x5 rectangle 4x5 in 910 x 12.5 cm) ref# MSC9945EP manufacturer Medline Expires 2027 05 01 LOT (10) 83624057803, opened and no longer sterile. During an interview on [DATE] at 11:30 AM, Registered Nurse (RN)1, for TCU & Continuing Care Unit (CCU), stated, Once a sterile item is open, we throw it away. During an observation on [DATE] at 11:31 AM, RN1 discarded open and expired items in trash on the medication cart. During an observation on [DATE] at 11:34 AM, of the Continuing Care Unit (CCU) Treatment Cart revealed the following: Curad plain packaging Strip sterile ,d+[DATE] in x 5 yd (1.27 cm x 4. 57m) Ref Non255125, Not labeled, seal broken and not dated. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Maxorb II AG Alginate wound dressing w/ antibacterial silver 8 x 12 rectangle 8 x12 (20 x 30cm) 1 sterile wound dressing Ref MSC 99812EP, opened and no longer sterile. Mesalt 5 x 5 cm/2 x 2 in Sterile manufacturer Molnlycke Lot 23048410, Expires 2025 12 28 Ref 285580, opened and no longer sterile. Maxorb II Alginate wound Dressing 1x 12 rope 1x 12 in (2.5 x 30cm) Ref # MSC7312EP manufacturer Medline Expires 2027 05 01 Lot (10) 83624057788, opened and no longer sterile. Medline Versatel One silicone wound contact layer Ref MSC184SEP , opened and no longer sterile. Hydrofera Blue Classic Antibacterial Foam Dressing Ref HB4414, open and no longer sterile, no label or date. During an interview on [DATE] at 11:51 AM, RN1 stated, each nurse is educated and responsible for their own dressing changes. During an observation on [DATE] at 11:51 AM, RN1 discarded open items in trash on the CCU treatment cart.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51857 Based on observation, interviews and review of the facility policy, the facility failed to ensure foods was labeled, stored, and discarded according to the expiration date, in 1 of 1 main kitchen. This failure had the potential to cause foodborne illnesses. Findings include: Review of the facility policy titled, Labeling and Dating of Foods dated 2020, documented All food items in the storeroom, refrigerator, and freezer need to be labeled and dated. Newly opened food items will need to be closed and labeled with an open date and used by the date that follows guidelines . (EXCEPTION: Milk is to be used by its stamped expiration date.) During an initial tour of the kitchen on [DATE] at 10:10 AM, the dry storage revealed the following: - 25 lb bag of brown rice with no open date and no label. - 40 oz bag of Seasoned Homestyle Croutons with no open date and no label. - 10 oz bag of Puff Marshmallow opened with no label. - 5 lb bag of Spaghetti noodles opened with no expiration. - ,d+[DATE] bag of Macaroni Noodles with no expiration. - Pioneer Country Cream Gravy with no expiration. - Instant Vanilla Pudding Pie with no expiration. The walk-in refrigerator revealed the following: - Square yellow cheese, approximately 15 slices opened with no expiration. - [NAME] mozzarella cheese, approximately 15 slices opened with no label. - Feathered Shredded Mild Cheese not labeled with no expiration. - 5 lb bag Roseli Grated Parmesan Cheese expired on [DATE]. The deep freezer revealed the following: - 30 lb box of [NAME] seasoned crisp delivery cut crinkle cut wedge potatoes expired on [DATE]. - Sausage link package opened with no label. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Spinach bag opened with no label. Shelf items revealed the following: - Wheat bread dinner rolls expired on [DATE]. - 10 loaves of bread expired on [DATE]. - 1 loaf white bread expired on [DATE]. - 1 - 16 pack hot dog buns expired on [DATE]. All items were removed and discarded on [DATE], by the Lead Cook. During an interview on [DATE] at 5:00 PM, the Lead [NAME] revealed her role in storing and labeling, is to date everything properly, label items, and discard them. The Lead [NAME] states there is no possible way to determine when an item was opened. The Lead [NAME] further stated she looks daily through storage items to ensure they are labeled and dated. Her expectations of others as well as herself are to check items daily. During an interview on [DATE] at 5:01 PM, the Regional Dietician (RD) revealed when deliveries are received the date of delivery is labeled on each item and stored properly. Monthly walkthroughs are conducted to ensure food items are labeled and dated. Staff reports to Kitchen Manager (KM) for a summary of improperly labeled items. The RD's expectation is to monitor food storage areas closely. The facility typically does not maintain a high volume of food so it's unusual that they have expired foods. During an interview on [DATE] at 5:19 PM, the KM revealed she usually knows the expiration dates of the food items. She states that food items are dated per the delivery date and Dry Goods Storage Guidelines. Items that are already prepared have 48 - 72 hours to be used. The KM's expectation is to ensure everything is dated, they use First In, First Out method.

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48834 Based on observations, interviews, record review and review of facility policy, (1) the facility failed to ensure that proper infection control measures were taken regarding aerosol drainage bags for Resident (R)62 and R68, for 2 of 5 residents reviewed. Furthermore, (2) the facility failed to properly clean and disinfect blood glucose metered device, that was shared with multiple residents, R388, R45, and R340, for 3 of 5 residents revealed. On 11/25/24 at 8:19 AM, the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations has caused or was likely to cause serious injury, serious harm, serious impairment, or death. On 12/16/24, the facility was notified that the failure to properly clean and disinfect a multi-use glucometer, between residents constituted Immediate Jeopardy (IJ) at F880. On 12/16/24 at 5:48 PM, the survey team provided the Director of Nursing (DON) with a copy of the CMS IJ Template, informing the facility IJ existed as of 11/25/24. The IJ was related to S483.80 Infection Control. On 12/16/24 the facility provided an acceptable IJ Removal Plan. On 12/16/24 the survey team validated the facility's corrective actions and removed the IJ. The facility remained out of compliance at F880 at a lower scope and severity of D. Findings include: (1) Review of the facility's policy titled Infection Control Prevention and Control Program dated September 2021, indicated, The goal of the Infection Control Program are to: a. decrease the risk of infection to residents and personnel, b. recognize infection control practices while providing care, c. identify and correct problems relating to infection control practices . Review of R62's Face Sheet revealed R62 was admitted to the facility with diagnoses including but not limited to, chronic respiratory failure. Review of R62's Physician Order revealed, Change aerosol components every Friday day shift and PRN (Corrugated tubing/Drain Bag/Trach Mask), and Continuous cool mist aerosol therapy via trach collar for humidity. Review of R62's Care Plan revealed, Tracheostomy r/t respiratory failure and secretions r/t ICH. Review of R68's Face Sheet revealed R68 was admitted to the facility with diagnoses including but not limited to: acute respiratory failure with hypoxia, acute respiratory failure with hypercapnia, centrilobular emphysema, and tracheostomy status. Review of R68's Physician Orders revealed, Change aerosol components every Friday day shift and PRN (Corrugated tubing/Drain Bag/Trach Mask) and Continuous cool mist aerosol therapy via trach collar for humidity. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R68's Care Plan revealed, acute respiratory failure and tracheostomy with secretions and suctioning - has history of malignant neoplasm of larynx with acquired absence of larynx - oropharyngeal cancer. During multiple observations on 11/24/24 at 10:50 AM, 11/25/24 at 8:30 AM, and 11/26/24 at 8:42 AM, revealed R68's aerosol drainage bag on the bedroom floor. During multiple observations on 11/24/24 at 8:48 AM and 11/25/24 at 8:44 AM, revealed R62's aerosol drainage bag present on the bedroom floor. During an interview on 11/26/24 at approximately 11:38 AM, the Director of Nursing (DON) stated that the drainage bags shouldn't have been on the floor due to infection control. 49918 (2) Review of the facility's policy titled, Glucometer, Cleaning and Decontamination of revised on 12/2009, revealed, It is the policy of this facility to follow recommendation from the CDC. The CDC states that HBV can survive for at least one week in dried blood on environmental surfaces or on contaminated instruments. The following recommendations provide guidance for cleaning and decontamination of glucometers that may be contaminated with blood and body fluids. Procedures: 1. Clean after each use. 2. Disinfect after each use the exterior surfaces following the manufacturer's directions using a cloth/wipe with either an EPA-registered detergent/germicide with a tuberculocidal or HBV/HIV label claim, or a dilute bleach solution of 1:10 (one part bleach to 9 Parts water) to 1:100 concentration. Review of the True Metrix Pro Manufacture recommendation revealed, We recommend using only one meter per patient. Cleaning removes blood and soil from the meter. Disinfecting removes most, but not all possible infectious agents (bacteria or virus) from the meter, including blood-borne pathogens. Clean and disinfect immediately after getting any blood on the meter or if the meter is dirty. Meter should be cleaned and disinfected between patients. Clean and disinfect the meter before allowing anyone else to handle it. Review of R45's Face Sheet revealed (R)45 was admitted to the facility on [DATE], with diagnoses including but not limited to: Parkinsonism, Unspecified, Type 2 Diabetes Mellitus with Diabetic Polyneuropathy, Chronic Systolic (Congestive) Heart Failure. Review of R45's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/03/24, revealed R45 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating R45 had moderate cognitive impairment. Review of R45's Care Plan with a start date of 06/28/21 documented, Has Type 2 Diabetes Mellitus. Further review of the Care Plan revealed the following approach, Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Review of R45's Physician Orders dated 06/24/24, revealed the following order, Finger Stick Blood Sugar (FSBS) two times a day. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R45's Progress Note dated 11/08/24 at 11:43 AM, revealed, Blood Glucose is being Monitored BS 127.0 - 11/18/2023 08:25 blood glucose level at baseline, well controlled Teachings/Education was not provided regarding Blood Glucose levels. Vital Signs do not show any fluctuations from baseline that require intervention(s). Other observations and interventions include FSBS, and insulin administration as ordered. Resident has a medical dx of TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY. Resident displays no s/s of hypo/hyperglycemia. Review of R340's Face Sheet revealed (R) 340 was admitted on [DATE], with a diagnosis including but not limited to: Acute Respiratory Failure with Hypoxia, Type 2 Diabetes Mellitus with Other Diabetic Kidney Complication, Chronic Kidney Disease, Stage 3B. Review of R340's Admission MDS with an ARD of 11/20/24, revealed R340 had a BIMS score of 15 out of 15, indicating no cognitive impairment. Review of R340's Care Plan with a start date of 11/20/24 documented, Has Diabetes Mellitus. Further review of the Care Plan revealed the following approach, Fasting Serum Blood Sugar as ordered by doctor. Review of R340's Physician Orders dated 12/11/24, revealed the following order Check FSBS BID two times a day. Review of R388's Face Sheet revealed R388 was admitted to the facility on [DATE], with diagnoses including but not limited to: Chronic Obstructive Pulmonary Disease, Unspecified, End Stage Renal Disease, Dependence on Renal Dialysis. Review of R388's Admission MDS with an ARD of 11/20/24, revealed R388 had a BIMS score of 15 out of 15, indicating no cognitive impairment. Review of R388's Care Plan with a start date of 11/20/24, documented, [resident] has type 2 diabetes with moderate nonproliferative diabetic retinopathy of both eyes/double vision and long-term use of insulin. Further review of the Care Plan revealed the following approach, Fasting Serum Blood Sugar as ordered by doctor. Review of R388's Physician Orders dated 11/18/24 revealed the following order, Check FSBS BID two times a day. Review of R388's Physician Orders dated 11/19/24 revealed the following order, ENHANCED BARRIER PRECAUTIONS: PPE required for high resident contact care activities. Indication: wounds, indwelling medical device. every shift. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R388's Progress Note dated 11/19/24 revealed, Diagnosis or Condition(s) being monitored: Chronic Obstructive Pulmonary Disease, Unspecified, Acquired Absence of Left Leg Above the knee, Chronic Respiratory, Failure with Hypoxia, Heart Failure, unspecified, End stage renal Disease, Type 2 Diabetes Mellitus with moderate Non-proliferative Diabetic Retinopathy without Macular Edema, Bilateral, Essential (PRIMARY) Hypertension, Morbid (SEVERE) Obesity Due To Excess Calories Vital Signs: BP 126/58 - 11/19/2024 20:03 Position: T 97.4 - 11/19/2024 20:03 Route: Temporal Artery P 67 -11/19/2024 20:03 Pulse Type: Regular R 18.0 - 11/19/2024 20:03O2 95.0 % - 11/19/2024 20:03 Method: Room Air Pain: No Pnl 0 - 11/19/2024 21:55 Pain scale: Numerical Blood Glucose is being Monitored BS 112.0 - 11/19/2024 16:53 blood glucose level at baseline, well controlled Teachings/Education was not provided regarding Blood Glucose levels. Vital Signs do not show any fluctuations from baseline that require intervention(s) Other observations and interventions include Fasting blood glucose checks and insulin as ordered. No signs or symptoms of hypo/hyperglycemia. During an observation on 11/25/24 at 8:21 AM, Licensed Practical Nurse (LPN)1 did not place a barrier on the mayo stand prior to placing the glucometer down. LPN1 did not sanitize hands after obtaining glucometer levels prior to touching the medication cart. During an interview on 11/25/24 at 8:28 AM, LPN1 stated, I don't know what the policy says. During an observation on 11/25/24 at 3:04 PM, LPN4 wiped off a glucometer machine with an alcohol wipe and then inserted a glucometer strip. During an interview on 11/25/24 at 3:06 PM, LPN4 stated, I am unsure I will go ask someone about the policy. During an interview on 11/25/24 at 3:08 PM, LPN4 stated, We clean glucometers with MicroWipes, let sit 3 min, use barrier, afterwards clean with barrier and let sit for 3 min. LPN4 stated, she spoke with LPN1. During an observation on 11/25/24 at 3:30 PM, RN2 removed the glucometer machine from inside of the medication cart and placed it on top of the medication cart. During an interview on 11/25/24 at 3:30 PM, RN2 stated, This glucometer machine was cleaned already. After cleaning the glucometer machine, RN2 placed the glucometer on top of the medication cart again. RN2 did not sit the glucometer in microwipe for 3 minutes. During an interview on 11/25/24 at 3:41 PM, the DON stated, They clean in between each resident using the proper solution and clean workstation and use a barrier to prevent spills if necessary. During an interview on 12/16/24 at 5:10 PM, the DON stated, The glucose meter must be cleaned in between, before and after resident use. During an interview on 12/16/24 at 5:12 PM, the Administrator stated, We continue to do in-services as needed. Clean in between residents before and after the procedures with the proper sanitary materials. On 12/16/24 the facility provided an acceptable IJ Removal Plan, which included the following: (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1. Corrective Action accomplished for those residents found to be affected by the alleged deficient practice. *Resident sample numbers #388, #45, #340 the licensed nurses on staff at that time on 11/22/24 were immediately in-serviced once notified by surveyor to prevent future occurrences, glocometer cleaned and disinfected, notifications of incident made to Medical Director and Nurse Practitioner with no new orders. 2. Identify other residents who have the potential to be affected by the same deficient practice. A. All residents that require glucose monitoring by glucometer have the potential to be affected. 3. Measures/Systemic changes put in place to ensure the deficient practice does not reoccur. A. Inservice initiated with all licensed nurses beginning on 11/25/24 and completed prior to the nurses next scheduled shift by the Director of Nursing and/or clinical supervisors, staff were educated on equipment cleaning of the glucometer devices to include cleaning and disinfecting before and after each resident's use. Staff educated to clean with an EPA disinfectant for the wet time that is indicated by manufacturer guidelines that is effective against blood borne pathogens that meet OSHA's standards. Licensed nurses educated on utilizing a barrier between the glucometer device and in contact with surface areas to prevent cross contamination and the prevention of the spread of blood borne pathogens. B. Staff education reinforced on 12/12/24 at the Annual Skills Fair. C. All licensed nurses will be educated on the glucometer policy upon hire and during new hire orientation. 4. Monitoring of corrective action to ensure the deficient practice will not reoccur. A. The clinical nursing supervisors will complete audits 5 times a week x 1 week, 3 times a week x 2 weeks, and 2 times a week x 1 week and weekly thereafter x 2 months to ensure that all staff remain in compliance with infection control procedure for glucometer cleaning and disinfecting of blood glucose devices. B. ADHOC QAPI meeting held on 11/29/2024 to discuss alleged deficiencies and implementation of POC. C. Findings of the audit will be reported to the Administrator and Director of Nursing for compliance review. D. Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy. E. A report of findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance Committee consisting of Director of Nursing, Medical Director, Administrator, Pharmacy Consultant x 3 months to review the need for continued intervention or amendment of and disposed of in accordance with the facility policies and procedures. (continued on next page)

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