

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2024
NAME OF PROVIDER OR SUPPLIER  Woodbury Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  119 West High Street Woodbury, TN 37190	
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 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>46831</p> <p>Based on facility policy review, temperature log review, facility documentation review, observation, and interview, the facility failed to minimize the potential for foodborne illness transmission by not properly cleaning and sanitizing the inner components of the ice machine for residents in the facility which could affect all residents that receive ice. The facility failed to ensure food was stored, prepared, and served under sanitary conditions as evidenced by undated food items which could affect all residents that receive a meal tray. The facility also failed to maintain 9 of 11 refrigerators located in the resident rooms in proper working order to prevent potential cross-contamination to stored food and failed to keep a temperature log and a thermometer for all personal refrigerators on the 200 Hall.</p> <p>The findings include:</p> <p>Review of the undated facility policy titled, Food Receiving and Storage, revealed .All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date) .All food and beverages belonging to residents must be labeled with the resident ' s name, the item and the use by date .Refrigerators must have working thermometers and be monitored for temperature according to state-specific guidelines .Other opened containers must be dated and sealed or covered during storage .</p> <p>Review of the undated instructions titled, Cleaning/Sanitizing Instructions for Ice Machine, revealed .Clean Bin When Required. It is suggested that bin cleaning/sanitizing be performed at least two times per year, preferably when cleaning/sanitizing the ice machine .</p> <p>Review of the undated guide titled, How to Clean a [named] Ice Machine, revealed .you should regularly clean your ice machine every six months .</p> <p>Review of the facility policy titled, Ice Machines and Ice Storage Chest, revised 1/2012, revealed .Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice .Our facility has established procedures for cleaning and disinfecting ice machines and ice storage chests which adhere to the manufacturer's instructions .</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the policy titled Refrigerator and Freezers dated December 2014, revealed, .This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines .Acceptable temperatures ranges are 41 degrees F or below for refrigerators .The supervisor will take immediate action if temperatures are out of range. Actions necessary to correct temperatures will be recorded on the tracking sheet, including the repair personnel and/or department contacted .will report any issues to Maintenance for repairs. Necessary repairs will be initiated immediately .</p> <p>Observation in the Kitchen on 8/18/2024 at 9:25 A.M., revealed the following undated foods:</p> <p>Walk-in-Cooler:</p> <p>1-bag of undated darkened lettuce</p> <p>1-bad of opened and undated onions</p> <p>1-1/2 case of opened and undated thickened milk</p> <p>Walk-in-Freezer:</p> <p>1-opened and undated box of ravioli.</p> <p>1-opened and undated bag of waffles.</p> <p>Observations in the nourishment room A, B, and C starting at 10:22 AM, revealed the following undated foods:</p> <p>A Hall Nourishment Room Refrigerator:</p> <p>1-opened and undated Gatorade</p> <p>1-opened and undated container of chicken/vegetable pie (lid was off the pot pie)</p> <p>B Hall Nourishment Room Refrigerator:</p> <p>1-undated bowl of beans</p> <p>1-opened and undated bag of onion rings</p> <p>1-opened and undated grilled cheese</p> <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>	<p>Observation of the B Hall nourishment room on 11/18/2024 at 10:35 AM with the Dietary Manager (DM), revealed the ice machine on the B Hall had dark orange stains and dark debris on the inside cover panel and top of the machine with dark specks in the ice. The food observed in the nourishment room refrigerator was undated and uncovered. After the observation, the DM was asked who was responsible for cleaning and providing maintenance to the ice machine and were there any other ice machines in the building. The DM stated that maintenance was responsible for cleaning and providing maintenance to the ice machine. She then stated the B Hall ice machine is 1 of 2 ice machine in the building, with the other one being in the kitchen. Continued interview revealed the DM stated the food in the nourishment room refrigerator should have been dated and covered.</p> <p>Observation on 11/18/2024 at 10:40 AM revealed, the DON observed dark orange stains and dark debris inside the ice machine. She also observed dark specks in the ice. The DON then stated the dark orange stains, and the dark debris should not be in the ice machine, nor should dark specks be on the ice.</p> <p>Observation and interview on 11/18/2024 at 3:47 PM, revealed the ice scoop storage container had white debris on the inside of the container. The Administrator was asked to look inside the ice scoop container. He stated, Oh my. That [the ice scoop container] should not look like that. The Administrator was then asked if he expected staff to notify maintenance if there was an issue with the ice machine. The Administrator stated, Yes. I expect the staff to notify the Maintenance Director when the ice machine needs to be cleaned or if there are any mechanical issues.</p> <p>During an interview on 11/22/2024 at 3:30 PM revealed, the Maintenance Director (MD) stated that he was responsible for the cleaning and maintenance of the ice machine every 3 months but depended on the facility's staff to notify him if anything went wrong with the ice machine. When asked if he had been notified of the dark orange and dark debris in the ice machine, the MD stated he had not been notified about the ice machine needing to be cleaned before Monday (11/18/2024) of the state survey. The MD then stated he used TELS to track the servicing for the ice machine. Continued interview revealed the MD had not serviced the ice machine.</p> <p>Observation on the 200 Hall on 11/20/24 at 04:13 PM, revealed the resident's Room Refrigerator Temp Logs had multiple temps documented higher than 41 degrees with no temperature rechecks.</p> <p>During an interview on 11/20/2024 at 5:18 PM, CNA B was asked what she would do if the refrigerator temperature was found at 45 degrees. CNA B stated that the refrigerator temperature should be less than 41 degrees.</p> <p>During an interview on 11/21/2024 at 9:30 AM, Housekeeper N was asked what the normal temp should be. Housekeeper N stated it should be 36-41 degree and if it was not within range, she would adjust temp and then recheck the temperature.</p> <p>During an interview on 11/21/2024 at 9:35 AM, the Housekeeper U was asked the normal temp range for the refrigerators. Housekeeper U stated the range was 35-40 degrees and if the refrigerator was out of range she would report it to supervisor.</p> <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>	<p>During an interview on 11/21/2024 at 9:40 AM, the Dietary Manager was asked whether they check temperatures on the hall. The Housekeeping supervisor stated the kitchen staff checked the Nourishment Rooms on A B and C halls, and the range should be between 35-41 degrees. She was asked what has to be done when the refrigerator is out of range, they will take all of the items out of the refrigerator and if by adjusting the refrigerator the temp does not return to normal range, the maintenance department should be contacted by either TELS or letting Maintenance Director know personally.</p> <p>During an interview on 11/21/2024 at 10:00 AM Housekeeper P stated during her rounds she writes the temperatures down and then adds the temps to the book once she has completed her initial round. She was aware temps should range from 35-41 and if they are incorrect then she will adjust the temp and recheck. If there are problems that continue, then she tells the Maintenance Director.</p> <p>Review of the October 2024 personal Refrigerator Temperature Log sheets in Resident #77's room revealed:</p> <ul style="list-style-type: none"> <li>a. No temperature documented on 10/15/2024.</li> <li>b. 44 degrees F on 10/30/2024 with no recheck Temp.</li> <li>c. 42 degrees F on 10/31/2024 with no recheck Temp.</li> </ul> <p>Review of the October 2024 personal Refrigerator Temperature Log sheets in Resident #65's room revealed:</p> <ul style="list-style-type: none"> <li>a. No temperature documented on 10/1/2024.</li> <li>b. 60 degrees F on 10/3/2024 with no recheck Temp.</li> <li>c. 43 degrees F on 10/6/2024 with no recheck Temp.</li> <li>d. 43 degrees F on 10/7/2024 with no recheck Temp.</li> <li>e. 46 degrees F on 10/8/2024 with no recheck Temp.</li> <li>f. 42 degrees F on 10/19/2024 with no recheck Temp.</li> <li>g. 43 degrees F on 10/24/2024 with no recheck Temp.</li> <li>h. 42 degrees F on 10/29/2024 with no recheck Temp.</li> <li>i. 42 degrees F on 10/31/2024 with no recheck Temp.</li> </ul> <p>Review of the October 2024 personal Refrigerator Temperature Log sheets in Resident #4's room revealed:</p> <ul style="list-style-type: none"> <li>a. No temperature documented on 10/1/2024.</li> <li>b. No temperature documented on 10/25/2024.</li> </ul> <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>	<p>70 degrees F on 10/3/2024 with recheck at 60 degrees. There was no documentation that maintenance was contacted.</p> <p>50 degrees F on 10/4/2024 with no recheck Temp.</p> <p>45 degrees F on 10/5/2024 with no recheck Temp.</p> <p>45 degrees F on 10/6/2024 with no recheck Temp.</p> <p>45 degrees F on 10/7/2024 with no recheck Temp.</p> <p>48 degrees F on 10/8/2024 with no recheck Temp.</p> <p>44 degrees F on 10/11/2024 with no recheck Temp.</p> <p>44 degrees F on 10/13/2024 with no recheck Temp.</p> <p>44 degrees F on 10/14/2024 with no recheck Temp.</p> <p>49 degrees F on 10/17/2024 with no recheck Temp.</p> <p>44 degrees F on 10/19/2024 with no recheck Temp.</p> <p>46 degrees F on 10/20/2024 with no recheck Temp.</p> <p>48 degrees F on 10/21/2024 with no recheck Temp.</p> <p>44 degrees F on 10/22/2024 with no recheck Temp.</p> <p>48 degrees F on 10/23/2024 with no recheck Temp.</p> <p>No temperature documented on 10/25/2024.</p> <p>55 degrees F on 10/26/2024 with no recheck Temp.</p> <p>No temperature documented on 10/27/2024.</p> <p>No temperature documented on 10/28/2024.</p> <p>66 degrees F on 10/30/2024 with no recheck Temp.</p> <p>48 degrees F on 10/31/2024 with no recheck Temp.</p> <p>Review of the October 2024 personal Refrigerator Temperature Log sheets in Resident #9's room revealed:</p> <p>No temperature documented on 10/1/2024.</p> <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>	<p>50 degrees F on 10/3/2024 with no recheck Temp.</p> <p>46 degrees F on 10/8/2024 with no recheck Temp.</p> <p>43 degrees F on 10/24/2024 with no recheck Temp.</p> <p>No temperature documented on 10/25/2024.</p> <p>No temperature documented on 10/27/2024.</p> <p>No temperature documented on 10/28/2024.</p> <p>Review of the October 2024 personal Refrigerator Temperature Log sheets in Resident #56's room revealed:</p> <p>No temperature documented on 10/1/2024.</p> <p>43 degrees F on 10/24/2024 with no recheck Temp.</p> <p>No temperature documented on 10/25/2024.</p> <p>No temperature documented on 10/27/2024.</p> <p>No temperature documented on 10/28/2024.</p> <p>Review of the October 2024 personal Refrigerator Temperature Log sheets in Resident #80's room revealed:</p> <p>No temperature documented on 10/1/2024.</p> <p>50 degrees F on 10/3/2024 with no recheck Temp.</p> <p>45 degrees F on 10/5/2025 with no recheck Temp.</p> <p>45 degrees F on 10/6/2024 with no recheck Temp.</p> <p>45 degrees F on 10/7/2024 with no recheck Temp.</p> <p>46 degrees F on 10/8/2024 with no recheck Temp.</p> <p>45 degrees F on 10/9/2024 with no recheck Temp.</p> <p>45 degrees F on 10/10/2024 with no recheck Temp.</p> <p>42 degrees F on 10/11/2024 with no recheck Temp.</p> <p>45 degrees F on 10/12/2024 with no recheck Temp.</p> <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>	<p>48 degrees F on 11/7/2024 with no recheck Temp.</p> <p>46 degrees F on 11/8/2024 with no recheck Temp.</p> <p>48 degrees F on 11/9/2024 with no recheck Temp.</p> <p>44 degrees F on 11/10/2024 with no recheck Temp.</p> <p>42 degrees F on 11/15/2024 with no recheck Temp.</p> <p>42 degrees F on 11/18/2024 with no recheck Temp.</p> <p>Review of the November 2024 personal Refrigerator Temperature Log sheets in Resident #9's room revealed:</p> <p>42 degrees F on 11/8/2024 with no recheck Temp.</p> <p>Review of the November 2024 personal Refrigerator Temperature Log sheets in Resident #56's room revealed:</p> <p>42 degrees F on 11/5/2024 with no recheck Temp.</p> <p>44 degrees F on 11/6/2024 with no recheck Temp.</p> <p>42 degrees F on 11/10/2024 with no recheck Temp.</p> <p>42 degrees F on 11/11/2024 with no recheck Temp.</p> <p>Review of the November 2024 personal Refrigerator Temperature Log sheets in Resident #80's room revealed:</p> <p>48 degrees F on 11/1/2024 with no recheck Temp.</p> <p>50 degrees F on 11/2/2024 with no recheck Temp.</p> <p>42 degrees F on 11/3/2024 with no recheck Temp.</p> <p>46 degrees F on 11/4/2024 with no recheck Temp.</p> <p>42 degrees F on 11/6/2024 with no recheck Temp.</p> <p>72 degrees F on 11/12/2024 with recheck Temp at 42 degrees. There was no documentation that maintenance was notified.</p> <p>42 degrees F on 11/13/2024 with no recheck Temp.</p> <p>Review of the November 2024 personal Refrigerator Temperature Log sheets in Resident #76's room revealed:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Woodbury Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  119 West High Street Woodbury, TN 37190	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>46 degrees F on 11/2/2024 with no recheck Temp.</p> <p>46 degrees F on 11/7/2024 with no recheck Temp.</p> <p>42 degrees F on 11/12/2024 with no recheck Temp.</p> <p>52 degrees F on 11/13/2024 with no recheck Temp.</p> <p>48 degrees F on 11/14/2024 with no recheck Temp.</p> <p>42 degrees F on 11/15/2024 with no recheck Temp.</p> <p>42 degrees F on 11/16/2024 with no recheck Temp.</p> <p>42 degrees F on 11/17/2024 with no recheck Temp.</p> <p>Continued review of the November 2024 Refrigerator Log revealed, .Acceptable Temp: 35-41 DEGREES F . Adjust thermostat if temperature is not within the acceptable range. Recheck in 30 minutes. Notify maintenance if temperature remains out of range or is &lt; or &gt; 5 degrees out of range .See Temp &amp; Adjust as needed .</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>46831</p> <p>Based on facility policy review, Quarterly Payroll Based Journal (PBJ) review, and interview the facility failed to report accurate documentation for PBJ for Quarter 1 2024 (October 1 - December 31) and Quarter 2 2024 (January 1 - March 31).</p> <p>The findings include:</p> <p>The facility did not provide a copy of the Staffing Policy.</p> <p>Review of the Quarterly PBJ dated 10/1/2023 - 12/31/2023 revealed, .One Star Staffing Rating .Triggered . Triggered=[equals] Star Staffing Rating Equals 1 .</p> <p>Review of the Quarterly PBJ dated 1/1/2024 - 3/31/2024 revealed, .One Star Staffing Rating .Triggered . Triggered=[equals] Star Staffing Rating Equals 1 .</p> <p>During an interview on 11/20/2024 at 1:10 PM, the Director of Nursing (DON) was asked if the facility had been low on staff. The DON stated, Not really, we use agency. When asked if the agency staff would have been included in the report for PBJ, the DON stated, .They were not included for a while, but we include them now .</p> <p>During an interview on 11/22/2024 at 3:45 PM, the Administrator confirmed the facility submitted inaccurate and incomplete PBJ data by the required deadline for the first and second quarters of 2024.</p> <p>During an interview on 11/25/2024 at 10:30 AM, the Human Resource (HR) Director stated she put in the PBJ and should include agency staff, as well as anyone who the facility paid. When asked if there were any issues from October 2023 through March 2024, the HR Director stated, .Absolutely .There were inconsistencies during that time .we did have people working but it did not pull over .I was not looking at this area, but I will be looking at it now . When asked if she was notified when something was wrong with PBJ, the HR Director stated she was notified when something was wrong in PBJ.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46831</b></p> <p>Based on facility policy review, observation, interview, and Center for Disease Control (CDC) recommendations, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to limit interactions with other residents when 1 (Resident #50) of 2 residents reviewed on contact precautions was allowed to interact outside of her room with other residents. The facility failed to properly clean a multi-use glucometer prior to and after use for 1 (Resident #286) of 19 residents that received finger-stick blood glucose monitoring. The facility failed to properly use sterile technique for 1 (Resident #77) of 2 residents with Tracheostomy care while suctioning. The facility failed to immediately implement Contact Isolation precautions for 1 (Resident #77) of 1 resident that had a positive urine screen for Extended-spectrum Beta-lactamases (ESBL) and Methicillin-resistant Staphylococcus aureus (MRSA).</p> <p>The findings included:</p> <p>Review of the facility policy titled Multidrug-Resistant Organisms [MDRO], dated August 2019, revealed, . . . Appropriate precautions are taken when caring for individuals known or suspected to have infection with a multidrug resistant organism .Make MDRO prevention/control an organizational priority .Isolation .Follow Standard Precautions in all situations .when cohorting residents with the same MDRO is not possible, place MDRO resident in rooms with residents who are at low risk for acquisition of MDRO's and associated adverse outcomes from infection and are likely to have short lengths of stay .Use of Contact Precautions . Implement Contact Precautions routinely for all residents colonized or infected with a target MDRO .</p> <p>Review of the facility policy titled Obtaining a Fingertick Glucose Level dated October 2011, revealed, .The purpose of this procedure is to obtain a blood sample to determine the resident's blood glucose level . Equipment and Supplies .The following equipment and supplies will be necessary .disinfected blood glucose meter .place the equipment on the bedside stand or overbed table .Always ensure that blood glucose meters intended for re-use are cleaned and disinfected between resident uses .Discard the first drop of blood if alcohol is used to clean the fingertips because alcohol may alter the results .wipe the fingertip with a cotton ball to seal the puncture site .Clean and disinfect reusable equipment between uses .</p> <p>Review of the facility policy titled, Medication Administration dated 3/16/2015, revealed .Procedures .Follow safe preparation practices .Prepare medications immediately prior to administration .When preparing potent medications in liquid form or those requiring precise measurement, use only device provided by the manufacturer or obtained from the provider pharmacy .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the CDC Recommendations for Contact Isolation dated 4/3/2024 revealed, .Use Contact Precautions for patients with suspected or known infections that represent an increased risk for contact transmission .In long-term and other residential settings, make room placement decisions balancing risks to other patients .Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE [Personal Protective Equipment] upon room entry and properly discarding before exiting the patient room is done to contain pathogens .Limit transport and movement of patients outside of the room to medically necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions. [NAME] clean PPE to handle the patient at the transport location .Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient .Prioritize cleaning and disinfection of the rooms of patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another patient if outpatient setting) focusing on frequently-touched surfaces and equipment in the immediate vicinity of the patient .</p> <p>Review of the Job Description titled Infection Preventionist dated 1/1/2019, revealed the General Purpose was to, .Supervise and coordinate the multiple facets of the Infection Control Program. Assure a high quality of resident care by: Eliminating infection risks to residents and personnel through surveillance of multiple activities and practices. Teaching information pertinent to infection control and isolation to all involved associates. Implementing monitoring and surveillance programs in an effort to identify and reduce infection hazards in the facility .act as liaison with the local health department in reporting infectious disease .Train facility personnel to complete infection Surveillance Reports .</p> <p>Review of the medical record revealed Resident #50 was admitted to the facility on [DATE] with diagnoses which included Paroxysmal Atrial Fibrillation, Pressure-Induced Deep Tissue Damage of Left Heel, and Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] for Resident #50, revealed a Brief Minimum Data Set (BIMS) score of 4 which indicated severe cognitive impairment.</p> <p>Review of the undated Comprehensive Care Plan for Resident #50 revealed, .The resident has an ADL self-care performance deficit r/t [related to] Dementia, Impaired balance, Limited Mobility, Stroke .The resident has a Urinary Tract Infection .The resident has bowel and bladder incontinence r/t Dementia, History of UTI, impaired Mobility .</p> <p>Observation on 11/18/2024 at 11:15 AM, revealed Resident #50's room with an isolation sign that read Contact Precautions and a caddy on the door with isolation PPE (Personal Protective Equipment). Resident #50, who was on contact precautions, was not in the room.</p> <p>Observation on 11/18/2024 at 11:47 AM, revealed Resident #50 in the dining room sitting at a table with 5 other residents within touching distance.</p> <p>Observation on 11/18/2024 at 3:30 PM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 11/19/2024 at 10:35 AM in Resident #50's room, revealed red and yellow barrels noted up against the bed covers.</p> <p>Observation on 11/19/2024 at 11:00 AM, revealed Resident #50 in a common area sitting in a wheelchair close to other residents.</p> <p>Observation on 11/19/2024 at 11:45 AM in Resident #50's room, revealed red and yellow barrels noted up against the bed covers.</p> <p>Observation in Resident #50's room on 11/19/2024 at 12:15 PM, revealed red and yellow barrels noted up against the bed covers.</p> <p>Observation on 11/19/2024 at 12:43 PM, revealed Resident #50 in a common area sitting in a wheelchair close to other residents.</p> <p>Observation on 11/19/2024 at 3:05 PM, revealed Resident #50 in a common area sitting in a wheelchair close to other residents.</p> <p>Observation on 11/19/2024 at 4:17 PM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>Observation on 11/19/2024 at 5:45 PM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>Observation on 11/20/2024 at 9:10 AM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>Observation on 11/20/2024 at 11:06 AM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>Observation on 11/20/2024 at 12:27 PM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>Observation on 11/20/2024 at 2:27 PM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>Observation on 11/20/2024 at 4:18 PM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>Observation on 11/20/2024 at 5:42 PM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>Observation on 11/21/2024 at 9:03 AM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 11/21/2024 at 9:35 AM, CNA (Certified Nursing Assistant) T stated Resident #50 had a UTI and was on contact isolation. When asked if Resident #50 should be out of her room while on contact isolation, CNA T dropped her head and stated, No. I don't guess she should be. CNA T was then asked if the ESBL was contained. CNA T stated, I'm not sure but I will find out. Continued interview revealed CNA T came to the surveyor and stated, I found out .The only way it [ESBL] can be contained is with a catheter.</p> <p>During an interview on 11/21/2024 at 9:50 AM, LPN (Licensed Practical Nurse) G stated was asked if she had any residents that required isolation for ESBL and E-coli in her urine. When asked if Resident #50 should be out of her room on contact isolation, LPN G stated She is on contact precautions and not contact isolation. LPN G was then asked was there a difference between contact precautions and contact isolation and she stated, .if she was on contact isolation, she would not be able to come out of the room . Continued interview revealed LPN G was asked if the ESBL and Ecoli was contained. She stated, Yes .she picks at her skin but does not put her hands down her brief.</p> <p>Observation on 11/21/2024 at 10:37 AM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>Observation on 11/21/2024 at 12:52 PM, revealed Resident #50 in a common area, sitting in a wheelchair close to other residents.</p> <p>During a telephone interview on 11/21/2024 at 2:18 PM, the Medical Director (MD) was asked his expectations for a resident on contact isolation for ESBL and E. coli in the urine. The MD stated, .If the patient is alone, it would be okay .but if they are with other residents, it is not the best thing to do .this would put the geriatric population and immunocompromised residents at risk .if the patient had to be out of the room, it should have been at the end of the hallway . The MD was then asked if he had been notified of the redness to both of Resident #50's eyes, especially the right eye. The MD stated, I don't recall whether I have been called about it .If she has red eyes, since she has ESBL/E. coli in her urine .I should be notified.</p> <p>During an interview on 11/21/2024 at 3:30 PM, the Infection Preventionist (IP) was asked if staff had been educated on contact isolation. She stated Yes. The IP was then asked if there was a difference between contact precautions and contact isolation. The IP looked at the DON, who then stated there was no difference. The IP was then asked if a resident on contact isolation should be kept in their room. The IP did not respond. She looked over at the DON (Director of Nursing) and the DON stated, If you are talking about [named Resident #50], she is a different case .we can't make her stay in her room .[named Resident #50] thrives on being out with everyone else .she [Resident #50] has a routine. When asked if any other resident was on contact isolation, would they be required to stay in their room. The IP did not answer but the DON stated Yes.</p> <p>Review of medical records revealed Resident #286 was admitted to the facility on [DATE] with diagnoses which included Type 2 Diabetes Mellitus without complications, Atherosclerotic Heart Disease with unstable Angina Pectoris, and Hypertensive Heart and Chronic Kidney Disease.</p> <p>Review of the Baseline Care Plan dated 11/15/2024, revealed Resident #286 had non-insulin dependent Diabetes Mellitus.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the 5-day MDS dated [DATE], revealed Resident #286 had a BIMS score of 15, which indicated no cognitive impairment.</p> <p>Review of November 2024 Order Recap Report revealed Resident #286 had an order for 11/18/2024 to monitor blood glucose before meals and at bedtime related to Type 2 Diabetes Mellitus for 3 days.</p> <p>Observation on 11/19/2024 at 4:10 PM, revealed LPN A obtained a blood glucose reading on Resident #286. LPN A did not properly follow cleaning guidelines for multiuse glucometer (glucometer was a portable machine to measure how much glucose- a type of sugar that was in the blood). LPN A wiped the monitor with purple top sanitizer wipes for approximately 7 sec and let air dry. (glucometer was not kept wet for 2 minutes). LPN A also took the multiuse bottle of glucometer strip into the room. When the blood glucose monitoring was completed, all items were gathered with contaminated gloved hand and put into a cup for storage and taken out of the resident room. LPN A then took contaminated items from the cup and placed onto her medication cart without a barrier. LPN A wiped the glucometer with purple top wipe for approximately 8 seconds and let air dry. The meter was not kept moist for 2 minutes. LPN A discovered she was out of purple top sanitizer wipes and left the remaining contaminated items on the medication cart and went and retrieved a new container of wipes. Once LPN A returned, she placed the soiled glucose strip bottle in the device storage container without properly cleaning the strip container and did not wipe off the surface of the medication cart.</p> <p>During an interview on 11/21/2024 at 4:45 PM, the DON was asked whether the nursing staff has been educated regarding infection control related to glucometer and the DON stated they go over education all of the time and that nursing should be aware of the correct procedure to use. The DON was asked what nursing was taught about sanitizing the glucometer, and she responded, .Nursing had been taught to keep the glucometer wet for 2 minutes. They have been taught to clean the monitor then wrap the glucometer with the wet wipe, place in a cup and let it sit for 2 minutes . The DON was made aware of the observation of LPN A and agreed that LPN A was taught the correct way it should be done.</p> <p>Review of the medical records revealed Resident #77 was admitted to the facility on [DATE] with diagnoses which included Tracheostomy Status, Traumatic Subdural Hemorrhage Without Loss of Consciousness, Gastrostomy Status, and Type 2 Diabetes Mellitus.</p> <p>Review of the Minimum Data Set, dated dated [DATE], revealed there had been no Brief Interview for Mental Status done.</p> <p>Review of the undated Care Plan revealed Resident #77 had Goals and Interventions which included . 8/9/2024 require enhanced barrier precautions related to Trach (Surgically placed tube through an opening in the neck to provide an airway for breathing) .9/3/2024 has Diabetes Mellitus .9/18/2024 has a tracheostomy . requires tube feeding .11/20/2024 resident has a Urinary Tract Infection (UTI) .potential nutritional problem with risk for weight loss .has unplanned/unexpected weight loss r/t [related to] recent hospitalization . 11/18/2024 has indwelling foley Catheter .</p> <p>Review of Microbiology results collected on 11/16/2024 urine culture showed Escherichia coli, Enterococcus faecalis and Methicillin Resistant Staph aureus. The results were reviewed by RN K. RN K stated Resident #77 was on isolation for MRSA and E coli.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the Order Summary Report dated 11/20/2024 revealed Resident #77 had an order for, .Contact Isolation every day and night shift for UTI ESBL and MRSA for 7 Days .Perform Trach [tracheostomy] care . every day and night shift .</p> <p>Observation on 11/20/2024 at 2:55 PM, LPN A administered a bolus tube feeding to Resident #77. LPN A failed to prepare material prior to administration, failed to clean the surface on which the supplies had been laid, did not check oxygen saturation prior to suctioning and did not check afterwards. The staff did not wear a mask while administering trach care and sterile gloves had been contaminated during the process. LPN A contaminated sterile gloves while disconnecting oxygen tubing and connection to suction tubing and while touching soiled cannula and trach dressing prior to suctioning. LPN A was asked about her procedure administering bolus and water. She was not aware there was not an adequate amount of water and feeding during bolus.</p> <p>LPN A administered 240 cc feeding rather than 270 ccs and less than 100 cc water per tube as ordered.</p> <p>Observation on 11/20/2024 at 5:00 PM, Resident #77's room did not have any signage for isolation precautions on the door and no isolation caddy hanging on the door.</p> <p>During an interview on 11/21/2024 at 10:00 AM, Housekeeper P was asked when Resident #77 was placed on isolation and she stated, I don't know but she was not on isolation yesterday. Housekeeper P was asked who was responsible for setting up the isolation PPE caddy and she stated the housekeeping supervisor will usually get the equipment together and sometimes the housekeeping staff is responsible for refilling the items.</p> <p>During an interview on 11/21/2024 at 4:45 PM, LPN A was asked when she was notified Resident #77 had been placed on Contact Isolation. LPN A stated she was notified by RN K that evening at approximately 4:00 PM. LPN A was asked whether she was aware she broke sterile protocol during tracheostomy care and she stated she was not aware that she had done so during the procedure.</p> <p>During an interview on 11/22/2024 at 3:05 PM, RN (Registered Nurse) K with the Director of Nursing present was asked when she was notified there was an order for Resident #77 to be placed on Contact Isolation. RN K stated she received a fax on 11/20/2024 at 12:40 PM and sent out communication to administrative staff at 12:41 PM. When asked who is usually responsible for initially setting up the isolation material, RN K responded housekeeping. The DON stated usually the Housekeeping Supervisor was responsible for set up of isolation supplies. When RN K was asked how long it should take for the isolation precaution signage and cart to be in place for Resident #77, she paused and did not provide an answer. The DON was then asked what length of time she would expect for it to take prior to the isolation precaution be implemented. The DON stated, It depends on what is going on. The DON was asked if she felt like it was a significant thing (to implement the isolation precautions, and she responded yes, it should be a priority and should be done within the hour for sure. When asked whether the signage should have been in place prior to the time this surveyor left the building that day and she stated Yes, but the staff were aware that she was on isolation. When asked how staff are usually notified of cases that require isolation, the DON stated, they discuss it in morning meetings.</p> <p>47127</p>		