

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Ahc Humboldt		STREET ADDRESS, CITY, STATE, ZIP CODE 2031 Avondale Street, Pobox 446 Humboldt, TN 38343	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38439</p> <p>Based on policy review, medical record review, and interview, the facility failed to revise a person-centered care plan for 1 of 15 (Resident #25) residents reviewed for weight gain and weight loss.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility's policy titled, Comprehensive Care Plan, dated 12/1/2024, revealed .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental psychosocial needs that are identified in the resident's comprehensive assessment .The comprehensive care plan will describe .The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being . Review of the medical record revealed Resident #25 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Coronary Artery Disease, Failure to Thrive, Diabetes, Aphasia, and Dementia. <p>Resident #25's weight log revealed on 6/11/2024, the resident's weight was 156.0 pounds (Lbs).</p> <p>Review of the Care Plan dated 8/27/2024, .Diet as ordered. Weigh with follow up as indicated. Monitor meal intake and offer substitute if resident doesn't eat meal. Double portions at all meals. Adhere to food preferences. Allow adequate time to eat, provide cues, encouragement, and assistance. Dietary consult as needed .</p> <p>Resident #25's weight log revealed the following weights:</p> <ol style="list-style-type: none"> On 8/13/2024 - 158.0 Lbs. On 9/17/2024 - 161.0 Lbs. On 10/15/2024 - 165.0 Lbs. On 11/12/2024 - 168.0 Lbs. <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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 2, which indicated Resident #25 was severely cognitively impaired.</p> <p>Review of the Physician's Order dated 11/25/2024, revealed .Pureed diet [a diet of smooth, soft foods that are blended, mashed, or strained] . Puree texture, Regular consistency, Dysphagia [Difficulty swallowing] level 1.</p> <p>Review of the Physician's Order dated 7/10/2023, revealed .Megestrol Acetate [Megace used as an appetite stimulant] Oral Suspension 625 MG /5ML [milligram per 5 milliliters] .by mouth two times a day for Failure to thrive.</p> <p>Resident #25's weight log revealed on 12/18/2024 Resident #25 weighed 174.0 Lbs.</p> <p>Review of the Nurse's Note dated 12/20/2024, revealed .WEIGHT WARNING: Value: 174.0 [lbs] . Resident is a significant weight gain 8.1 % [percent] x [times] 90 days. Diet: pureed. Avg [Average] documented meal intake is 100% this month. Resident's weight has been steadily increasing .Resident currently on Megace 375 mg [milligram] po [by mouth] BID [two times daily]. Provider and RP [Responsible Party] notified. Will continue weekly weights.</p> <p>Review of the medical record revealed Resident #25's weight on 1/7/2025 was 180 lbs. Review of the weights revealed a significant weight gain of 8.33 % for the last 3 months, and a significant weight gain of 12.22% for the last 6 months.</p> <p>The facility failed to revise Resident #25's care plan to reflect weight gain and failed to care plan resident for Heart Failure.</p> <p>During an interview on 1/9/2025 at 3:00 PM, the Director of Nursing (DON) was asked about Resident #25's weight gain and concerns with resident having a diagnosis of Heart Failure. The DON stated, we are gathering the resident's weights to be reviewed with the Provider, and to see if medications need to be reduced.</p> <p>During an interview on 1/9/2025 at 4:30 PM, the MDS Coordinator confirmed that a care plan should be revised if a resident has a significant weight gain.</p> <p>49269</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46047</p> <p>Based on policy review, medical record review, and interview, the facility failed to follow the physician orders for 2 of 15 (Resident #31 and Resident #159) sampled residents reviewed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility policy titled, Consulting Physician/Practitioner Orders, dated 12/1/2024, revealed . Consulting physician/practitioner orders are those orders provided to the facility by a physician/practitioner other than the resident's attending physician or physician/practitioner who is acting on behalf of the attending physician. A consulting physician/practitioner may include, but not limited to a resident's .Nurse practitioner . For consulting physician/practitioner orders received via telephone, the nurse will .Document the order on the physician order form, notating the time, date, name, title of the person providing the order, and signature and title of the person receiving the order. Call the attending physician to verify the order. Document the verification of the order by entering the time, date, name and title of the physician/practitioner verifying the order, and the signature and title of the person receiving the verification order .Follow facility procedures for verbal or telephone orders . Review of the facility policy titled, Laboratory Services and Reporting dated 12/1/2024, revealed .The facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist .The facility is responsible for timeliness of these services . <p>2. Review of the medical record revealed Resident #31 was admitted to the facility on [DATE], with diagnoses including Hypertension, Aphasia, Cerebrovascular Accident, and Seizure.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed no Brief Interview for Mental Status score was performed due to Resident #31 was severely cognitively impaired.</p> <p>Review of the Nurse's Note dated 1/8/2025 at 6:25 AM, revealed LPN B documented, .On call NP [Nurse Practitioner] called back . check heart rate for the next 6 hours, every hour . NP is aware of resident's history of bradycardia .</p> <p>Review of the Weights and Vitals Exceptions form revealed on 1/8/2025 at 6:09 AM, Resident #31's heart rate was 34 bpm (beats per minute), and at 8:32 AM the resident's heart rate was 35 bpm.</p> <p>LPN B failed to write the practitioner's verbal telephone order for Resident #31's heart rate to be checked every hour for 6 hours.</p> <p>During an interview on 1/8/2025 at 4:41 PM, LPN A was asked about checking and monitoring of resident's heart rate. LPN A confirmed that Resident #31's vitals (vital signs) and heart rate had only been checked once on her shift.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/9/2025 at 8:20 AM, the Medical Director (MD) was asked if he was aware of the resident's heart rate (HR) being in the 30's on the morning of 1/8/2025. The MD confirmed that he was informed in the evening (of 1/8/2025) and asked the facility staff to recheck the resident's HR. The MD confirmed that the resident's HR was 37 and the resident was sent to the emergency room (ER) for further evaluation.</p> <p>During a phone interview on 1/9/2025 at 9:08AM, LPN B was asked about contact with the NP for Resident #31's low HR of 34 on 1/8/2025. LPN B confirmed that she did not write an order, but an order should have been written.</p> <p>During an interview on 1/9/2025 at 2:35 PM, the Director of Nursing (DON) confirmed that an order should have been written, and staff should have monitored residents HR every hour per NP order.</p> <p>The facility failed to follow practitioner's verbal telephone order to monitor resident's heart rate every hour for 6 hours.</p> <p>3. Review of the medical record revealed Resident #159 was admitted to the facility on [DATE], with diagnoses including Methicillin Resistant Staphylococcus Aureus Infection, Pain, and Pressure Ulcer of Sacral Region.</p> <p>Review of the admission MDS assessment dated [DATE], revealed Resident #159's BIMS score was 14, which indicated resident was cognitively intact.</p> <p>Review of a Progress Note dated 1/6/2025, revealed the ADON documented .resident has been refusing IV [intravenous] [NAME] [Antibiotics] due to c/o [complaint of] diarrhea .ID [Infectious Disease] notified, hold [NAME] and collect stool for C. diff [Clostridium Difficile-a bacterium that causes an infection of the colon] .</p> <p>Review of the Physician's Order dated 1/8/2025, revealed Resident #159 did not have a lab order for stool collection to rule out C. diff.</p> <p>During an interview on 1/9/2025 at 9:54 AM, the Assistant Director of Nursing (ADON) confirmed Resident #159 should have an order in the system to collect a C Diff stool sample. The ADON confirmed Resident #159's C diff stool sample had not been collected.</p> <p>The facility failed to document the order, failed to collect the stool sample, and failed to perform the test for C-diff as ordered by the provider.</p> <p>49269</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38439</p> <p>Based on observation, medical record review, and interview, the facility failed to ensure a resident's dignity for 1 of 3 (Resident #13) residents reviewed for the use of an indwelling urinary catheter.</p> <p>The findings include:</p> <p>Review of the medical record revealed Resident #13 was admitted to the facility on [DATE], with diagnoses including Multiple Sclerosis (MS), Depression, Anxiety, Urinary Tract Infection (UTI), and Disorder of Bladder.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, that indicated the resident was cognitively intact, dependent on staff for activities of daily living, incontinent of bowel and bladder, and diagnoses of UTI, MS, and the use of an antibiotic.</p> <p>Review of the Care plan dated 12/20/2024, revealed .has an Indwelling Catheter .Bladder disorder and MS .</p> <p>Review of a Physician Order dated 12/29/2024, revealed .Privacy bag in place for dignity every shift .</p> <p>Observations in Resident #13's room on 1/6/2025 at 10:19 AM, 11:16 AM, and 2:45 PM, revealed the urinary catheter bag attached to the resident's bed frame. The urinary catheter bag was not enclosed in a privacy bag and was visible from the hallway.</p> <p>During an interview on 1/9/2025 at 2:34 PM, the Director of Nursing confirmed that an indwelling urinary catheter bag should always be contained or have a privacy cover over it to promote the resident's dignity.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269</p> <p>Based on policy review, medical record review, and interview, the facility failed to provide care to ensure that acceptable parameters of nutritional status were maintained for 1 of 15 (Resident #25) reviewed for weight gain and loss.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Nutritional Management, dated 12/1/2024, revealed .Weight related interventions .Monitoring/Revision .The care plan will be updated as needed, such as when a resident's condition changes, goals are met or the resident changes his or her goals, interventions are determined to be ineffective, or as new causes of nutrition-related problems are identified .The physician will be notified of significant changes in weight, intake or nutritional status .</p> <p>Review of the facility policy titled, Weight Monitoring, dated 12/1/2024, revealed .Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight range and electrolyte balance .Significant unintended changes in weight (loss or gain) or insidious weight loss (gradual unintended loss over a period time) may indicate a nutritional problem. The facility will utilize a systemic approach to optimize a resident's nutritional status. This process includes. Identifying and assessing each resident's nutritional status .Evaluating/analyzing the assessment information. Developing and consistently implementing pertinent approaches. Monitoring the effectiveness of interventions and revising them as necessary .The physician should be informed of a significant change in weight and may order nutritional interventions .Observations pertinent to the resident's weight status should be recorded int he medical record as appropriate. The interdisciplinary plan of care communicates care instructions to staff .</p> <p>2. Review of the medical record revealed Resident #25 was admitted to the facility on [DATE], with diagnoses including Heart Failure, Coronary Artery Disease, Failure to Thrive, Diabetes, Aphasia, and Dementia.</p> <p>Resident #25's weight log revealed on 6/11/2024, the resident's weight was 156.0 pounds (Lbs).</p> <p>Review of the Physician's Order dated 7/10/2023, revealed .Megestrol Acetate [used as an appetite stimulant] Oral Suspension 625 MG /5ML [milligram per 5 milliliters] . Give 3 ml by mouth two times a day for Failure to thrive.</p> <p>Review of the Care Plan dated 8/27/2024, .Diet as ordered. Weigh with follow up [report to Dietitian and Physician] as indicated. Monitor meal intake and offer substitute if resident doesn't eat meal. Double portions at all meals. Adhere to food preferences. Allow adequate time to eat, provide cues, encouragement, and assistance. Dietary consult as needed .</p> <p>Resident #25's weight log revealed the following weights:</p> <p>a. On 8/13/2024 - 158.0 Lbs.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. On 9/17/2024 - 161.0 Lbs.</p> <p>d. On 10/15/2024 - 165.0 Lbs.</p> <p>e. On 11/12/2024 - 168.0 Lbs.</p> <p>Review of the Nutritional Status Review assessment dated [DATE], conducted by the previous Registered Dietitian, revealed .IBW [Ideal Body Weight] 154 [pounds] .WT: [Weight] 168# [pounds] 11/12 [2024]. Grad [Gradual] weight gain noted. Skin intact. Meds reviewed; Megace [used to as appetite stimulant]. DL1 [Dysphagia Level 1] diet ordered w/ [with] 100% documented meal intake. Cueing w/ meals. Labs reviewed from 8/29 [2024]. ENN [Emergency Nutrition Network]: 1520-1748 kcals [kilocalorie], 76g [grams] pro [protein]. Diet meets ENN. Will continue current plan of care.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 2, which indicated Resident #25 was severely cognitively impaired.</p> <p>Resident #25's weight log revealed on 12/18/2024, Resident #25's weight was 174.0 Lbs.</p> <p>Review of the Nurse's Note dated 12/20/2024, revealed .WEIGHT WARNING: Value: 174.0 [pounds/lbs] Vital Date: 2024-12-18 16:30:00.0 +7.5% change [8.1%, 13.0] Resident is a significant weight gain 8.1% x 90 days. Diet: pureed. Avg [Average] documented meal intake is 100% this month. Resident's weight has been steadily increasing, resident is more alert and interactive with other residents and staff. He eats breakfast and lunch in dining room and is able to feed himself after tray set up assistance is given. Resident also is involved in activities almost daily. Resident currently on Megace 375 mg [milligram] po [by mouth] BID [two times daily]. Provider and RP [Responsible Party] notified. Will continue weekly weights.</p> <p>The facility failed to have an RD or Qualified Nutritional professional to reassess the resident's Weight Warning weight gain to determine if the gain was actual weight gain or fluid related to the diagnosis of heart failure, and the facility failed to notify the resident's physician/practitioner.</p> <p>Review of the medical record revealed Resident #25's weight on 1/7/2025 was 180 lbs. Review of the weights revealed a significant weight gain of 8.33 % for the last 3 months, and a significant weight gain of 12.22% for the last 6 months.</p> <p>During an interview on 1/9/2025 at 3:00 PM, the Director of Nursing (DON) was asked regarding the resident's weight gain and concerns with resident having a diagnosis of Heart Failure. The DON stated, we are gathering the resident's weights to be reviewed with the Provider, and to see if medications need to be reduced. The DON confirmed that she was unaware of resident's ideal weight.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46047</p> <p>Based on policy review, record review, and interview, the facility failed to reassess the effectiveness of pain medication for 1 of 15 (Resident #41) sampled residents reviewed for pain management.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Pain Management, dated 12/1/2024, revealed .The facility must ensure that pain management is provided to residents who require such services .The facility .will develop, implement, monitor, and revise interventions to prevent or manage each individual resident's pain . monitoring the effectiveness of the medication . 2. Review of the medical record revealed Resident #41 admitted to the facility on [DATE], with diagnoses including Hidradenitis Suppurativa (a chronic skin condition that causes painful lumps, boils and tunnels under the skin), Diabetes, End Stage Renal Failure, Pain, and Cellulitis. <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #41 was cognitively intact and received Opioids for pain.</p> <p>Review of the Care Plan dated 12/5/2024, revealed .at risk for pain .Administer analgesics [medication to treat pain] as ordered. Notify MD [Medical Director] if unresolved or worsens .</p> <p>Review of the Physician's Order dated 12/3/2024, revealed Acetaminophen Tablet [a pain medication] 325 mg [milligrams] Give 2 [tablets] by mouth every 4 hours as needed for pain.</p> <p>Review of the Physician's Order dated 1/2/2025, revealed Percocet [used to treat moderate to severe pain] Oral Tablet (Oxycodone w[with] Acetaminophen [a pain medication] 10-325 mg Give 1 [tablet] by mouth every 6 hours as needed for pain.</p> <p>Review of the Physician's Order dated 1/2/2025, revealed Pregabalin Oral Capsule [Lyrica-used for pain] 75 mg. Give 75 mg by mouth one time a day for neuropathic [nerve]pain.</p> <p>Review of the Medication Administration Record dated 12/2024 and 1/2025, revealed Resident #41 did not have a pain level documented after the administration of pain medications.</p> <p>During an interview in the Resident's room on 1/9/2025 at 2:49 PM, Resident #41 confirmed staff does not reassess her pain level after administering pain medication.</p> <p>During an interview on 1/8/2025 4:14 PM, the facility's Nurse Practitioner was asked about monitoring the residents' pain and what was expected of staff. The facility's Nurse Practitioner stated, .A pain assessment should be performed when giving the med, on a scale from 1 to 10 and to do a follow up for effectiveness [a follow up for the effectiveness of the pain medication] .</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/9/2025 at 2:49 PM, the Director of Nursing (DON) confirmed the procedure for pain medication administration is to assess the resident's pain level before and after administering pain medication, and the results of the pain monitoring should be documented.</p> <p>Resident #41 received pain medication on a routine and as needed basis, however, the facility failed to ensure the resident's pain was reassessed for effectiveness of the pain medication.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>46047</p> <p>Based on policy review, record review, and interview, the facility failed to post the total number of staff, and actual hours worked by the licensed and unlicensed staff responsible for resident care on the facility's Daily Nurse Staffing form for 31 of 31 sampled days.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Nurse Staffing Posting Information, dated 12/1/2024, revealed .It is the policy of this facility to make nurse staffing information readily available in a readable format to residents and visitors at any given time .will contain the following information .Facility name .total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift .Registered Nurses(RNs) .Licensed Practical Nurses(LPNs) .Certified Nurse Aides(CNAs) . 2. Review of the facility's Daily Nurse Staffing forms dated 12/2/2024 thru 1/2/2025, revealed there were no total number of RN's, LPN's, and CNA's and no total of the actual hours worked by the RNs, LPNs, and CNAs. <p>During an interview 1/9/2025 at 3:30 PM, the Staffing Coordinator confirmed the facility had not provided the total number of RNs, LPNs, and CNAs, and the total number of hours worked by the RNs, LPNs and CNAs on the Daily Nurse Staffing form.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>38439</p> <p>Based on policy review, observation, and interview, the facility failed to ensure medications were properly stored in 1 of 4 (Medication Room) medication storage areas, when internal medications were stored with external medications and when nasal spray was stored with ear drops.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility policy titled, Medication Storage, dated 12/1/2024, revealed It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medications rooms .to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security .External Products .drugs for external use are stored separately from internal and injectable medications . Internal Products .Medications to be administered by mouth are stored separately from other formulations . eye drops, ear drops, injectables . 2. Observation in the Medication Room on 1/7/2025 at 2:20 PM, revealed the following: <ol style="list-style-type: none"> a. Four 1.3 oz (ounce) plastic tubes of glucose gel (an oral medication given to raise blood glucose levels) stored in a plastic container without a divider, along with 1 plastic tube of 1.0 oz hydrocortisone cream (external medication used for skin rashes), and two 1.0 oz tubes of triple antibiotic ointment (medication used for cuts and burns on the skin). b. Two 1.0 oz spray bottles of nasal decongestant spray (nose spray) stored in a plastic container without a divider along with two 0.05 oz of ear wax removal solution and 1 box of 36 single vials of gen-teal tears (eye drops). 3. During an interview on 1/7/2025 at 2:25 PM, Licensed Practical Nurse G confirmed that the glucose gel should be stored separately from the antibiotic ointment and the hydrocortisone cream. <p>During an interview on 1/7/2025 at 2:30 PM, the Assistant Director of Nursing confirmed that eardrops and eye drops should be stored separately with a divider.</p> <p>During an interview on 1/9/2025 at 2:34 PM, the Director of Nursing confirmed that all external medications should be stored separately with a barrier for separation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Ahc Humboldt		STREET ADDRESS, CITY, STATE, ZIP CODE 2031 Avondale Street, Pobox 446 Humboldt, TN 38343	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>49269</p> <p>Based on job description review, and interview, the facility failed to ensure a full-time or part-time Registered Dietitian (RD), or a qualified Dietary Manager (DM) was employed to provide oversight of the kitchen, kitchen staff competencies, residents' prescribed diets, and meals served in a timely manner. This had the potential to affect 55 of 55 residents who received a tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of a Registered Dietitian job description revealed .Major Duties and Responsibilities .Provides registered dietitian services in one or more sites according to policies and procedures, and federal and state requirements. Plans, organizes, develops, and directs the nutritional care of the resident in accordance with current federal, state, and local standards, guidelines and regulations. Assesses/Monitors the residents' nutritional status and provides recommendations to clinical/medical staff. Develop and updates nutritional care plans as needed. Observes resident meal service to ensure diets are correct and modifications are followed. Educates residents, families, and staff on nutritional concepts and diet modification. Works with other members of the interdisciplinary team to ensure that modified texture or therapeutic diets are in compliance with the resident's medical condition. Reviews menu changes to ensure compliance with the facility's policy and procedures and state and federal guidelines. Updates diet orders and menu changes as required. Conducts audit of relevant nutritional care on routine basis. Completes nutritional assessments on residents .Completes assigned sections in the Minimum Data Ser (MDS) as per facility policy and procedure and ensures the accuracy of the information provided. Performs regular inspection of food service areas for sanitation, order, safety, and proper performance of assigned duties. Monitors weight changes, nutrition support and skin breakdown, and makes recommendations as needed .</p> <p>Review of a Dietary Manager job description revealed .Overseeing safe and timely meal preparation, including the provision of meals and/or supplements in accordance with residents' needs, preferences, and care plan .Develops work schedules to ensure adequate staff to cover each shift .Follows standards and procedures for preparing food .Ensures safe receiving, storage, preparation, and service of food. Protects food in all phases of preparation, holding, service, cooking and transportation .Ensures proper sanitation and safety practices of staff .</p> <p>2. During an interview on 1/6/2025 at 8:30 AM, the Dietary Supervisor confirmed that she had been in her current role since 8/2024 and was in the process of obtaining her certification since 8/2024.</p> <p>During an interview on 1/8/2025 at 8:05 AM, the Dietary Supervisor confirmed that the facility had been without a Registered Dietitian (RD) since the week of Christmas.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/08/2025 at 8:26 AM, the Administrator was asked about the facility RD. The Administrator named the former RD until 1/1/2025. The Administrator was asked who the RD was since 1/1/2025 was. The Administrator stated, I'm not for sure. The Administrator was asked if the new RD had been onsite. The Administrator stated, I'm not sure. The Administrator was asked, who is responsible for the kitchen, the ordering, monitoring of resident weights and diets. The Administrator confirmed the RD is responsible.</p> <p>During an interview on 1/09/2025 at 10:20 AM, the Director of Nursing (DON) confirmed that the former RD's last day at the facility was 12/27/2024.</p> <p>During a phone interview on 1/9/2025 at 10:50 AM, the Interim RD was asked when she was hired as the interim RD for the facility. The Interim RD confirmed that she signed a contract this week (week of 1/5/2024) to be the Interim RD of the facility, and she is scheduled to be onsite 1/10/2025. The Interim RD confirmed that she has not communicated with the Administrator or with nursing staff regarding any resident concerns.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>49269</p> <p>Based on policy review, document review, observation, and interview, the facility failed to provide sufficient staff with competencies and skill sets to carry out the functions of the food and nutrition services for 4 of 4 staff members (Dietary [NAME] C, D, F, and Dietary Supervisor) working in the kitchen. The facility had a census of 55, with 55 of those residents receiving a meal tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Food Safety Requirements, dated 12/1/2024, revealed .Food safety practices shall be followed throughout the facility's entire food handling process .This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process include .Distribution and service of food to the resident, including transportation, set up, and assistance . Employee hygienic practices .Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely storage .Labeling, dating, and monitoring refrigerated food, including but not limited to left overs, so its used by its use by date, or frozen (where applicable/ and discarded .Staff shall wash hands prior to handling clean dishes, and shall handle them by outside surfaces or touch only the handles of utensils. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects. Staff shall wash hands according to facility procedures. Gloves will be worn when directly touching ready-to-eat food and when serving residents .</p> <p>Review of the undated facility policy titled, Handwashing Guidelines for Dietary Employees, revealed . Frequency of Handwashing: Dietary employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparations .After hands have touched anything unsanitary i.e garbage, soiled utensils/equipment, dirty dishes, After hands have touched bare human body parts other than clean hands (such as face, nose, hair etc) While preparing food, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks .Before donning for working with food .After engaging any activity that may contaminate the hands .</p> <p>Review of the facility policy titled, Manual Warewashing-3 Compartment Sink, dated 12/1/2024, revealed . Sanitizing solutions shall be tested by a test kit or other device that accurately measures the concentration in MG/L [Milligram per Liter]. Testing will occur periodically but not limited to. When sink is initially filled . Sanitizing procedures for the three compartment sink .Third sink sanitizing .Fill with hot water or use chemical sanitizer: Iodine at 12.5 ppm [parts per minute]; QAC [Quaternary] ammonia at 150-200 ppm. Confirm appropriate temperature or concentration prior to washing and record on sanitation log .</p> <p>2. Review of the January Kitchen Schedule revealed 3 Dietary Cooks and a Dietary Supervisor scheduled from 1/1/2025 through 1/12/2025 to cover a total of 4 shifts including for:</p> <p>1. 5:00 AM - 1:30 PM</p> <p>2. 11:30 AM - 8:00 PM</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. 6:00 AM - 2:30 PM</p> <p>4. 11:30 AM - 8:00 PM</p> <p>Review of the facility document titled, Meal Times, revealed BREAKFAST 7:20 AM, LUNCH 11:20 AM, DINNER 5:20 PM . THESE ARE THE TIMES THAT TRAYS HAVE TO BE OUT OF THE KITCHEN.</p> <p>Observation and interview in the kitchen on 1/7/2025 at 5:20 PM, revealed Dietary [NAME] D at the steam table serving while cooking food in the deep fryer. The Dietary supervisor was preparing resident trays for the food cart. The Dietary Supervisor stated, we are running a little behind and we are doing the best we can. There were only 2 kitchen staff members observed in the kitchen to cook and prepare the dinner meal, and the meal was not delivered timely.</p> <p>3. During an interview on 1/8/2025 at 8:26 AM, the Administrator was asked if he was aware of any kitchen staffing concerns. The Administrator confirmed that he was aware of staffing concerns in the kitchen and that CNAs (Certified Nursing Assistants) were cross trained to assist in the kitchen.</p> <p>The facility was unable to provide competency documentation for the kitchen staff.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269</p> <p>Based on policy review, observation, and interview, the facility failed to ensure food was stored, handled, prepared, and served under sanitary conditions when for 2 of 4 (Dietary [NAME] C and Dietary [NAME] D) dietary staff failed to perform hand hygiene, and when 1 of 4 (Dietary [NAME] D) failed to test the sanitation of the 3 compartment sink prior to use, when unlabeled, undated, and expired foods were stored in the kitchen. The facility had a census of 55 with 55 of those residents receiving a tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Food Safety Requirements, dated [DATE], revealed .Food safety practices shall be followed throughout the facility's entire food handling process .Employee hygienic practices .Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely storage .Labeling, dating, and monitoring refrigerated food, including but not limited to left overs, so its used by its use by date, or frozen (where applicable) and discarded .Staff shall wash hands prior to handling clean dishes, and shall handle them by outside surfaces or touch only the handles of utensils. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects. Staff shall wash hands according to facility procedures. Gloves will be worn when directly touching ready-to-eat food and when serving residents .</p> <p>Review of the undated facility policy titled, Handwashing Guidelines for Dietary Employees, revealed . Frequency of Handwashing: Dietary employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparations .After hands have touched anything unsanitary i.e [for example] garbage, soiled utensils/equipment, dirty dishes .While preparing food, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks .Before donning for working with food .After engaging any activity that may contaminate the hands .</p> <p>Review of the facility policy titled, Manual Warewashing-3 Compartment Sink, dated [DATE], revealed . Sanitizing solutions shall be tested by a test kit or other device that accurately measures the concentration in MG/L [Milligram per Liter]. Testing will occur periodically but not limited to. When sink is initially filled . Sanitizing procedures for the three compartment sink .Third sink sanitizing .Fill with hot water or use chemical sanitizer .QAC [Quaternary] ammonia at .d+[DATE] ppm [parts per minute]. Confirm appropriate temperature or concentration prior to washing and record on sanitation log .</p> <p>2. Observation in the Kitchen on [DATE] at 8:30 AM, revealed the following:</p> <p>a. 2 unlabeled and undated (12 count) packages of hotdog buns on a rolling bread rack.</p> <p>b. 1 opened and undated box of frozen and exposed cinnamon rolls in the freezer.</p> <p>c. 1 opened and undated bag of roasted potatoes in the freezer.</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 - Some</p>	<p>d. 1 opened and undated bag of fries in the freezer.</p> <p>e. 1 opened bag of hashbrown dated [DATE] with no use by date in the freezer.</p> <p>f. 1 bag of diced tomatoes dated ,d+[DATE] with no use by date in the walk-in refrigerator.</p> <p>g. 3 unopened and expired containers of Tuna Salad with use by date [DATE] in the walk-in refrigerator.</p> <p>h. 1 opened and expired container of Tuna Salad with use by date [DATE] in the walk-in refrigerator.</p> <p>i. 1 opened and expired container of Cucumber and Onion salad date opened [DATE] with used by [DATE] in the walk-in refrigerator.</p> <p>j. 2 unopened and expired containers of Cucumber and 2 Onion salad with used by [DATE] in the walk-in refrigerator.</p> <p>k. 1 unlabeled and undated cooked hamburger patty in a plastic bag in the walk-in refrigerator.</p> <p>3. Observation in the Kitchen on [DATE] at 10:59 AM, revealed 1 unlabeled and undated bag of brown gravy and 1 bag of frozen breaded chicken patties dated [DATE], with use by [DATE], stored in the walk-in freezer.</p> <p>4. Observation and interview in the Kitchen on [DATE] at 8:05 AM, revealed Dietary [NAME] C washed a knife at the 3 compartment sink and placed the knife in the drying rack. Dietary [NAME] C was asked to perform a sanitation test on the 3 compartment sink. Dietary [NAME] C performed the sanitation test and the test strip did not change color. Dietary [NAME] was asked if she performed the sanitation test prior to using the 3 compartment sink. Dietary [NAME] C stated, No. Dietary [NAME] C was asked if the knife would need to be re-washed and sanitized. Dietary [NAME] C did not answer, but the Dietary Supervisor confirmed that the knife would be re-washed and sanitized.</p> <p>5. Observation in the Kitchen on [DATE] starting at 11:06 AM to 11:48 AM, revealed Dietary [NAME] D at the steam table serving food without gloves. Dietary [NAME] D walked away from the steam table to obtain chicken salad from the walk-in refrigerator and did not perform hand hygiene before preparing the sandwich or returning to the steam table to serve. Dietary [NAME] D walked away from the steam table on multiple occasions to obtain ice water, a thermometer, sandwich bread, and returned to the steam table to serve food without performing hand hygiene and was ungloved during the entire time of observation.</p> <p>6. Observation in the Kitchen on [DATE] at 1:15 PM, revealed Dietary [NAME] C in the dishwasher room. Dietary [NAME] C removed soiled trays from the cart, donned gloves, removed and discarded gloves, and did not perform hand hygiene. Dietary [NAME] C removed a clean rack from the dishwasher, placed the dishes on a rolling cart. Dietary [NAME] C failed to perform hand hygiene when going from soiled to clean dishes.</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 - Some</p>	<p>7. During an interview on [DATE] at 1:40 PM, the Dietary Supervisor confirmed that all foods should be labeled, dated, and should be discarded by the use by date. The Dietary Supervisor confirmed that hand hygiene should be performed prior to returning to the steam table, serving and/or handling food, and should be performed prior to handling clean dishes when soiled dishes have been handled. The Dietary Supervisor confirmed that the 3 compartment sink sanitation should be tested prior to use.</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** 38439</p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure infection control practices were followed during medication administration when 1 of 4 (Licensed Practical Nurse (LPN G)) staff were observed during medication administration, when 1 of 1 (LPN A) LPN failed to follow Enhanced Barrier Precautions when administering PEG (percutaneous endoscopic gastrostomy) tube medications, during dining when the facility failed to follow transmission based precautions for 1 of 1 (Resident #159) reviewed for isolation, and when a random observation revealed LPN H failed to perform proper hand hygiene and failed to clean reusable medical equipment.</p> <p>The findings include:</p> <p>1. Review of the facility's policy titled, Isolation Precautions, revealed .The dietary department should be notified by nursing or other designated person that the precautions are needed, the notification should include the residents name, room number and any other pertinent information .</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, dated 12/1/2024, revealed It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms .employs targeted gown and gloves use during high contact resident care activities .PPE [Personal Protective Equipment- protective items or garments worn to protect the body or clothing from hazards that can cause injury or illness and to protect others from cross-transmission] is only necessary when performing high-contact care activities .High-contact resident care activities include .Device care or use .central lines, urinary catheters, feeding tubes .</p> <p>Review of the facility's policy titled, Transmission-Based (Isolation) Precautions, dated 12/1/2024, revealed . It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' mode of transmission . Contact precautions refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment .Donning personal protective equipment (PPE) upon entry and discarding before exiting the room is done to contain pathogens .Don gloves upon entry into the room .Don gown upon entry into the room .</p> <p>Review of the facility policy titled, Hand Hygiene, dated 12/1/2024, revealed .All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors .The use of gloves does not replace hand hygiene .perform hand hygiene prior to donning gloves, and immediately after removing gloves .</p> <p>Review of the facility policy titled, Cleaning and Disinfection of Resident-Care Equipment, dated 12/1/2024, revealed .Resident-care equipment can be a source of indirect transmission of pathogens .Reusable resident-care equipment will be cleaned and disinfected .Disinfection refers to thermal or chemical destruction of pathogenic and other types of microorganisms .Reusable multiple-resident items are items that may be used multiple times for multiple residents. Examples include .blood pressure cuffs .Multiple resident use equipment shall be cleaned and disinfected after each use .</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 medical record revealed Resident #1 was admitted to the facility on [DATE], with diagnoses including Cerebrovascular Disease, Convulsions, Dementia, and Mental Disorders.</p> <p>Review of Physician's Orders dated 12/1/2024, revealed .Phenytoin Sodium [medication used for seizures] . 100mg [milligrams] .in the afternoon . PHENobarbital [medication used for seizures] 32.4 MG .three times a day .</p> <p>Observation during the 200 Hall medication administration on 1/7/25 at 2:00 PM, revealed LPN G removed a Phenytoin 100 mg capsule and dropped the capsule on top of the 200 hall medication cart, that did not have a barrier, and placed the capsule into a medication cup. LPN G then removed a Phenobarbital 32.4 mg tablet and placed it into the same medication cup with the Phenytoin 100 mg capsule, that fell on top of the medication cart without a barrier. LPN G locked the medication cart began to enter Resident #1's room to administer the medication. LPN G was asked are you going to administer the Phenytoin and the Phenobarbital to Resident #1. LPN G stated, Yes. LPN G was asked should you administer the medication if it fell on top of the medication cart without a barrier. LPN G confirmed that the medication should not be administered and she should not have placed the Phenobarbital tablet into the same cup with the Phenytoin capsule that fell on top of the medication cart that did not have a barrier. LPN G confirmed that she should have used a barrier when preparing the medication and that both medications were contaminated and should be disposed of and replaced with clean medication.</p> <p>3. Review of the medical record revealed Resident #31 was admitted to the facility on [DATE], with diagnoses including Hemiplegia and Hemiparesis, Aphasia, Gastrostomy, Cerebrovascular Attack, and Seizure.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #31 had no BIMS score and was severely cognitively impaired, dependent on staff for ADLs and the use of a feeding tube.</p> <p>Review of the Care Plan dated 10/1/2024, revealed .receiving tube feedings .Enhanced Barrier Precautions are indicated related to enteral tube .Infection Control Practices include standard precautions .</p> <p>Review of the facility's Order Summary Report dated 1/8/2025, revealed .Enhanced Barrier Precautions related to enteral tube every shift .1/8/2025 .Baclofen [used to treat muscle spasms] .5 MG [milligram] .three times day .hydrALAZINE [used to treat high blood pressure] .50 MG .four times day .Valproate [used to treat seizures] .Solution 250MG/5ML .10 ml [milliliter] .three times day .</p> <p>Observation during the 200 Hall medication administration at the 200 hall medication cart on 1/8/2025 at 11:00 AM, revealed LPN A sanitized her hands, and removed the following medications for Resident #31:</p> <p>a. Baclofen (used for muscle spasms) 5mg tablet-1.</p> <p>b. Hydralazine (used for high blood pressure) 50mg tablet-1.</p> <p>c. Valporic Acid Solution (used for seizures) 250mg/5ml- 10 ml.</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>LPN A donned a pair of gloves, crushed each medication and placed each one into a separate medication cup, removed her gloves and sanitized her hands. LPN A then went to Resident #31's room, knocked and entered Resident #31's room, placed a barrier on top of the over the bed table, donned a clean pair of gloves, disconnected the PEG tube, checked placement with auscultation and residual, and administered each medication separately. LPN A flushed the PEG tube with 15ml of water, and reconnected the PEG tube to the enteral feeding, disposed of the trash, removed her gloves, entered the bathroom and washed her hands. LPN A exited the bathroom and returned to the medication cart.</p> <p>LPN A failed to follow Enhanced Barrier Precautions during Resident #31's PEG tube medication administration as evidenced by the failure to use a gown during administration of the medication.</p> <p>Review of the facility's Enhanced Barrier Precautions list revealed Resident #31 was on Enhanced Barrier Precautions List.</p> <p>During an interview on 1/9/25 at 2:34 PM, revealed the Director of Nursing (DON) was asked what should staff do when a medication is dropped on top of the medication cart without a barrier. The DON confirmed the medication should be discarded a replacement tablet should be used. The DON confirmed the contaminated medication should not be placed in a medication cup with a non contaminated tablet and neither should be administered to a resident if contaminated. The DON confirmed that staff should use Enhanced Barrier Precautions when administering medications via PEG tube and staff should wear a gown and gloves.</p> <p>4. Review of the medical record revealed Resident #159 was admitted to the facility on [DATE], with diagnoses including Methicillin Resistant Staphylococcus Aureus Infection (MRSA), Pain, and Pressure Ulcer of Sacral Region.</p> <p>Review of the admission MDS assessment dated [DATE], revealed a BIMS score of 14, which indicated Resident #159 was cognitively intact.</p> <p>Review of the Physician's Order dated 12/27/2025, revealed .Infection MRSA .Precaution Type: contact .</p> <p>Observation on the 300 Hall on 1/6/2025 at 11:31 AM, revealed Resident #159's lunch meal was delivered on a regular meal tray. The staff did not deliver a resident a contact precaution meal in Styrofoam.</p> <p>Observation on the 300 Hall on 1/7/2025 at 7:47 AM and at 11:48 AM, revealed Resident #159's breakfast meal was delivered on a regular meal tray. The staff did not deliver a resident in contact precaution meal in Styrofoam.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Ahc Humboldt		STREET ADDRESS, CITY, STATE, ZIP CODE 2031 Avondale Street, Pobox 446 Humboldt, TN 38343	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Random observation in the 300 Hall on 1/7/2025 at 8:16 AM, revealed LPN H entered Resident #159's room without a gown on. LPN H returned from Resident #159's room with a multi-use blood pressure machine and cuff, placed the blood pressure machine and cuff on the medication cart. LPN H removed her gloves and did not perform hand hygiene. LPN H picked up the blood pressure machine and cuff, and walked into the resident's room next door. Before LPN H's attempt to take the resident's blood pressure in the next room with the same equipment, she was summoned to the medication cart. LPN H confirmed she had used the same equipment on Resident #159 and her plans was to use the same equipment on the resident next door to Resident #159. LPN H confirmed the blood pressure machine and cuff should have been sanitized before she entered the resident's room next to Resident #159.</p> <p>5. During an interview on 1/8/2025 at 9:17 AM, the Dietary Supervisor confirmed the dietary procedure, related to the delivery of meal trays to residents on contact precautions, is the nursing staff notifies the dietary department and the resident's meals are delivered on Styrofoam containers. The Dietary Supervisor confirmed the dietary staff was not made aware that Resident #159 was on contact isolation until 1/8/2025 after delivery of lunch meals.</p> <p>During an interview on 1/8/2025 at 10:16 AM, the Assistant Director of Nursing (ADON) confirmed staff should perform hand hygiene after removing their gloves.</p> <p>During an interview on 1/9/2025 at 9:17 AM, the Director of Nursing (DON) confirmed reusable equipment used to take residents' blood pressure (bp) should be cleaned in between residents. The DON was asked, what should staff use to take a resident's bp when on contact precautions. The DON stated, .staff should be using a manual blood pressure cuff that stays in the resident's room and a disposable stethoscope .</p> <p>During an interview on 1/9/2025 at 2:49 PM, the DON confirmed staff should always wear a gown and gloves when entering a resident's room who is on contact precautions.</p> <p>46047</p> <p>49269</p>		