

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Edenbrook of Oshkosh		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 Bowen St Oshkosh, WI 54901	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff interview, and record review, the facility did not ensure 2 Residents (R) (R14 and R18) of 7 residents observed during medication pass were assessed as able to safely and accurately self-administer medication.</p> <p>On 8/21/24, Licensed Practical Nurse (LPN)-E left medication at R14 and R18's bedsides for R14 and R18 to self-administer. R14 and R18 did not have physician orders, self-administration of medication assessments, or care plans that indicated R14 and R18 could safely and accurately self-administer medication.</p> <p>Findings include:</p> <p>The facility's Medication Self Administration policy, dated 2/12/24, indicates: Purpose: To provide guidelines for the Interdisciplinary Team to determine that the practice of self-administration of medications is safe .1. The resident shall have a screen completed by a licensed nurse to determine factors that may impact the safe administration of medication .3. Residents who have been deemed appropriate to self-administer medication independently or with supervision/cuing or after set-up, shall have a physician order to do so.</p> <p>1. On 8/21/24, Surveyor reviewed R14's medical record. R14 was admitted to the facility on [DATE] with diagnoses including diabetes, anemia, depression, and mild cognitive impairment. R14's Minimum Data Set (MDS) assessment, dated 7/28/24, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R14 had moderately impaired cognition. R14 was responsible for R14's healthcare decisions.</p> <p>On 8/21/24 at 12:00 PM, Surveyor observed LPN-E leave a medication cup that contained two different strength tablets of gabapentin (used to treat nerve pain) on R14's bedside table for R14 to self-administer.</p> <p>Immediately following the observation, Surveyor interviewed LPN-E who indicated R14 had an order to self-administer medication.</p> <p>R14's medical record did not contain a physician's order, self-administration of medication assessment, or care plan that indicated R14 could safely and accurately self administer medication.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 8/21/24, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] with diagnoses including congestive heart failure (CHF), diabetes, cognitive communication deficit, and chronic obstructive pulmonary disease (COPD). R18's MDS assessment, dated 7/3/24, had a BIMS score of 15 out of 15 which indicated R18 had intact cognition. R18's Power of Attorney for Health Care (POAHC) was activated on 5/10/24.</p> <p>On 8/21/24 at 12:18 PM, Surveyor observed LPN-E leave a medication cup that contained a tablet of Gas-X (used to treat gas and bloating) on R18's bedside table for R18 to self-administer.</p> <p>Immediately following the observation, Surveyor interviewed LPN-E who indicated R18 had an order to self-administer medication.</p> <p>R18's medical record did not contain a physician's order, self-administration of medication assessment, or care plan that indicated R18 could safely and accurately self-administer medication.</p> <p>On 8/21/24 at 1:13 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R14 and R18 did not have physician orders, self-administration of medication assessments, or care plans that indicated R14 and R18 could safely and accurately self-administer medication.</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>40342</p> <p>Based on staff interview and record review, the facility did not implement policies and procedures that prohibit and prevent abuse for 1 of 8 staff reviewed for background checks.</p> <p>The facility did not ensure a thorough and timely caregiver background check was completed for Certified Nursing Assistant (CNA)-F.</p> <p>Findings include:</p> <p>The facility's Vulnerable Adult Abuse and Neglect Prevention policy, with a revision date of 10/4/23, indicates: It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, neglect, mistreatment or exploitation .Screen potential employees for a history of abuse, neglect, exploitation, or mistreatment .This includes attempting to obtain information from previous employers and/or current employers, and checking with the appropriate licensing boards and registries .A criminal background check will be conducted on all prospective employees as provided by the facility's policy on criminal background checks, using the state specified criminal background check system .</p> <p>On 8/21/24, Surveyor reviewed background check information for 8 facility and contracted staff, including CNA-F. CNA-F's hire date was listed as 12/21/23. CNA-F left employment on 1/15/24 and returned to the facility as a contracted employee on 2/1/24. Department of Justice (DOJ) and Integrated Background Information System (IBIS) letters, dated 2/1/24, and a Background Information Disclosure (BID) form, dated 12/1/23, were provided. A DOJ letter, an IBIS letter, and reference checks were not provided for CNA-F during CNA-F's time as a direct employee. In addition, a BID form was not provided for CNA-F's employment with the contracted staffing company.</p> <p>On 8/21/24 at 1:59 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified the facility did not have a DOJ letter, an IBIS letter, and reference checks for CNA-F's direct employment with the facility. NHA-A verified the items should have been completed prior to CNA-F's employment with the facility.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on staff interview and record review, the facility did not ensure the accurate administration of medication for 1 Resident (R) (R2) of 8 sampled residents.</p> <p>On 2/24/24, Licensed Practical Nurse (LPN)-C gave R2 another resident's medication. Following the medication error, the facility did not ensure blood pressures were taken per the physician's order and provide education to LPN-C.</p> <p>Findings include:</p> <p>The facility's Medication Error and Drug Interactions policy, with a revision date of 2/12/24, indicates: .2. A detailed account of the error will be recorded in the resident's medical record. Such documentation must include, but is not limited to: .f. Date and time the physician was notified and what instructions were given.</p> <p>On 8/21/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including aftercare following joint replacement surgery. R2's Minimum Data Set (MDS) assessment, dated 2/26/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R2 had intact cognition.</p> <p>A Medical Doctor (MD) notification progress note, dated 2/24/24 at 4:01 PM, indicated: Medication Given in Error: 3:15 PM. R2 received a different resident's medication by mistake (montelukast 10 mg (milligrams) (used to treat allergies and asthma), Tylenol 650 mg (used to treat minor aches, pains, and fever), atorvastatin 80 mg (used to treat high cholesterol), Protonix (used to treat gastroesophageal reflux disease), and Lyrica 75 mg (used to treat nerve/muscle pain and seizures)). R2 is asymptomatic and vitals stable per RN. Orders: Notify a clinician of any change in condition. Monitor vitals every hour for the next 4 hours then check vitals every 6 hours x 1 day then as per facility protocol.</p> <p>Surveyor requested documentation that R2's blood pressures were checked per the physician order. The facility provided a blood pressure of 114/76 mm HG (millimeters of mercury) at the time the MD was contacted at 3:15 PM. The next recorded blood pressure was 114/76 mm Hg at 6:13 PM. The facility did not provide documented blood pressures for 4:15 PM and 5:15 PM.</p> <p>Surveyor also requested to see documentation that LPN-C was educated regarding the medication error. The facility did not provide documentation.</p> <p>On 8/21/24 at 3:01 PM, Surveyor interviewed Director of Nursing (DON)-B who was not working at the facility at the time of the incident. DON-B confirmed the facility could not locate documentation that R2's vital signs were taken at 4:15 PM and 5:15 PM. DON-B also indicated the facility did not have documentation that LPN-C was educated following the incident. DON-B verified R2's blood pressures should have been completed and documented per the physician's order. DON-B also verified LPN-C should have been educated on the 5 rights of medication which include ensuring the right person receives the medication.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff interview, and record review, the facility did not ensure medications were labeled and stored in accordance with manufacturers' recommendations for 3 Residents (R) (R12, R17, and R18) of 7 residents observed during medication pass.</p> <p>On 8/21/24, Registered Nurse (RN)-D left a medication cup that contained eleven medications on R12's bedside table while RN-D left the room to attend to another resident.</p> <p>During observations of medication administration, Licensed Practical Nurse (LPN)-E administered open and undated medication to R17 and R18.</p> <p>Findings include:</p> <p>The facility's Labeling Medication policy, dated 1/22/24, indicates: Purpose: To ensure all medications maintained in the facility are properly labeled in accordance with current state and federal regulations . Procedure: .7. Medication vials/bottles will be labeled with the date they were opened (seal broken) to ensure proper tracking for expiration purposes .</p> <p>1. On 8/21/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] with diagnoses including radiculopathy lumber region and hypertensive heart and chronic kidney disease. R12's Minimum Data Set (MDS) assessment, dated 6/11/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R12 had intact cognition. R12 had a guardian for healthcare decisions effective 8/1/22. R12's medical record did not indicate R12 could self-administer medication or wished to do so.</p> <p>On 8/21/24 at 8:38 AM, Surveyor observed RN-D start to administer medication to R12. During the process, RN-D left a medication cup that contained 650 mg (milligrams) of Tylenol (used to treat minor aches, pains and fever), 10 mg of amlodipine (used to treat high blood pressure), 5 mg of Eliquis (used to treat and prevent blood clots), 40 mg of furosemide (a diuretic medication), 5 mg of methimazole (used to treat hyperthyroidism), 25 mg of metoprolol (used to treat high blood pressure), a One Daily multivitamin, 25 mg of Myrbetriq (used to treat overactive bladder), 20 mEq (milliequivalents) of potassium chloride (used to treat or prevent low amounts of potassium in the blood), .5 mg of risperidone (an antipsychotic medication), and 100 mg of sertraline (an antidepressant medication) on R12's bedside table while RN-D left R12's room to attend to another resident.</p> <p>On 8/21/24 at 9:05 AM, Surveyor interviewed RN-D who returned to R12's room to finish administering R12's medication. RN-D verified RN-D left the medication cup unattended in R12's room and confirmed medications should not be left unattended.</p> <p>2. On 8/21/24 at 12:13 PM, Surveyor observed LPN-E administer 1000 mg of acetaminophen to R17. Surveyor noted the bottle of acetaminophen did not contain an open date.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately following the observation, Surveyor interviewed LPN-E who stated nursing staff were told to date medication bottles when opened; however, a former nursing manger informed staff it was not necessary because medications have a manufacturer's expiration date.</p> <p>3. On 8/21/24 at 12:18 PM, Surveyor observed LPN-E administer an 80 mg Gas-X tablet and 7 units of Lispro insulin to R18. Surveyor noted the bottle of Gas-X and Lispro pen did not contain open dates.</p> <p>Immediately following the observation, Surveyor interviewed LPN-E who verified the bottle of Gas-X and Lispro pen did not contain open dates. LPN-E discarded the Lispro pen and opened a new pen.</p> <p>On 8/21/24 at 1:13 PM, Surveyor interviewed Director of Nursing (DON)-B who verified the above medications were not labeled with open dates. DON-B confirmed medications should be labeled with an open date regardless of their manufacturer's expiration date.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49563</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to help prevent the development and transmission of disease and infection for 2 Residents (R) (R12 and R13) of 7 residents observed during the administration of medication.</p> <p>On 8/21/24, Registered Nurse (RN)-D did not complete proper hand hygiene during medication administration for R12. In addition, RN-D did not wear gloves as ordered during the administration of methimazole (used to treat hyperthyroidism).</p> <p>On 8/21/24, RN-D did not complete proper hand hygiene during medication administration for R13.</p> <p>Findings include:</p> <p>The facility's Hand Hygiene policy, dated 5/8/24/24, indicates: Purpose: To provide guidelines to staff for proper and appropriate hand washing and hygiene techniques that will aid in the preventions of the transmission of infections .Using Alcohol-Based Hand Gel: .c. Before preparing or handling medications .</p> <p>1. On 8/21/24 at 8:38 AM, Surveyor observed RN-D prepare medication for R12. Following medication preparation, RN-D did not complete hand hygiene prior to administering the medication to R12. In addition, R12 had an order for methimazole 5 mg (milligrams). The order stated to wear gloves when handling the medication. Surveyor observed RN-D touch the medication directly with bare hands when RN-D removed other medications from a medication cup to crush.</p> <p>2. On 8/21/24 at 8:55 AM, Surveyor observed RN-D prepare medication for R13 Following medication preparation, RN-D did not complete hand hygiene prior to administering the medication to R13.</p> <p>On 8/21/24 at 9:05 AM, Surveyor interviewed RN-D who stated RN-D should have completed hand hygiene before medication preparation and before the administration of medication.</p> <p>On 8/21/24 at 1:13 PM, Surveyor interviewed Director of Nursing (DON)-B who verified RN-D did not complete hand hygiene during medication pass. DON-B stated DON-B expects staff to complete hand hygiene prior to medication preparation, after medication preparation, and after medication administration. DON-B verified methimazole was a hazardous drug and DON-B expects staff to follow the glove instructions listed on the medication order.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>48794</p> <p>Based on observation, staff interview, and record review, the facility did not provide a safe, functional, sanitary, and comfortable environment for residents on 3 of 3 units.</p> <p>Utility rooms on all 3 units contained dust, debris, stains, and an odor of bodily waste, In addition, Surveyor observed risks of cross-contamination.</p> <p>Findings include:</p> <p>On 8/21/24, Surveyor completed a tour of the facility, including the soiled utility rooms (enclosed spaces meant to remove waste generated by resident care and soiled cleaning materials).</p> <p>On 8/21/24 at 11:31 AM, Surveyor toured the soiled utility room on unit 2. Upon opening the door, Surveyor noted an odor of human waste. Surveyor observed two uncovered trash containers that contained garbage bags with resident waste. Surveyor also observed dust, debris, and stains on the floor, stains on the walls, and several small garbage cans stacked to the side with an empty soda bottle.</p> <p>On 8/21/24 at 11:38 AM, Surveyor toured the soiled utility room on unit 4. Upon opening the door, Surveyor noted an odor of human waste. Surveyor observed two brooms with clumps of dust on the bottom and a dirty dust bin hung on the wall. The room contained a utility hopper sink (meant for proper and safe disposal of contaminated material) that was half-full of brown water and a pink plastic biohazard bag that covered the handles. On top and in front of the sink were two resident commodes. There was a raised sink next to the utility sink that contained dust and debris and a clogged drain. There was an open ceiling tile above the standard sink with exposed ceiling pipes that contained dust and debris. Surveyor also observed three plastic storage bins that contained personal protective equipment (PPE) (used by staff for infection prevention and control). There was brown liquid, a brief, and other soiled material on top of one of the bins and the floor contained dust, debris, and stains.</p> <p>On 8/21/24 at 1:10 PM, Surveyor and Nursing Home Administrator (NHA)-A toured the soiled utility room on unit 1. Surveyor observed and NHA-A confirmed the utility room contained dust, debris, and stains on the floor and had an odor of human waste. The room also contained two sinks. One sink was lined with a black garbage bag that contained a roll of clear garbage bags and appeared stuck to the sink when lifted by NHA-A. The second sink also contained a roll of clear garbage bags. Surveyor and NHA-A then toured the soiled utility rooms on units 2 and 4 and Surveyor's concerns were acknowledged by NHA-A who stated there was turnover in the housekeeping department and the facility hired a new housekeeping manager the previous week.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/21/24 at 1:55 PM, Surveyor interviewed NHA-A who provided cleaning schedules and the housekeepers' checklists. Surveyor noted the unit cleaning list included Utility Closet-Take Out Garbage. NHA-A stated NHA-A instructed housekeeping staff to immediately clean the soiled utility rooms. NHA-A stated the ceiling tile was replaced and the sinks were emptied and cleaned by maintenance staff. NHA-A stated NHA-A also spoke with staff regarding the concern that clean PPE was stored in the soiled utility room and instructed staff to wipe down and throw out all material in the bins. NHA-A stated the housekeeping manager should audit the housekeeping task list to ensure tasks are being completed appropriately.</p>		