| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525668 | A. Building<br>B. Wing | 02/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Newcastle Place | 12600 N Port Washington Rd #300<br>Mequon, WI 53092 |

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| F 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop and implement policies and procedures to prevent abuse, neglect, and theft.<br><br>49010<br><br>Based on staff interview and record review, the facility did not implement their abuse policy and procedure for 4 of 4 employees reviewed for caregiver background checks.<br><br>The facility did not complete reference checks for Certified Nursing Assistants (CNA)-J, CNA-K, CNA-L, and CNA-M.<br><br>Findings include:<br><br>The facility's Abuse, Neglect and Exploitation policy, revised 9/20/24, indicates: .I. Screening: A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Checks include attempting to obtain information from the previous or current employer of potential team members. 2. Screenings may be conducted by the Community itself, a third-party agency, or academic institution. 3. The Community will maintain documentation of proof that the screening occurred<br><br>On 2/25/25, Surveyor requested background check information, including references and CNA registry information for CNA-J, CNA-K, CNA-L, and CNA-M.<br><br>Surveyor reviewed the background check information and noted the following:<br><br>~ CNA-J was hired by the facility on 1/28/25.<br><br>~ CNA-K was hired by the facility on 1/7/25.<br><br>~ CNA-L was hired by the facility on 1/14/25.<br><br>~ CNA-M was hired by the facility on 7/23/24.<br><br>Surveyor noted reference checks were not provided for CNA-J, CNA-K, CNA-L, or CNA-M.<br><br>(continued on next page) |

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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| F 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 2/25/25 at 11:00 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated the facility does not do reference checks and the facility's system does not have the capability to do reference checks. NHA-A indicated conversations were started on 1/9/25 about making changes to the procedure.<br><br>On 2/26/25 at 12:43 PM, Surveyor interviewed Human Resources Assistant (HRA)-N who indicated the facility does not do reference checks. HRA-N was not aware of a policy regarding the completion of reference checks and referred Surveyor to Director of Human Resources (DHR)-O.<br><br>On 2/26/25 at 12:46 PM, Surveyor interviewed DHR-O who confirmed the facility does not do reference checks for employees because they are not a part of the onboarding package put together by the corporate office. DHR-O was not familiar with the facility's policy regarding reference checks for potential employees. DHR-O was familiar with the facility's abuse policy which specifies reference checks will be completed for potential employees. DHR-O indicated DHR-O became aware of the abuse policy reference check requirement approximately 6 weeks prior. DHR-O indicated no changes were made to the policies since 1/9/25 and verified reference checks were not being completed and had not been completed previously.<br><br>On 2/26/25 at 1:00 PM, Surveyor interviewed NHA-A indicated NHA-A sent an email to corporate personnel on 1/9/25 and indicated the facility's abuse policy references the requirement for reference checks. NHA-A indicated NHA-A had not heard back from corporate personnel since the 1/9/25 email was sent and had not reached out again regarding the issue. NHA-A confirmed the facility's abuse policy is not being followed. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563<br><br>Based on observation, staff and resident interview, and record review, the facility did not ensure 1 resident (R) (R248) of 1 sampled resident received care and treatment based on the resident's needs and medical orders.<br><br>R248 was not provided wound care for a right below-the-knee amputation (BKA) as ordered. In addition, staff did not monitor R248's vital signs in accordance with the facility's policy,<br><br>Findings include:<br><br>The Facility's Wound Care policy, dated October 2010, indicates: The purpose of this procedure is to provide a guideline for the care of wounds to promote healing. Preparation: 1. Verify that there is a physician order for this procedure .13. Dress wound .Mark tape with initials, time, and date and apply to dressing . Documentation: The following information should be recorded in the resident's medical record: 1. The type of wound care given. 2. The date and time the wound care was given .6. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound.<br><br>The Facility's Vital Signs policy, dated 2024, indicates: The purpose of this policy is to provide guidelines for the measurement and reporting of vital signs .3. Vital signs shall be obtained at least in the following circumstances: .c. At least daily for a resident receiving skilled services.<br><br>From 2/24/25 to 2/26/25, Surveyor reviewed R248's medical record. R248 was admitted to the facility on [DATE] and had diagnoses including sepsis, gangrene, right BKA, diabetes, hypertension, and thyroidectomy. R248's Minimum Data Set (MDS) assessment, dated 2/24/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R248 was not cognitively impaired. R248 was responsible for R248's healthcare decisions.<br><br>On 2/24/25 at 11:36 AM, Surveyor interviewed R248 who expressed a fear of infection since R248's right BKA surgical incision dressing had not been changed since admission. Surveyor observed R248's dressing which was dated 2/17/25. R248 also expressed concern that R248's blood pressure was not being monitored. R248 indicated R248 had a history of retaining fluids and R248's endocrinologist was diligent with monitoring R248's blood sugar and blood pressure. R248 indicated staff informed R248 that the facility was not a hospital and would address R248's concerns on 2/24/25 (Monday).<br><br>R248's medical record contained an order, dated 2/21/25, for R248's right BKA surgical wound that stated to cleanse with wound cleanser and pat dry. Apply Xeroform followed by an ABD pad. Wrap with Kerlix and secure with tape. Wrap with Ace or Coban wrap every evening shift every other day and as needed. Replace if soiled or dislodged.<br><br>R248's medical record did not contain a physician order that indicated how often to monitor R248's vital signs. Surveyor reviewed the facility's vital signs policy which stated vital signs should be completed at least daily for a resident who receives skilled services. R248's medical record did not indicate R248's vital signs were obtained on 2/24/25.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 2/26/25 at 9:15 AM, Surveyor interviewed R248 who indicated R248's right BKA dressing was changed on 2/24/25 and the nurse informed R248 that the dressing should have been changed sooner.<br><br>On 2/26/25, Surveyor reviewed R248's Treatment Administration Record (TAR) and noted R248's right BKA dressing change was initialed as completed on 2/21/25 and 2/23/25 but not on 2/24/25.<br><br>On 2/26/25 at 10:15 AM, Surveyor interviewed Director of Nursing (DON)-B who reviewed nursing notes that indicated a nurse changed R248's dressing on 2/24/25, however, the dressing change was not documented in R248's TAR. DON-B stated DON-B would check the TAR documentation from 2/21/25 to 2/23/25 since R248's dressing change was noted as completed. (Note: Surveyor observed R248's dressing on 2/24/25 which was dated 2/17/25 and R248 stated the dressing had not been changed since admission.) DON-B indicated DON-B expects staff to complete dressing changes as ordered and document completion in the TAR. DON-B also indicated vital signs are based on Medical Doctor (MD) orders. DON-B indicated if a resident does not have an order, the facility's standing order is implemented upon admission which indicates vital signs should be obtained every shift for 3 days and then daily or as ordered. DON-B verified R248's vital signs were not monitored on 2/24/25. DON-B indicated DON-B expects staff to obtain vital signs daily or as ordered.<br><br>On 2/25/25 at 11:06 AM, Surveyor interviewed Registered Nurse (RN)-T who indicated if the Medical Director does not follow a resident, the expectation is that vital signs are completed every shift. Surveyor noted the Medical Director followed R248.<br><br>On 2/26/25 at 1:31 PM, Surveyor interviewed DON-B who indicated DON-B spoke with the nurse who documented R248's dressing change in the TAR on 2/21/25 and verified the dressing change was not completed as documented. DON-B was unable to reach the nurse who indicated the dressing change was completed on 2/23/25. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50479<br><br>Based on observation, staff interview, and record review, the facility did not ensure a fall intervention was implemented for 1 resident (R) (R17) of 2 sampled residents.<br><br>R17 had a history of falls and a care plan intervention that stated R17's walker should be within reach. The intervention was not consistently followed.<br><br>Findings include:<br><br>The facility's Falls-Clinical Protocol policy, dated 2001, indicates: For an individual who has fallen, the staff and practitioner will try to identify possible causes within 24 hours of the fall .The staff and physician will continue to collect and evaluate information until either the cause of the fall is identified, or it is determined that the cause cannot be found or is not correctable .Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address the risks of clinically significant consequences of falling .If underlying causes cannot be readily identified or corrected, staff will try various relevant interventions, based on the assessment of the nature or category of falling, until falling reduces or stops or until a reason is identified for its continuation .the staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling .<br><br>From 2/24/25 to 2/26/25, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] and had diagnoses including osteoarthritis, generalized muscle weakness, unsteadiness on feet, right leg atherosclerosis and thrombosis, severe protein-calorie malnutrition, restlessness and agitation, and subarachnoid hemorrhage (bleeding in the brain). R17's most recent Minimum Data Set (MDS) assessment, dated 2/4/25, indicated R17 had moderate cognitive impairment. R17 did not have an activated Power of Attorney (POA) for healthcare.<br><br>R17's medical record indicated R17 was prescribed anticoagulant (blood thinning) medication and was at risk for falls. On 2/14/25, R17 had an unwitnessed fall and was found on the left side next to R17's bed. R17 stated R17 hit the back of R17's head on the nightstand. R17 sustained two abrasions on the back of the head and a bleeding abrasion on the right elbow. On 2/22/25, R17 had another unwitnessed fall and was found sitting on R17's buttocks in a closet in R17's room. R17 indicated R17 attempted to walk from the bed to R17's wheelchair when R17 fell . R17 stated R17 hit R17's head during the fall.<br><br>A care plan, initiated 1/28/25, indicated R17 was at risk for falls related to deconditioning, right femoral artery occlusion, impaired mobility, and pain (revised 2/2/25). The care plan contained the following interventions (dated 1/28/25): Anticipate and meet R17's needs; Assist with toileting; Bed in low position; Educate to call for assistance; Follow facility fall protocol; Physical therapy evaluate and treat as ordered or as needed; Review information on past falls and attempt to determine cause of falls; Educate resident/family/caregivers/interdisciplinary team as to causes. An intervention was added on 2/14/25 to ensure walker is within reach. An intervention was added on 2/22/25 for bilateral body pillows when in bed.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A care plan, initiated 1/28/25, indicated R17 had an activity of daily living (ADL) self-care performance deficit. The care plan contained the following interventions (dated 1/28/25): R17 requires the assistance of one staff for turning and repositioning in bed; R17 requires the assistance of one staff for toileting; R17 requires the assistance of one staff to move between surfaces.<br><br>On 2/24/25 at 11:05 AM, Surveyor observed R17 in a chair on the left side of R17's bed. Surveyor noted R17's walker was folded up and propped against the bedside table on the right side of the bed.<br><br>On 2/26/25 at 10:00 AM, Surveyor observed R17 in a chair on the left side of R17's bed. Surveyor noted R17's walker was in the shower in R17's bathroom and not within sight or reach of R17.<br><br>On 2/26/25 at 10:00 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-U who confirmed R17's walker was in the bathroom and out of R17's reach. CNA-U indicated R17 was at risk for falls and had fallen at the facility. CNA-U expressed concern that R17 would fall again if R17 attempted to use the walker unsupervised.<br><br>On 2/26/25 at 10:00 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-V who confirmed R17's walker was not within reach. LPN-V confirmed R17's care plan indicated R17's walker should be within reach. LPN-V indicated R17's gait was unsteady and expressed concern that R17 would fall if R17 attempted to use the walker without staff assistance. LPN-V indicated LPN-V did not feel it was safe to leave R17's walker within reach.<br><br>On 2/26/25 at 10:29 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated R17's walker should be within reach as care planned. DON-B indicated R17 fell on [DATE] because R17 was reaching for the walker. DON-B was not aware of staffs' safety concerns about having R17's walker within reach.<br><br>On 2/26/25 at 10:54 AM, Surveyor interviewed Rehabilitation Department Director (RDD)-W who indicated R17 required moderate assistance with transfers and ambulation. RDD-W indicated it was not safe for R17 to walk unsupervised and it was unsafe for R17 to use the walker independently. RDD-W indicated R17 required 50-75% of physical assistance with transfers.<br><br>On 2/26/25 at 11:20 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed NHA-A expects staff to keep R17's walker within reach if it is a part of R17's care plan. |

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| F 0694<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide for the safe, appropriate administration of IV fluids for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563<br><br>Based on observation, staff interview, and record review, facility did not ensure proper care and treatment for 2 residents (R) (R250 and R148) of 4 sampled residents who received medication through a peripherally inserted central catheter (PICC) line.<br><br>R250 and R148's PICC line dressings and injection caps were not changed as ordered.<br><br>Findings include:<br><br>The facility's Central Venous Catheter Care and Dressing Changes policy, dated March 2022, indicates: The purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings .1. Perform site care and dressing change at established intervals or immediately if the integrity of the dressing is compromised (e.g., damp, loosened, or visibly soiled).<br><br>1. On 2/25/25, Surveyor reviewed R250's medical record. R250 was admitted to the facility on [DATE] and had diagnoses including metabolic encephalopathy, endocarditis, hypoxia, and diabetes. R250's Minimum Data Set (MDS) assessment, dated 2/24/25, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R250 had moderate cognitive impairment. R250 was responsible for R250's healthcare decisions.<br><br>On 2/25/25 at 9:55 AM, Surveyor interviewed R250 regarding the PICC line in R250's left upper arm and noted R250's PICC line dressing and injection caps were dated 2/17/25. R250 indicated the dressing and injection caps had not been changed since admission.<br><br>R250 had orders, dated 2/17/25, to monitor the PICC line site every shift for signs and symptoms of infection and change the PICC line dressing and injection caps weekly one time a day every Monday.<br><br>R250's treatment administration record (TAR) indicated R250's PICC line dressing and injection caps were changed on 2/24/25.<br><br>On 2/25/25 at 10:02 AM, Surveyor interviewed Registered Nurse (RN)-T who indicated a checkmark in the TAR means the order was completed. RN-T and Surveyor then observed R250's PICC line dressing and injection caps. RN-T verified R250's PICC line dressing was dated 2/17/25.<br><br>On 2/25/25 at 10:11 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated if an order is signed off on the TAR, DON-B expects staff to complete the order. DON-B verified R250's PICC line dressing and injection caps were not changed as ordered. DON-B indicated DON-B expects staff to change PICC line dressings and injection caps per the resident's orders.<br><br>47248<br><br>(continued on next page) |

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| F 0694<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. From 2/24/25 to 2/25/25, Surveyor reviewed R148's medical record. R148 had diagnoses including discitis (infection of the spinal column), spinal stenosis, lumbar region with neurogenic claudication (a syndrome caused by a pinched spinal nerve that causes pain in the legs and lower back), diabetes mellitus type 2, and enterocolitis (inflammation of the inner lining of the small intestine and the colon) due to Clostridium difficile (C. diff). R148's MDS assessment, dated 2/19/25, had a BIMS score of 15 out of 15 which indicated R148 had intact cognition.<br><br>On 2/24/25 at 11:15 AM, Surveyor interviewed R148 who indicated staff change R148's PICC line dressing and equipment on Mondays which should be completed that day. Surveyor noted R148's PICC line dressing and equipment were dated 2/17/25.<br><br>R148's medical record contained the following orders:<br><br>~ Change injection caps weekly with PICC line dressing change one time a day every Monday.<br><br>~ Change PICC line dressing weekly. Label with date one time a day every Monday.<br><br>On 2/25/25 at 9:00 AM, Surveyor reviewed R148's TAR which indicated R148's PICC line dressing and injection caps were changed on the 2/24/25 AM shift.<br><br>On 2/25/25 at 10:51 AM, Surveyor observed R148 in bed and noted R148's PICC line dressing and injection caps were dated 2/25/25. R148 indicated nursing staff just changed R148's dressings and injection caps. R148 indicated nursing staff must have been busy yesterday and the dressing was not changed on 2/24/25 as ordered. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>47248<br><br>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. The practice had the potential to affect all residents residing in the facility.<br><br>Staff did not wear hair or beard restraints in the kitchen and kitchenettes.<br><br>Staff did not have ensure the dishwasher rinse cycle reached the required temperature. In addition, staff did not document dishwasher surface temperatures to ensure proper sanitization.<br><br>Staff did not test the quaternary sanitizing solution per manufacturer's instructions.<br><br>Findings include:<br><br>During an initial kitchen tour that began at 9:11 AM on 2/24/25, Director of Culinary Service (DCS)-D indicated the facility follows the Food and Drug Administration (FDA) Food Code.<br><br>Hair/Beard Restraints:<br><br>The 2022 FDA Food Code documents at 2-402.11: Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that cover body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, and linens, and unwrapped single-service and single-use articles.<br><br>The facility's Uniform Dress Code policy, revised 1/2024, indicates: Personal cleanliness and a neat appearance are essential for the food service worker .Wear the approved hair restraint when on duty regardless of length or presence of hair. The only exception is to remove hair restraints when delivering trays to patients/residents .Restrain all facial hair with a beard net/restraint .<br><br>The facility's Dress Guidelines for Food Service Management and Clinical Nutrition Staff policy, revised 1/2022, indicates: Dress for food service management and clinical nutrition staff must be professional in appearance and function to portray a positive image of the department .Hair restraints are worn by all when in the kitchen. This includes department associates, associates from other facility departments and guests, such as vendors .<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | During a continuous kitchen observation that began at 10:45 AM on 2/25/25, Surveyor entered the kitchen and observed Activity Aide (AA)-G in the dry storage area obtaining snack food without a hair restraint. AA-G indicated AA-G did not enter the kitchen area and did not need to wear a hair restraint in the dry storage area. Surveyor also observed Dietary Aide (DA)-I enter the kitchen without a hair restraint. DA-I walked through the kitchen to a back office, bagged cookies from a prep shelf, and then cleaned and completed kitchen tasks. Surveyor interviewed DA-I who indicated DA-I was not doing food prep and does not ever wear a hair net because DA-I's hair is in a ponytail. Surveyor also observed [NAME] (CK)-F prepare food for lunch. Surveyor noted CK-F had a full beard and mustache and was not wearing a beard restraint. Surveyor interviewed CK-F who indicated CK-F did not need to wear a beard restraint per the facility's policy because CK-F's beard was not longer than two inches.<br><br>On 2/25/25 at 11:57 AM, Surveyor observed AA-H in the first floor kitchenette (where the steam table was located and food was served) without a hair restraint. Surveyor interviewed AA-H who indicated AA-H should not be in the kitchenette without a hair restraint.<br><br>On 2/25/25 at 1:23 PM, Surveyor interviewed DCS-D who indicated staff who enter or work in the kitchen regardless of their position are required to wear a hair restraint, including those who enter unit kitchenettes where food service occurs. DCS-D indicated staff with beards should wear beard restraints. DCS-D was not sure if the facility's policy specified a beard length.<br><br>Mechanical Ware Washer and Three-Compartment Sink Sanitization:<br><br>The 2022 FDA Food Code documents at 4-302.13 Temperature Measuring Devices, Manual Ware Washing: Water temperature is critical to sanitization in ware washing operations. This is particularly true if the sanitizer being used is hot water. The effectiveness of cleaners and chemical sanitizers is also determined by the temperature of the water used. A temperature measuring device is essential to monitor manual ware washing and ensure sanitization. Effective mechanical hot water sanitization occurs when the surface temperatures of utensils passing through the ware washing machine meet or exceed the required 71 degrees Celsius (C) (160 degrees Fahrenheit (F)). Parameters such as water temperature, rinse pressure, and time determine whether the appropriate surface temperature is achieved. Although the Food Code requires integral temperature measuring devices and a pressure gauge for hot water mechanical ware washers, the measurements displayed by these devices may not always be sufficient to determine that the surface temperatures of utensils are reaching 71 C (160 F). The regular use of irreversible registering temperature indicators provides a simple method to verify that the hot water mechanical sanitizing operation is effective in achieving a utensil surface temperature of 71 C (160 F).<br><br>The 2022 FDA Food Code documents at 4-501.110 Mechanical Ware Washing Equipment, Wash Solution Temperature: (A) The temperature of the wash solution in spray type ware washers that use hot water to sanitize may not be less than: (1) For a stationary rack, single temperature machine, 74 degrees C (165 degrees F); (2) For a stationary rack, dual temperature machine, 66 degrees C (150 degrees F); (3) For a single tank, conveyor, dual temperature machine, 71 degrees C (160 degrees F); or (4) For a multi-tank, conveyor, multi-temperature machine, 66 degrees C (150 degrees F).<br><br>(continued on next page) |

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| | 525668 | A. Building<br>B. Wing | 02/26/2025 |

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| Newcastle Place | 12600 N Port Washington Rd #300<br>Mequon, WI 53092 |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | The 2022 FDA Food Code documents at 4-501.112 Mechanical Ware Washing Equipment, Hot Water Sanitization Temperatures. FDA Food Code 2022 Annex 3. Public Health Reasons/Administrative Guidelines Annex 3-173: The temperature of hot water delivered from a ware washer sanitizing rinse manifold must be maintained according to the equipment manufacturer's specifications and temperature limits specified in this section to ensure surfaces of multi-use utensils such as kitchenware and tableware accumulate enough heat to destroy pathogens that may remain on such surfaces after cleaning. The surface temperature must reach at least 71 C (160 F) as measured by an irreversible registering temperature measuring device to affect sanitization. When the sanitizing rinse temperature exceeds 90 C (194 F) at the manifold, the water becomes volatile and begins to vaporize reducing its ability to convey sufficient heat to utensil surfaces. The lower temperature limits of 74 C (165 F) for a stationary rack, single temperature machine, and 82 C (180 F) for other machines are based on the sanitizing rinse contact time required to achieve the 71 C (160 F) utensil surface temperature.<br><br>During an initial kitchen tour that began at 9:11 AM on 2/24/25, Surveyor and DCS-D noted the facility's ware washing machine was a hot water sanitizing machine. DCS-D confirmed the ware washing machine should reach 150 degrees F for the wash cycle and 180 degrees F for the sanitizing cycle. Surveyor observed the first load of dishes and noted the temperature reached 150 degrees F for the wash cycle and 163 degrees F for the sanitizing cycle. DCS-D reloaded the dishes and ran the wash cycle again. Surveyor noted the temperature reached 160 degrees F for the wash cycle and 163 degrees F for the sanitizing cycle. DCS-D indicated the ware washing machine was recently serviced and previously worked fine. During the observation, Surveyor did not observe an alternative sanitizing method for dishes used for cooking and resident meal consumption. Surveyor reviewed the facility's ware washing documentation which indicated a temperature of 180 degrees F for all sanitizing cycles in February of 2025. Surveyor interviewed DCS-D who indicated staff are required to use internal temperature strips. Surveyor noted there were no internal temperature strips noted on the ware washing documentation.<br><br>During a continuous kitchen observation that began at 10:45 AM on 2/25/25, DCS-D approached Surveyor and indicated the ware washing machine booster was not working and the ware washing machine was not reaching a temperature of 180 degrees F for the sanitizing cycle. DCS-D indicated the ware washing machine was being used to wash and rinse dishes and the three-compartment sink quaternary sanitizer was being used to sanitize pots, pans, prep dishes, utensils, and dishware used by residents for meal service.<br><br>On 2/25/25 at 1:23 PM, Surveyor interviewed DCS-D who confirmed the ware washing machine did not reach the required temperature and was unsure when the machine stopped working. DCS-D indicated the machine reached the appropriate temperature at times and verified staff were not documenting that internal surface temperature strips were used to ensure proper sanitization.<br><br>Sanitizing Solution Testing:<br><br>The Diversey quaternary test strip package insert indicates the test solution should be between 65 and 85 degrees F at the time of testing.<br><br>During an initial kitchen tour that began at 9:11 AM on 2/24/25, Surveyor observed dishes in the three-compartment sink. DCS-D indicated pots, pans, prep bowls, and other items are washed in the three-compartment sink. DCS-D indicated staff use quat sanitizer in the third compartment of the sink to sanitize the dishes and in buckets to sanitize and clean food prep areas.<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | During a continuous kitchen observation that began at 10:45 AM on 2/25/25, Surveyor observed CK-E fill the third compartment of the three-compartment sink that contained Diversey quat sanitizing solution. CK-E indicated CK-E does not test the water temperature and indicated a test strip was used to test the parts per million (PPM) of the sanitizing solution. CK-E retrieved a mechanical ware washing surface temperature strip and asked Surveyor if it was the correct strip to use. CK-E indicated CK-E was not sure and read the strip. CK-E then took a chlorine test strip and indicated CK-E would use the strip to ensure the quat sanitizer was at the correct PPM. Surveyor noted Diversey quat sanitizer test strips were in a bag of various test strips that CK-E used to obtain the ware washing surface temperature and chlorine sanitizing solution test strips. Surveyor observed CK-E use the chlorine sanitizing test strip and confirm the PPM for a chlorine-based sanitizer at 200 PPM. Surveyor interviewed CK-E who indicated it was the correct test strip and the correct PPM. CK-E confirmed the water temperature of the sink that contained sanitizing solution was not tested . Surveyor then requested CK-E obtain the water temperature. Surveyor observed CK-E test the temperature of the water and sanitizing solution which was 139 degrees F. Surveyor noted the quat sanitizer test strips contained the following manufacturer's instructions: Diversey Qt-10 Quaternary Sanitizer Test Kit: For testing quaternary sanitizing solutions .Changes color depending on solution strength .Dipping it into a bucket of solution 10 seconds .Temperature test between 65 F and 85 F.<br><br>Surveyor requested a copy of the facility's 3 compartment sink log which indicated sanitization at 200 PPM. The log did not contain documentation or a column to document the temperature of the sanitizing compartment of the three-compartment sink. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010<br><br>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 1 resident (R) (R12) of 3 sampled residents.<br><br>R12 had a wound and was on enhanced barrier precautions (EBP). On 2/24/25 and 2/26/25, staff provided care for R12 without wearing the proper personal protective equipment (PPE).<br><br>Findings include:<br><br>The facility's Enhanced Barrier Precautions policy, revised 4/5/24, indicates: Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that expand the use of personal protective equipment (PPE) and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multi-drug resistant organism (MDROs) to staffs' hands and clothing .1. Enhanced Barrier Precautions will be implemented for the following (including new admissions) .Wounds: This generally includes residents with chronic wounds, and not those with only shorter lasting wounds, such as skin breaks or skin tears covered with a Band-Aid or similar dressing. Examples of chronic wounds include, but are not limited to pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers .4. All team members will wear appropriate PPE (gown and gloves) for high-contact resident cares but not limited to: peri-care, device care (central line, urinary catheter, feeding tube, tracheostomy/ventilator, ostomy). transfers, toileting (excludes transfer outside of the resident's room (i.e., dining room, living room), bathing, wound care, hands on exercises (including therapy and restorative), when handling soiled linens (including housekeeping), specimen collection (i.e., blood draws, cultures, urine collection) .<br><br>From 2/24/25 to 2/26/25, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] and had diagnoses including urinary tract infection (UTI), cerebral infarction, and type two diabetes mellitus. R12's Minimum Data Set (MDS) assessment, dated 1/30/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R12 had intact cognition. R12 acquired skin wounds while at the facility.<br><br>On 2/24/25 at 10:49 AM, Surveyor observed the entrance to R12's room which contained an EBP sign near the door and a PPE cart and a garbage can near the entrance. R12's door was closed and staff were inside assisting R12 into bed. Surveyor could hear the staff speaking with R12 about peri-care and dressing.<br><br>On 2/24/25 at 10:56 AM, Surveyor observed Certified Nursing Assistant (CNA)-M and CNA-P exit R12's room with a Hoyer lift. Surveyor noted CNA-M and CNA-P were not wearing gowns or gloves and interviewed CNA-M and CNA-P as they exited the room. CNA-M and CNA-P indicated they transferred R12 into bed. CNA-M confirmed CNA-M did not wear a gown during cares. When Surveyor asked CNA-M if R12 was on EBP, CNA-M indicated CNA-M was not sure because R12 was in the hallway when CNA-M brought R12 to R12's room for cares and to be transferred into bed. Surveyor and CNA-M then observed the EBP sign near R12's door. CNA-M indicated CNA-M did not think R12 was on EBP because R12's catheter was removed over two weeks ago.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 2/24/25 at 11:09 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-Q who indicated R12 had open wounds on the buttocks and mid-spine. LPN-Q indicated R12's back wound was discovered that day and confirmed R12 was on EBP. LPN-Q indicated staff who provide cares and transfer R12 should follow the EBP orders and wear appropriate PPE, including a gown and gloves.<br><br>R12's medical record contained the following orders:<br><br>~ Cleanse moisture-associated skin damage (MASD) to left buttock with soap and water, rinse and pat dry. Apply Xeroform to open areas. Cover with border foam every day shift. (Start date: 2/21/25)<br><br>~ Back mid-spine. Cleanse with soap and water, rinse and pat dry. Apply Xeroform to open area then cover with border foam in the morning. Back middle of spine. (Start date: 2/25/25)<br><br>~ Pro-Stat AWC Oral Liquid (Amino Acids-Protein Hydrolysate). Give 30 milliliters (ml) by mouth in the afternoon for wound healing (Start date: 2/25/25)<br><br>~ Enhanced Barrier Precautions. Gown and gloves should be worn while providing high-contact resident care (dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting). (Start date: not indicated)<br><br>R12's plan of care indicated the following:<br><br>~ R12 had a pressure injury on the spine related to impaired mobility, bony protrusion of spine, reference to remain in bed majority of day and on back, history of cerebrovascular accident (CVA) with right-sided weakness, recent right femur fracture status-post repair. (Initiated: 2/24/25)<br><br>~ R12 has actual impairment to skin integrity of the bilateral buttocks related to MASD. (Initiated: 2/17/25)<br><br>~ Assess/record/monitor wound healing. Measure length, width, and depth where possible. Assess and document status of wound perimeter, wound bed, and healing progress. Report improvements and declines to the Medical Doctor (MD). (Initiated: 2/24/25)<br><br>~ Diet, supplement/vitamins/protein to promote wound healing. (Initiated: 2/24/25)<br><br>~ Enhanced Barrier Precautions-Gown and gloves should be worn while providing wound care. (Initiated: 1/31/25)<br><br>On 2/26/25 at 8:21 AM, Surveyor observed Restorative Aide (RA)-R in R12's room with the door open. Surveyor interviewed RA-R when RA-R exited R12's room. RA-R confirmed RA-R had just assisted R12 and was aware that R12 was on EBP. RA-R confirmed RA-R had initially donned PPE to assist R12 with restorative services, but removed PPE to exit and renter R12's room. RA-R confirmed RA-R did not don a gown prior to propping R12's legs up with pillows. RA-R indicated RA-R should have worn PPE to touch R12.<br><br>On 2/26/25 at 11:34 AM, Surveyor interviewed Therapy Program Manager (TPM)-S who indicated if a resident is on EBP, restorative staff should follow PPE requirements for transfers, cares, and touching the resident.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 2/26/25 at 11:34 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated staff should be aware of and follow the facility's EBP policies and procedures. |

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| F 0883<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop and implement policies and procedures for flu and pneumonia vaccinations.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32768<br><br>Based on staff interview and record review, the facility did not ensure vaccinations were offered or administered for 4 residents (R) (R12, R30, R148, and R346) of 5 sampled residents.<br><br>The facility did not offer R12, R30, R148, or R346 the PCV20 vaccine.<br><br>Findings include:<br><br>Abbreviations (www.cdc.gov):<br><br>PCV13: 13-valent pneumococcal conjugate vaccine (Prevnar13(R))<br><br>PCV15: 15-valent pneumococcal conjugate vaccine (Vaxneuvance(R))<br><br>PCV20: 20-valent pneumococcal conjugate vaccine (Prevnar 20(R))<br><br>PPSV23: 23-valent pneumococcal polysaccharide vaccine (Pneumovax23(R))<br><br>The most recent Centers for Disease Control and Prevention (CDC) recommendations for pneumococcal vaccinations indicate: For adults [AGE] years or older who have only received PPSV23, the CDC recommends: Give 1 dose of PCV15 or PCV20. The PCV15 or PCV20 dose should be administered at least 1 year after the most recent PPSV23 vaccination. Regardless of if PCV15 or PCV20 is given, an additional dose of PPSV23 is not recommended since they already received it. For those who have received PCV13 and 1 dose of PPSV23, the CDC recommends you give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine. For adults [AGE] years or older who have received PCV13, give 1 dose of PCV20 or PPSV23 at least 1 year after PCV13. Regardless of vaccine used, their vaccines are then complete.<br><br>1. From 2/24/25 to 2/26/25, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] and had diagnoses including fracture of right femur, diabetes, and hemiplegia. R12 was [AGE] years old and did not have an activated Power of Attorney (POA).<br><br>R12's medical record indicated R12 received the PPSV23 vaccine on 5/17/99 and the PCV13 vaccine on 8/4/16. R12's medical record did not indicate R12 was offered or administered the PCV20 vaccine.<br><br>2. From 2/24/25 to 2/26/25, Surveyor reviewed R30's medical record. R30 was admitted to the facility on [DATE] and had diagnoses including diabetes, dysphagia, respiratory failure, and pneumonia. R30 was [AGE] years old and had an activated POA.<br><br>R30's medical record indicated R30 received the PPSV23 vaccine on 10/10/07 and the PCV13 vaccine on 9/7/16. R30's medical record did not indicate R30 was offered or administered the PCV20 vaccine.<br><br>3. From 2/24/25 to 2/26/25, Surveyor reviewed R148's medical record. R148 was admitted to the facility on [DATE] and had diagnoses including discitis, diabetes, and pleural effusion. R148 was [AGE] years old and did not have an activated POA.<br><br>(continued on next page) |

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| F 0883<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | R148's medical record indicated R148 received the PPSV23 vaccine on 1/17/12 and the PCV13 vaccine on 1/11/16. R148's medical record did not indicate R148 was offered or administered the PCV20 vaccine.<br><br>4. From 2/24/25 to 2/26/25, Surveyor reviewed R346's medical record. R346 was admitted to the facility on [DATE] and had diagnoses including asthma, ulcerative colitis, and myelopathy. R346 was [AGE] years old and did not have an activated POA.<br><br>R346's medical record indicated R346 received the PPSV23 vaccine on 4/11/13 and the PCV13 vaccine on 1/11/18. R346's medical record did not indicate R346 was offered or administered the PCV20 vaccine.<br><br>On 2/26/25 at 1:32 PM, Surveyor interviewed Infection Preventionist (IP)-C who indicated it was IP-C's understanding that R12, R30, R148, and R346 did not need further vaccinations. IP-C indicated IP-C was not aware IP-C needed to offer the PCV20 vaccine and did not have a system in place to offer residents PCV20 vaccination. When Surveyor showed IP-C the CDC guidelines for PCV20 vaccination, IP-C verified the recommendations and indicated IP-C would offer the PCV20 vaccine in the future. |