

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525692	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Oakwood Village East Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5833 American Parkway Madison, WI 53718	

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** 44552</p> <p>Based on observation, interview, and record review, the facility did not ensure that self-administration of medications was determined to be clinically appropriate for 1 (R10) of 1 residents reviewed out of a sample of 12 residents.</p> <p>Surveyor observed R10 to have medication sitting on the nightstand. R10 indicated it is an as needed medication (PRN) and was unable to remember if a self-administration assessment was completed.</p> <p>Evidenced by:</p> <p>The facility did not provide a Self-Administration policy.</p> <p>R10 was admitted to the facility on [DATE] with diagnoses including fracture of left foot, need for assistance with personal care, history of falling, cognitive communication deficit, abnormalities of gait and mobility, muscle weakness, kidney disease, depression, bipolar, edema, and reflux disease.</p> <p>On [DATE] at 9:23AM, Surveyor met R10. Surveyor observed R10 to have a liquid medication bottle sitting on the nightstand near R10's clock. R10 indicated it is an as needed medication. The medication label stated, Hydrocortisone/Nystatin/Tetracycline .Allergy relief .2gm/6mil .Discard after [DATE] .</p> <p>Surveyor reviewed R10's current orders and care plan. The medication was not listed in either. Surveyor reviewed R10's electronic file for a self-administration assessment. R10 did not have a self-administration assessment on file.</p> <p>On [DATE] at 4:31 PM, LPN D (Licensed Practical Nurse) indicated R10 does not self-administer medications. LPN D indicated he has not seen this medication before, there is not a current order for it, and it is expired. LPN D indicated he would destroy the medication and talk with R10. LPN D indicated the medication should not be in R10's bedroom.</p> <p>On [DATE] at 3:58 PM, DON B (Director of Nursing) indicated R10 does not have a self-administration assessment and the medication should not have been in R10's bedroom. At 4:22 PM, DON B indicated she has educated R10's family regarding bringing in medications.</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>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** 42038</p> <p>Based on interview and record review the facility did not develop a comprehensive person-centered care plan for 2 of 5 residents (R11 and R32) reviewed for unnecessary medications.</p> <p>R11 does not have a care plan for the use of an antidepressant medications and an antianxiety medication.</p> <p>R32 does not have a care plan for the use of antidepressant medication.</p> <p>This is evidenced by:</p> <p>The facility's policy titled Psychotropic Drug Use, dated 11/1/21, states in part: .Admission Orders or Initiation of Psychotropic Medication Use .5. Nurse will initiate behavior monitoring for behaviors specific to resident. Targeted behavior monitoring will be recorded in the Medication Administration Record (MAR). 6. Nurse/ Social Worker will update Care Plan including goals and interventions, including non- pharmaceutical approaches. 7. Nurse to initiate medication and administer medication per MD (Medical Doctor) order. Ongoing monitoring for adverse side effects and therapeutic effects of medication use</p> <p>Example 1</p> <p>R11 was admitted to the facility on [DATE] with diagnoses that include Chronic Obstructive Pulmonary Disease (COPD; a group of lung diseases that blocks the airflow and makes it difficult to breathe), Type 2 Diabetes Mellitus, depression, and anxiety.</p> <p>R11 is taking the antidepressants buspirone and sertraline daily. R11 is also taking the antianxiety medication lorazepam on an as needed basis.</p> <p>R11's care plan does not address the use of the antidepressant or antianxiety medication, side effects to monitor for, or non- pharmacological interventions used to assist with alleviating feelings of depression or anxiety.</p> <p>Example 2</p> <p>R32 was admitted to the facility on [DATE] with diagnoses that include generalized anxiety disorder, Multiple Sclerosis (a disease where the immune system eats away at the protective covering of the nerves), and status- post abdominal surgery.</p> <p>R32 is taking the antidepressant sertraline daily for generalized anxiety disorder.</p> <p>R32's care plan does not address the use of the antidepressant medication, side effects to monitor for, or non- pharmacological interventions used to assist with alleviating feelings of anxiety.</p> <p>(continued on next page)</p>		

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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>On 6/6/24 at 3:19 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if staff should be monitoring residents for side effects of psychotropic medications, DON B stated that her hope was that it would be captured in the behavior documentation. Surveyor asked DON B if psychotropic medications should be addressed in the care plan, DON B stated absolutely. Surveyor asked DON B what non-pharmacological interventions are in place for residents with depression and/ or anxiety, DON B stated that she was not sure.</p> <p>Surveyor requested a copy of the facility's care plan policy, and it was not provided.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on interview and record review, the facility did not ensure that residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record for 4 of 5 residents (R11, R10, R13, and R32) reviewed for unnecessary medications.</p> <p>R11 was prescribed psychotropic medications without adequate monitoring of side effects, individualized behavior monitoring, or non-pharmacological approaches/interventions utilized.</p> <p>R10 was prescribed a hypnotic without a sleep assessment, an antipsychotic medication and an antidepressant medication without individualized behavior monitoring, and non- pharmacological approaches/ interventions utilized.</p> <p>R13 was prescribed an antidepressant without adequate monitoring of side effects, individualized behavior monitoring, or non-pharmacological approaches/interventions utilized.</p> <p>R32 prescribed an antidepressant without adequate monitoring of side effects, individualized behavior monitoring, or non-pharmacological approaches/interventions utilized.</p> <p>Findings include:</p> <p>The facility's policy titled Psychotropic Drug Use, dated 11/1/21, states in part: .Admission Orders or Initiation of Psychotropic Medication Use .5. Nurse will initiate behavior monitoring for behaviors specific to resident. Targeted behavior monitoring will be recorded in the Medication Administration Record (MAR). 6. Nurse/ Social Worker will update Care Plan including goals and interventions, including non- pharmaceutical approaches. 7. Nurse to initiate medication and administer medication per MD (Medical Doctor) order. Ongoing monitoring for adverse side effects and therapeutic effects of medication use .</p> <p>Example 1</p> <p>R11 was admitted to the facility on [DATE] with diagnoses that include Chronic Obstructive Pulmonary Disease (COPD; a group of lung diseases that blocks the airflow and makes it difficult to breathe), Type 2 Diabetes Mellitus, depression, and anxiety.</p> <p>R11 is taking the antidepressants buspirone daily for anxiety and sertraline daily for depression. R11 is also taking the antianxiety medication lorazepam on an as needed basis.</p> <p>R11's MAR (Medication Administration Record) does not list resident specific behaviors to monitor for. R11's MAR states, Record negative statements each shift and Record number of anxious episodes each shift. There are no non-pharmacological approaches/ interventions listed.</p> <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There is no documentation that the facility is monitoring R11 for side effects or efficacy of psychotropic medications.</p> <p>Example 2</p> <p>R10 was admitted to the facility on [DATE] with diagnoses that include bipolar disorder, major depressive disorder, and insomnia.</p> <p>R10 is taking the antidepressant Venlafaxine daily for Major Depressive Disorder, the anti-convulsant medication Divalproex Sodium daily for manic depression (this medication can be used as an anticonvulsant or as a mood stabilizer), and the antidepressant trazodone daily for insomnia (this medication can be used as an antidepressant or for insomnia). R10 also takes the antipsychotic medication olanzapine daily for bipolar disorder.</p> <p>R10's MAR does not list resident specific behaviors to monitor for. R10's MAR states, Record negative statements each shift and Record number of agitated episodes each shift, Number of hours slept each shift. There are no non-pharmacological approaches/ interventions listed.</p> <p>It is important to note that Surveyor requested a copy of R10's sleep assessment and none was provided.</p> <p>Example 3</p> <p>R13 was admitted to the facility on [DATE] with diagnoses that include right ankle fracture, Type 2 Diabetes Mellitus, and depression.</p> <p>R13 takes the antidepressant duloxetine daily for depression.</p> <p>R13's MAR does not list resident specific behaviors to monitor for. R13's MAR states, Record negative statements each shift There are no non-pharmacological approaches/ interventions listed.</p> <p>Example 4</p> <p>R32 was admitted to the facility on [DATE] with diagnoses that include generalized anxiety disorder, Multiple Sclerosis (a disease where the immune system eats away at the protective covering of the nerves), and status- post abdominal surgery.</p> <p>R32 is taking the antidepressant sertraline daily for generalized anxiety disorder.</p> <p>R32's MAR does not list resident specific behaviors to monitor for. R13's MAR states, Record anxious episodes each shift There are no non-pharmacological approaches/ interventions listed.</p> <p>There is no documentation that the facility is monitoring R32 for side effects or efficacy of psychotropic medications.</p> <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/6/24 at 2:00 PM, Surveyor interviewed RN O (Registered Nurse). Surveyor asked RN O what targeted behaviors are being monitored for R10 and R13, RN O states that for R10 they are monitoring for anxiety and negative statements. RN O reported that R10 is very happy right now and negative statements would be unusual for R10. Surveyor asked RN O what the process is for a resident that has an order for a hypnotic medication, RN O stated that they would have to get consent, and the resident will have a targeted behavior to monitor for hours slept. Surveyor asked RN O if they conduct a sleep assessment, RN O stated that she was not sure.</p> <p>On 6/6/24 at 3:19 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what individualized target behaviors these residents are being monitored for, DON B stated that if a resident is on an antidepressant, they monitor for negative statements, if they are on an antianxiety medication, they monitor for anxiety and agitation; DON B then stated that it was blanket monitoring. Surveyor asked DON B if staff should be monitoring for side effects of psychotropic medications, DON B stated that she hoped it was being captured in the behavior documentation. Surveyor asked DON B what they process was for a resident that is admitted on a hypnotic/ medication for sleep, and if R10 had a sleep assessment completed, DON B stated that R10 did not have a sleep assessment and she would have expected that on would have been completed. Surveyor asked DON B what non- pharmacological interventions have been put in place for these residents with depression and anxiety, DON B stated that she was not sure.</p> <p>It is important to note that Surveyor requested a policy for sleep assessments and DON B reported that they did not have one.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44552</p> <p>Based on observation, interview, and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 36 residents residing at the facility.</p> <p>Surveyor observed no lids on the garbage cans in the kitchenettes. Garbage cans were placed near food prep/serve area. Surveyor observed no lids on the garbage cans near the food prep area in the main kitchen.</p> <p>Surveyor observed crumbs and dried on substance in the containers where the spatulas and spoons are kept in the main kitchen.</p> <p>Surveyor observed staff not following standard practice for temping food.</p> <p>Surveyor observed kitchenettes on 1st and 2nd floor to have crumbs and dust inside cupboards. Surveyor observed the microwave on the 1st floor to have dried on food inside microwave.</p> <p>Surveyor observed Dietary Aide not following proper glove and hand hygiene.</p> <p>Evidenced by:</p> <p>Management provided Surveyor cleaning checklist schedules. Management also provided Surveyor staff meeting notes that included expectations of cleaning kitchen and kitchenettes.</p> <p>The facility policy titled, Resource: Taking Accurate Temperatures, dated, 2017, states, in part; . Thermometers should be sanitized according to manufacturer's instructions. Bimetallic thermometers may be sanitized using a dish machine or three sink method. In between uses at one meal, an alcohol swab may be used to sanitize. (Use a new swab for each sanitizing.) .</p> <p>Example 1</p> <p>On 6/4/24 at 9:29 AM, Surveyor observed garbage cans near the food prep area with no lids. Surveyor observed crumbs, dried-on substance in the containers where the spatulas and spoons are kept. Director of Culinary Services E indicated everyone is responsible for cleaning up after themselves and there are cleaning checklists that are followed as well.</p> <p>Example 2</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/4/24 at 10:47 AM, Surveyor observed Executive Chef G temping food for lunch. Surveyor observed Executive Chef G putting thermometer in food, temping, taking thermometer out, and putting it in liquid sanitizer. Surveyor observed thermometer dripping with the solution and Executive Chef G placing the thermometer in the next food that needed to be temped. Surveyor asked Executive Chef G about the process for temping. Executive Chef G indicated he wipes the thermometer with his glove and Surveyor observed him doing this twice. Surveyor observed Executive Chef G touching other items such as the end of the thermometer, binder, pen, and counter, and then dry the thermometer with glove. Executive Chef G indicated understanding and stated he thinks they have alcohol wipes that could be used instead.</p> <p>Example 3</p> <p>On 6/4/24 at 11:10 AM, Surveyor observed kitchenettes on 1st and 2nd floor. On 1st floor Surveyor observed food splatter dried on the inside of the microwave. DSM F (Dietary Services Manager) indicated the microwave is cleaned once or twice a day. DSM F indicated that the splattered food could be from last night. Surveyor observed kitchen drawers to have dried-on substance, crumbs, and dust. Surveyor observed cups and lids to cups in the drawers. DSM F indicated the cups are for residents. DSM F indicated he would add cleaning the drawers to the cleaning lists. Surveyor observed garbage cans near the food service area with no lids. On the 2nd floor kitchenette Surveyor observed dried gray substance and dust in the cupboard that had pots and pans. DSM F indicated the kitchenettes could use a deep clean.</p> <p>On 6/6/24 at 10:20 AM, Surveyor met with DSM F and DCS E (Director of Culinary Services). Both indicated understanding of the above and indicated they would expect staff to follow cleaning expectations, follow proper hand hygiene when working with food, and follow correct temping procedures. DCS E indicated education will be provided to staff. DCS E indicated the facility has alcohol wipes that could be used for temping and DSM F indicated understanding on having lids on the garbage cans near the food prep areas.</p> <p>50285</p> <p>Example 4</p> <p>Facility staff were observed touching multiple items in the kitchenette while serving and handling food without changing gloves or performing proper hand hygiene.</p> <p>DA N (Dietary Aide) was observed dishing up lunch from the steam table with gloves on. DA N stepped away from the steam table and touched several other items in the kitchenette. DA N returned to the steam table with the same gloves on and continued dishing up the lunch meal.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Infection Control Policies, Hand Hygiene, last updated 11/2/2023, includes in part, How germs spread: Germs can spread from person to person or from surfaces to people when you .prepare or eat food and drinks with unwashed hands .touch surfaces or objects that have germs on them. When to wash hands/perform hand hygiene: Before, during, and after preparing food .immediately before and after glove removal .Gloves .Oakwood Staff are expected to adhere to all standard precaution guideline.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/4/24 at 11:50 AM, Surveyor observed DA N dishing up food from the steam table wearing gloves. Surveyor observed DA N touching meal tickets, microwave, plates, plate covers, cupboard handle, fridge handle, touching cake as it was dished up, and returning to dish up food from the steam table, all while wearing the same gloves.</p> <p>On 6/4/24 at 12:23 PM, DA N took food from a Styrofoam container wearing the same pair of gloves and put it on a resident plate after touching multiple kitchen doors, handles, milk jug, refrigerator, all with no glove change or hand hygiene.</p> <p>On 6/4/24 12:32 PM, Surveyor interviewed DA N who said that he wore gloves so that he doesn't touch the food and that it was an extra safety precaution. DA N stated that he had been educated on the proper use of rubber gloves the week prior during his orientation. Surveyor asked DA N if his gloves should be changed when he touches food, DA N stated yes. Surveyor asked DA N if he had changed his gloves before touching the resident's food in the Styrofoam container, DA N replied that he had not changed his gloves. Surveyor asked DA N if he should change his gloves after touching multiple surfaces in the kitchenette. DA N stated yes, he should have changed gloves, and no, he had not done so.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50285</p> <p>Based on interview and record review, the facility has not established an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect all 36 residents (R) in the facility.</p> <p>The facility failed to identify a COVID-19 outbreak when OT H (Occupational Therapy) tested positive for COVID-19.</p> <p>The facility did not recognize Centers for Disease Control and Prevention (CDC) guidance as one positive COVID-19 positive resident or staff qualified as an outbreak.</p> <p>The facility failed to notify public health of a COVID-19 outbreak per CDC guidelines.</p> <p>The facility failed to notify the Medical Director (MD) of a COVID-19 outbreak.</p> <p>The facility failed to implement COVID-19 outbreak protocols, including the notification of residents, families, with initial outbreak.</p> <p>The facility failed to document testing of residents and staff who displayed COVID-19 symptoms.</p> <p>The facility's COVID-19 summary was inaccurate and incomplete.</p> <p>The facility's line list was inaccurate and incomplete. Three different line lists were provided for January 2024 with differing symptomology.</p> <p>This is evidenced by:</p> <p>The facility policy titled Infection Control Policies, last updated 11/2/2023, indicates in part:</p> <p>.IP (Infection Preventionist)/designee reviews available information and laboratory results and ensure correct isolation procedure is implemented, as necessary. They will also ensure that isolation carts are stocked and placed by the door of the isolated room .</p> <p>A. The Employee Surveillance Line List: .The IP will follow up with the employee and update the line list/notify the supervisor .the Infection Preventionist will review the line list routinely to address any trends or potential outbreaks. In the event of an outbreak .DHS (Department of Health Services) and Public Health of [NAME] and [NAME] County are to be notified .</p> <p>Resident Surveillance: .The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility, and reports surveillance findings to .public health authorities when required .</p> <p>B. Elements needed and documented on the Resident Infection Control Surveillance Report .listing of symptoms .</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Infection Control for Commonly Encountered Diseases: COVID-19: Prevention Policies .In order to protect vulnerable residents, source control will still be implemented. Staff with symptoms of COVID-19 should immediately test themselves either at home or in the Infection Prevention office prior to the start of their shift. They should be wearing masks and if positive should return home and follow the instructions of the IP .</p> <p>The facility January 2024 COVID outbreak states</p> <p>A COVID outbreak was observed in the [HRC] beginning January of 24 on 1/6 with the infection of an occupational therapist. On 1/9 two more cases were identified, with the executive director and social work departments impacted. Cases reported to public health. First resident spread noticed on 1/11 with resident being sent out to (local hospital name) due to hypoxia. Negative tests in house but tested positive in the hospital. Mask mandates and unit testing were put in place, 3 more resident cases revealed with minor symptoms. 3 more staff would test positive with last case on 1/24 and unit masking and isolation ending on 2/6/24.</p> <p>COVID-19 General Testing and Reporting Guidelines:</p> <p>-As of 11/1/23 it is no longer necessary to report COVID-19 infections to public health or DHS (Department of Health Services) unless it is associated with a hospitalization .</p> <p>-Following a confirmed outbreak (defined as 2 or more cases of staff or residents in the same unit within a 14-day period) if COVID-19 in the Assisted Living or Skilled Nursing units of (facility name) masking will go into effect in units experiencing an outbreak, and general testing will occur in order to prevent widespread transmission .</p> <p>-Anyone with mild symptoms regardless of vaccination status should receive a viral test as soon as possible .</p> <p>Outbreak and Isolation Guidelines .The approach to an outbreak is to isolate the infected individual if they are a resident and to place them on airborne precautions .Testing in an outbreak will occur immediately, and then once again on day three and 5. In the event of more cases, testing will occur again on day 7. Masking signs will be placed on the doors of affected units. All visitors and staff must wear a mask .</p> <p>CMS (Centers for Medicare & Medicaid Services) .outbreak definition for nursing homes is as follows: A single new case of COVID-19 occurs among residents or staff to determine if others have been exposed.</p> <p>Example 1</p> <p>On 6/5/24 and 6/6/24, Surveyor reviewed Infection Control Line lists for the facility.</p> <p>The January line lists indicated, in part, the following for OT H:</p> <p>-Last date worked of 1/6/24.</p> <p>-Symptom on set date of 1/8/24.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Symptoms including sore throat, sinus congestion and cough (contagious).</p> <p>-Date of last symptoms of 1/14/24.</p> <p>-Other: COVID positive</p> <p>-Return to work date of 1/17/24.</p> <p>The second January line list that was supplied, indicated in part the following for OT H:</p> <p>-Last date worked of 1/6/24.</p> <p>-Symptom on set date of 1/8/24.</p> <p>-Symptoms including sore throat.</p> <p>-Date of last symptoms of 1/14/24.</p> <p>-Other: COVID positive</p> <p>-Return to work date of 1/17/24.</p> <p>The second January line list that was supplied, indicated in part the following for OT H:</p> <p>-Last date worked of 1/6/24.</p> <p>-Symptom on set date of 1/8/24.</p> <p>-Symptoms including sore throat.</p> <p>-Date of last symptoms of 1/14/24</p> <p>-Other: COVID positive</p> <p>-Return to work date of 1/17/24.</p> <p>Example 2</p> <p>The January line lists indicated, in part, the following for AD I (Administration):</p> <p>-Last date worked of 1/9/24.</p> <p>-Symptom onset date of 1/9/24.</p> <p>-Symptoms including sore throat, cough (productive or dry), sinus congestion, headache, cough (contagious), and fatigue/muscle aches.</p> <p>-Date of last symptoms of 1/14/24.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Other: COVID positive.</p> <p>-Return to work date of 1/18/24.</p> <p>The second January line lists indicated, in part, the following for AD I:</p> <p>-Last date worked of 1/9/24.</p> <p>-Symptom on set date of 1/9/24.</p> <p>-Symptoms including cough (productive or dry), headache, cough (contagious), and fatigue/muscle aches.</p> <p>-Date of last symptoms of 1/14/24.</p> <p>-Other: COVID positive.</p> <p>-Return to work date of 1/18/24.</p> <p>The third January line lists indicated, in part, the following for AD I:</p> <p>-Last date worked of 1/9/24.</p> <p>-Symptom on set date of 1/9/24.</p> <p>-Symptoms none indicated.</p> <p>-Date of last symptoms of 1/14/24.</p> <p>-Other: Covid positive.</p> <p>-Return to work date of 1/18/24.</p> <p>Example 3</p> <p>The January line lists indicated, in part, the following for ST J (Staff Member):</p> <p>-Last date worked of 1/5/24.</p> <p>-Symptom on set date of 1/10/24.</p> <p>-Symptoms fatigue, sinus congestion, cough (contagious).</p> <p>-Date of last symptoms of 1/15/24.</p> <p>-Other: COVID positive.</p> <p>-Return to work date of 1/18/24.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The second January line lists indicated, in part, the following for ST J:</p> <ul style="list-style-type: none"> -Last date worked of 1/5/24. -Symptom on set date of 1/10/24. -Symptoms sore throat, cough (productive or dry), fatigue, cough (contagious). -Date of last symptoms of 1/15/24. -Other: COVID positive -Return to work date of 1/18/24. <p>The third January line lists indicated, in part, the following for ST J:</p> <ul style="list-style-type: none"> -Last date worked of 1/5/24. -Symptom on set date of 1/10/24. -Symptoms none indicated. -Date of last symptoms of 1/15/24. -Other: COVID positive -Return to work date of 1/18/24. <p>Example 4</p> <p>The January line lists indicated, in part, the following for SS K (Social Services):</p> <ul style="list-style-type: none"> -Last date worked of 1/9/24. -Symptom on set date of 1/9/24. -Symptoms sore throat, cough (contagious). -Date of last symptoms of 1/17/24. -Return to work date of 1/20/24. <p>Example 5</p> <p>The January line lists indicated, in part, the following for CNA L (Certified Nursing Assistant):</p> <ul style="list-style-type: none"> -Last date worked of 1/28/24. <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Symptom on set date of 1/24/24.</p> <p>-Symptoms sore throat, cough (productive or dry), fatigue, sinus congestion, cough (contagious), and fatigue/muscle aches.</p> <p>-Date of last symptoms of 1/29/24.</p> <p>-Return to work date of 2/6/24.</p> <p>Example 6</p> <p>The January line lists indicated, in part, the following for RN M (Registered Nurse):</p> <p>-Last date worked of 1/24/24.</p> <p>-Symptom on set date of 1/24/24.</p> <p>-Symptoms sore throat, cough (productive or dry), sinus congestion, cough (contagious), and fatigue/muscle aches.</p> <p>-Date of last symptoms of 1/28/24.</p> <p>-Return to work date of 1/31/24.</p> <p>Example 7</p> <p>The January line lists indicated, in part, the following for R292.</p> <p>-Type of Infection: COVID</p> <p>-Symptom on set date of 1/11/24.</p> <p>-Symptoms including hypoxia.</p> <p>-Date of infection resolved of 1/21/24.</p> <p>-Comment: Transported to hospital on 1/11/24. Negative for COVID in-house, positive at hospital.</p> <p>Note: The facility provided Surveyor with three COVID line lists which contained different symptoms for staff listed. This makes it difficult to determine which line list is correct. This holds true for all additional examples.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/6/24 at 2:01 PM, Surveyor interviewed IP C (Infection Preventionist) and asked when a COVID outbreak would be declared, and IP C indicated when two positive cases of staff or residents in the same unit within a 14-day period. IP C indicated the outbreak began on 1/9/24. Surveyor asked IP C where he received that information and IP C indicated CDC. Surveyor showed IP C the CDC guidance of one positive case declares an outbreak. Surveyor asked IP C with knowing that when should testing have started and IP C indicated with the first positive case of COVID on 1/6/24. IP C indicated the outbreak should have been declared on 1/6/24. IP C indicated masking and testing for all residents and staff did not start until 1/9/24. Surveyor asked IP C if masking and testing should have started earlier, and IP C indicated with first positive case. IP C indicated that staff were requested to test before they returned to work on 1/9/24 and that the PM shift coordinator or lead should have tested them each shift. Surveyor asked what the testing dates for staff and residents were and IP C was indicated 1/9/24, 1/12/24, 1/15/24, and 1/18/24. Surveyor asked IP C if he had any documentation of staff or resident testing. IP C stated he did not. Surveyor asked IP C if resident testing should be documented in the resident medical record. IP C confirmed that per facility policy, when residents are tested it should be documented in their chart. Surveyor asked if there was any documentation of testing in the medical chart. IP C replied that he was not sure. Surveyor asked IP C how staff were notified of an outbreak. IP C stated that staff would be notified by their supervisors. Surveyor asked IP C how he ensured that outbreak notification had been completed. IP C stated that he was on vacation and did not return until 1/10/24 so the MA (medical assistant) was in charge of this, and the supervisors would have assisted. Surveyor asked if the Medical Director had been notified of the outbreak and IP C indicated he was not sure. IP C indicated he did not notify the Medical Director. Surveyor asked IP C if public health had been notified when a resident was hospitalized, and IP C indicated not knowing when public health was notified but should be notified within 24 hours of an outbreak. Surveyor asked IP C when a COVID outbreak would be cleared. IP C indicated 14 days after last positive. IP C indicated the outbreak ended too soon.</p> <p>The facility was not following CDC recommendations to recognize one positive COVID-19 indicates an outbreak and therefore, did not notify public health, the medical director, or the community of the outbreak in a timely manner. The facility failed to document COVID-19 in the resident medical record or staff files. The facility failed to maintain an accurate line list. With having 3 separate line lists with 3 different sets of symptoms, it would be difficult to determine which symptomology was used to determine outbreak surveillance and tracking. The facility failed to establish and maintain an effective infection prevention and control program that prevented the transmission of COVID-19 to staff and residents.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</p> <p>Based on interview and record review, the facility did not ensure they followed their antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use for 1 of 12 (R5) sampled residents and 4 of 4 (R9, R23, R4, R291) supplemental residents reviewed for antibiotic stewardship.</p> <p>R9 was on antibiotic for urinary tract infection without an appropriate indication. Facility did not have documentation of Urinalysis (UA) and Culture and Susceptibility (C&S).</p> <p>R23 was on antibiotic for urinary tract infection without an appropriate indication.</p> <p>R4 was on antibiotic for urinary tract infection without an appropriate indication.</p> <p>R5 was on antibiotic for urinary tract infection without an appropriate indication. Facility did not have documentation of an UA and C&S.</p> <p>R291 was on antibiotic for urinary tract infection without an appropriate indication. Facility did not have documentation of an UA and C&S.</p> <p>Evidenced by:</p> <p>The facility policy entitled Antibiotic Stewardship, dated 11/2/23, states, in part: .</p> <p>As part of the continuing commitment to provide high-quality care to all our residents, the leadership team of Oakwood has created an Antibiotic Stewardship Program (ASP). This program will promote the appropriateness of antibiotics in our facility. The overall goal of ASP is to prevent undesirable outcomes related to antibiotic misuse .</p> <p>Antibiotic Prescribing Guidelines: .</p> <p>2. The decision to prescribe an antibiotic will be guided by medical knowledge, best practices, and professional guidelines .</p> <p>Antibiotic Stewardship Policies:</p> <p>5. The program includes antibiotic use protocols and a system to monitor antibiotic use.</p> <p>a. Antibiotic use protocols: .</p> <p>ii. The McGeers, and/or Loeb Minimum Criteria may be used to determine whether to treat an infection with antibiotics .</p> <p>b. Monitoring antibiotic use:</p> <p>(continued on next page)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>i. Monitor response to antibiotics, and laboratory results when available, to determine if the antibiotic is still indicated or adjustments should be made .</p> <p>ii. Antibiotic orders obtained upon admission, whether new admission or readmission, to the facility, shall be reviewed for appropriateness.</p> <p>iii. Antibiotic orders obtained from consulting, specialty, or emergency providers shall be reviewed for appropriateness .</p> <p>viii. All antibiotic use shall be added to the Antibiotic Stewardship Spreadsheet and maintained regularly to ensure all information is correct and up to date .</p> <p>The facility policy entitled Infection Control Policies, dated 11/2/23, states, in part: .</p> <p>Resident Surveillance .</p> <p>Surveillance criteria are designed to increase the likelihood that all residents courted truly have the infection of interest.</p> <p>The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility .</p> <p>Data is collected from multiple sources to trend resident infections and prevent outbreaks. Oakwood utilizes McGeers as a standardized tool to define clinical criteria .</p> <p>B. Elements needed and documented on the Resident Infection Control Surveillance Report . :</p> <p>2. Listing of Symptoms</p> <p>3. Origin of Infection</p> <p>4. Type of Infection .</p> <p>8. Testing/Culture Information .</p> <p>Example 1</p> <p>R9 was admitted to the facility on [DATE].</p> <p>Surveyor reviewed the facility Monthly Infection Control Log (Line List) for May 2024. R9 was listed on the line list for Urinary Tract Infection (UTI). The line list indicated the following: .</p> <p>-Pathogen: Behavioral Change</p> <p>-Symptoms: Mood swings, irritable</p> <p>-Criteria Met- yes</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Date Started: 5/2/24</p> <p>-Date Infection Resolved or Antibiotic Stopped: 5/5/24</p> <p>-Antibiotic Type: Cefpodoxime</p> <p>-Facility Acquired or Hospital Acquired: Facility Acquired</p> <p>-Comments: Acquired in Assisted Living (AL). New behavioral changes second Urinalysis (UA) pending.</p> <p>Facility did not provide UA and C&S for this UTI.</p> <p>On 6/6/24 at 9:31 AM, Surveyor interviewed IP C (Infection Preventionist) and asked if criteria were met, and IP C indicated yes. Surveyor asked what standard of practice the facility follows, and IP C indicated McGeers and sometimes Loeb. Surveyor asked IP C if mood swings and irritable are indicative of appropriate symptoms per McGeers/Loeb. IP C indicated it is possible he did not mark all symptoms that would meet criteria. Surveyor asked IP C if symptoms should be identified to know whether criteria was met for antibiotics and IP C indicated yes.</p> <p>Example 2</p> <p>R23 admitted to the facility on [DATE].</p> <p>Surveyor reviewed the facility Monthly Infection Control Log (Line List) for May 2024. R23 was listed on the line list for UTI. The line list indicated the following:</p> <p>-Pathogen: MDR (Multi Drug Resistant) e. coli (Escherichia coli, an organism)</p> <p>-Symptoms: not documented</p> <p>-Criteria Met- no</p> <p>-Date Started: 5/12/24</p> <p>-Date Infection Resolved or Antibiotic Stopped: 5/17/24</p> <p>-Antibiotic Type: Macrobid</p> <p>-Oakwood or Hospital Acquired: Oakwood</p> <p>-Comments: cause not documented, UA ordered, foley removed 5/6</p> <p>R23's culture results dated 5/10/24 show >100,000 CFU/mL (colony forming unit per milliliter) Escherichia coli ***Multi- Drug Resistant*** and nitrofurantoin (Macrobid)- < 16 susceptible</p> <p>(continued on next page)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/6/24, at 09:31 AM, Surveyor interviewed IP C and asked if criteria were met. IP C indicated he couldn't find the symptoms in the notes and yes symptoms should be on the line list. Surveyor asked IP C about the comments on the line list indicating cause not documented and IP C indicated R23 should not have been on an antibiotic.</p> <p>Example 3</p> <p>R4 admitted to the facility on [DATE].</p> <p>Surveyor reviewed the facility Monthly Infection Control Log (Line List) for May 2024. R4 was listed on the line list for UTI. The line list indicated the following:</p> <ul style="list-style-type: none"> -Pathogen: Enterococcus faecalis -Symptoms: (blank) -Criteria Met: yes -Date Started: 5/11/24 -Date Infection Resolved or Antibiotic Stopped: (blank) -Antibiotic Type: Levofloxin -Oakwood or Hospital Acquired: Hospital -Comments: no symptoms listed or justification . <p>R4's culture results dated 5/7/24 shows:</p> <p>>100,000 CFU/MI Enterococcus faecalis. Levofloxin not on susceptibility list. Note of order to stop Levofloxin and start amoxicillin. Ampicillin susceptible.</p> <p>On 6/6/24 at 9:31 AM, Surveyor interviewed IP C and asked if symptoms should be on the line list to know if criteria were met and IP C indicated yes, and they were not listed. IP C indicated R4 should not have been on an antibiotic. Surveyor asked if there should be a resolve date on the line list. IP C indicated he is working on better documentation.</p> <p>Example 4</p> <p>R5 admitted to the facility on [DATE].</p> <p>Surveyor reviewed the facility Monthly Infection Control Log (Line List) for May 2024. R23 was listed on the line list for UTI. The line list indicated the following:</p> <ul style="list-style-type: none"> -Pathogen: MSSA (methicillin-susceptible Staphylococcus aureus) -Symptoms: Bacteremia <p>(continued on next page)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Criteria Met: yes</p> <p>-Date Started: 5/10/24</p> <p>-Date Infection Resolved or Antibiotic Stopped: 5/20/24</p> <p>-Antibiotic Type: Augmentin</p> <p>-Oakwood or Hospital Acquired: Hospital</p> <p>-Comments: Transferred off IV antibiotics to Augmentin</p> <p>Facility unable to supply UA and C&S.</p> <p>On 6/6/24 at 9:31 AM, Surveyor interviewed IP C and asked if criteria were met, and IP C indicated yes. Surveyor asked IP C how one would know without having the UA and C&S. Surveyor asked IP C if he has the UA and C&S for R5 and IP C indicated no. Surveyor asked if IP C should have UA and C & S and IP C indicated yes, he usually gets it off EPIC but this one he could not locate.</p> <p>Example 5</p> <p>R291 admitted to the facility on [DATE].</p> <p>Surveyor reviewed the facility Monthly Infection Control Log (Line List) for March 2024. R291 was listed on the line list for UTI. The line list indicated the following:</p> <p>-Pathogen: not listed</p> <p>-Criteria Met: yes</p> <p>-Symptoms: (blank)</p> <p>-Date Started: 3/9/24</p> <p>-Date Infection Resolved or Antibiotic Stopped: 3/13/24</p> <p>-Antibiotic Type: Amoxicillin</p> <p>-Oakwood or Hospital Acquired: Hospital</p> <p>-Comments: 2xs for 5 days- cystitis- no documented signs .</p> <p>Facility did not supply the UA and C&S.</p> <p>On 6/6/24 at 9:31 AM, Surveyor interviewed IP C and asked if R291 had symptoms and IP C indicated no symptoms were listed. Surveyor asked IP C how one would know if criteria was met. IP C indicated R291 should not have been on an antibiotic. IP C indicated he could not find the UA and C&S in Epic (Electronic Health Record).</p>		