

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/10/2024
NAME OF PROVIDER OR SUPPLIER Palm Terrace Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11162 Palm Terrace Lane Riverside, CA 92505	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47202</p> <p>Based on interview and record review, the facility failed to ensure a copy of the Advance Directive (AD - written statement of a person's wishes regarding medical treatment) was available in the resident's record and accessible to staff, for one of three residents reviewed for AD (Residents 15).</p> <p>This failure had the potential to make Resident 15's AD not readily retrievable by the staff and the physician, leaving them unaware of and unable to honor the residents' wishes regarding their medical treatment.</p> <p>Findings:</p> <p>On May 8, 2024, Resident 15's record was reviewed. Resident 15 was admitted to the facility on [DATE].</p> <p>A review of Resident 15's History and Physical dated March 1, 2024, indicated, .has the capacity to understand and make decisions .</p> <p>A review of Resident 15's Minimum Data Set (an assessment tool), dated February 29, 2024, indicated Resident 15 had a Brief Interview of Mental Status (a tool used to screen and identify the cognitive condition of residents) Score of 12 (moderate impairment in cognition).</p> <p>A review of Resident 15's Advance Directive Acknowledgement Form, dated February 29, 2024, indicated, .I do have an Advance Directive .</p> <p>There was no documented evidence a copy of the AD was provided in Residents 15's medical record.</p> <p>On May 9, 2024, at 08:47 a.m., during a concurrent interview and review of Resident 15's record with the Social Service Director (SSD), the SSD stated she is responsible for AD formulation and follow-up. The SSD further stated if the resident has an AD, copy of the AD is obtained and place in the resident's record. The SSD stated Resident 15 has an AD, but it was not available in the resident's record. The SSD further stated, Resident 15's AD should have been available and accessible to the staff and physician.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility Policy and Procedure titled, Advance Directives, dated December 2023, indicated, .Prior to, upon, or immediately after admission, the facility staff will ask residents, and/or their family members about the existence of any advance directives .Should a resident indicate that he or she has issued advance directive about his/her care and treatment .a copy of such directives be included in the medical records .</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>25281</p> <p>Based on observation, interview, and document review, the facility failed to ensure medications in emergency medication supply containers (EKITs) were safely stored, with individual medications placed in its own space to distinguish one from others.</p> <p>Two EKITs contained multiple different unit-dose medications in each compartment.</p> <p>This failure had the potential for delay in locating and administering the needed medication, and to increase medication errors.</p> <p>Findings:</p> <p>On May 7, 2024, at 11:10 a.m., during an inspection of the medication room with the Registered Nurse Supervisor (RNS), it was noted there were two EKITs, one EKIT contained 48 different medications and the other contained 40 different medications.</p> <p>The EKIT labeled, Nonantibiotic EKIT #1 (A-L), had 13 compartments for 48 different medications, each compartment containing multiple different medications in manufacturer's unit dose packaging, mixed together.</p> <p>The EKIT labeled, Nonantibiotic EKIT #2 (M-W), had 17 compartments for 40 different medications, each compartment containing multiple different medications in manufacturer's unit dose packaging, mixed together.</p> <p>The medications were alphabetically placed in the compartments and medications that sounded similar to each other were placed in the same compartment. Observed in one compartment placed together, were citalopram, carvedilol, and carbidopa/levodopa.</p> <p>On May 10, 2024, at 11:25 a.m., during an interview, the Consultant Pharmacist (CP) stated, medications in EKITs should be compartmentalized, with each medication stored separately in its own compartment. The CP agreed that having one medication per compartment would be safer for picking the right medication in the EKIT.</p> <p>The facility's policy and procedure titled, Medication Storage in the Facility Storage of Medications, dated December 12, 2023, indicated, .Medications and biologicals are stored safely .Medication storage areas are . free of clutter .</p> <p>According to the Institute for Safe Medication Practices (ISMP- a nationally recognized organization devoted entirely to preventing medication errors,) indicated, .ISMP's List of Confused Drug Names contains look-alike and sound-alike (LASA) name pairs of medications that have been published in the ISMP Medication Safety Alert!(R) Acute Care, the ISMP Medication Safety Alert!(R) Community/Ambulatory Care, and the FDA and ISMP Lists of Look-Alike Drug Names with Recommended Tall Man Letters .Use this list to determine which medications require special safeguards to reduce the risk of errors and minimize harm .</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to ISMP article titled, Adopt Strategies to Manage Look-Alike and/or Sound-Alike Medication Name Mix-Ups, dated June 2, 2022, indicated, .Store medications with problematic, error-prone, look-alike and/or sound-alike names in separate physical locations away from each other .</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>44504</p> <p>Based on observation, interview, and record review, the facility failed to ensure the dietary staff were able to carry out the functions of food and nutrition services safely and effectively when:</p> <ol style="list-style-type: none"> 1. Food service workers did not follow the facility's cleaning procedure to clean food preparation surfaces and stationary equipment. (Cross referred F 812) <p>This failure had the potential to cause foodborne illness for 64 of 64 sampled residents who received food from the kitchen.</p> <ol style="list-style-type: none"> 2. [NAME] (CK) 1 served chunky pasta for 10 of 10 sampled residents who had a physician prescribed pureed diet (food that has been ground, pressed and/or strained to a soft smooth consistency like pudding) during lunch on May 8, 2024. (Cross referred F 805) <p>These failures had the potential to place the residents at risk of aspiration (accidentally inhaling food or liquid into the lungs), choking, and decreased meal intake.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. On May 8, 2024, at 10:54 a.m., an observation was conducted with CK 1. CK 1 cleaned the prep table surface and blender base with sanitizer after preparing mechanical soft chicken. <p>On May 8, 2024, at 11:10 a.m., an interview was conducted with CK 1. She stated she used sanitizer to clean the prep table surface and blender base.</p> <p>On May 8, 2024, at 11:11 a.m., an interview was conducted with the Dietary Supervisor (DTR). She stated the dietary staff used sanitizer to clean the prep table surface and stationary equipment after use.</p> <p>On May 9, 2024, at 11:24 a.m., interviews were conducted with CK 2 and CK 3. CK 2 and CK 3 were asked how to clean the prep table surface and stationary equipment after use. Both stated, they use sanitizer to clean the prep table surface and stationary equipment.</p> <p>During a review of the facility Procedure title, SHELVES, COUNTERS, AND OTHER SURFACES INCLUDING SINKS (HANDWASHING, FOOD PREPARATION, ETC.), indicated, .Remove any large debris and wash surface with a warm detergent solution .Rinse with clear water using a clean sponge or cloth. Wipe dry with a clean cloth. 3. Spray with a sanitizer .</p> <p>During a review of the facility's Policy and Procedure titled, SANITATION, indicated, .The Food and Nutrition Services Director (Dietary Supervisor) is responsible for instruction employees in the fundamentals of sanitation in food service and for training employees to use appropriate techniques .</p> <p>(continued on next page)</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of the job description Cook, indicated, .The primary purpose of your job position is to prepare food in accordance with current applicable federal, state, and local standards, guidelines and regulations, with our established policies and procedures .in accordance with sanitary regulations .</p> <p>2. On May 8, 2024, at 10:38 a.m., an interview was conducted with CK 1. She stated she finished preparing all pureed food items (chicken, noodles, and vegetable) for lunch.</p> <p>On May 8, 2024, at 1:05 p.m., a test tray (to evaluate the quality of a meal during a meal service and identify any areas for improvement) was conducted with the DTR. The DTR stated the pureed noodles had chunks and did not have a smooth consistency.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with Registered Dietitian (RD) 2. She stated a pureed diet should be smooth in consistency with no chunks. The RD 2 further stated her expectation was for the cooks to follow the puree diet menu and recipe.</p> <p>During a review of the job description Cook, indicated, .Prepare food for therapeutic diets in accordance with planned menus .Prepare food in accordance with standardized recipes and special diet orders .</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>44504</p> <p>Based on observation, interview, and record review, the facility failed to ensure the appropriate food texture was provided for 10 of 10 sampled residents (Resident 6, 11, 13, 32, 39, 62, 63, 219, 170 and 369) who had a physician-prescribed pureed diet (food that has been grounded, pressed and/or starined to a soft smooth consistency like pudding) received chunky noodles during lunch on May 8 2024.</p> <p>This failure had the potential to place the residents at risk of aspiration (accidentally inhaling food or liquid into the lungs), choking, and decreased meal intake.</p> <p>Findings: (Cross reference 802)</p> <p>On May 8, 2024, at 1:05 p.m., a test tray (to evaluate the quality of a meal during a meal service and identify any areas for improvement) was conducted with the Dietary Supervisor (DTR). The surveyor tried one teaspoon of the pureed noodles and observed the pureed noodles had chunks and did not have a smooth consistency.</p> <p>The DTR stated the pureed noodles were not smooth and contained chunks. The DTR further stated, the potential risk for the residents on pureed diet who consumed the chunky noodles were choking and aspiration.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with Registered Dietitian (RD) 2. She stated pureed diet should be smooth in consistency with no chunks. RD 2 further stated residents who had a physician order for a pureed diet and were served chunky noodles could experience difficulty chewing and swallowing which could lead to choking and aspiration.</p> <p>During a review of the Physician Prescribed Diet Orders, indicated, .Residents 6, 11, 13, 32, 39, 62, 63, 219, 170 and 369 .on pureed diet .</p> <p>During a review of recipe, PUREED STARCH (Rice, Pasta, Potatoes), undated, indicated .Puree should reach a consistency slightly softer than whipped topping .</p> <p>During a review of the document titled, Regular Pureed Diet Definition from Diet Menu, dated 2023, indicated, .The pureed diet is a regular diet that has been designed for residents who have difficulty chewing/or swallowing .The texture of the food should be of a smooth and moist consistency .</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>44504</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's food preference was honored for one of 64 sampled residents (Resident 39) when milk and soup were not served during lunch on May 7, 2024.</p> <p>This failure had the potential to result in decreased food intake and could lead to unplanned weight loss, further compromising Resident 39's nutritional and medical status.</p> <p>Findings:</p> <p>On May 7, 2024, at 12:39 p.m., a concurrent dining room observation, interview, and review of Resident 39's Meal Tray Ticket was conducted with Resident 39 and Certified Nurse Assistant (CNA) 1.</p> <p>Resident 39's Meal Tray Ticket (menu based on the resident's diet physician order and food preference), dated 5/7/24, indicated, .Beverage: 4 oz.(ounce- unit of measurement) Milk .Likes: Puree soup .</p> <p>CNA 1 stated Resident 39 did not receive the 4 oz. of milk and pureed soup with his meal.</p> <p>Resident 39 stated he would like to have soup with his lunch.</p> <p>On May 8, 2024, at 9:45 a.m., an interview was conducted with the Dietary Supervisor (DTR). She stated she updates the residents food preferences upon admission, quarterly, annually, and as needed and enters the information into the tray card system (a computer software) to generate meal tray tickets. The DTR further stated the food service workers should follow the food items on the meal tray ticket and serve the residents.</p> <p>The DTR stated Resident 39 did not receive 4 oz. of milk and pureed soup with his lunch meal on May 7, 2024. The DTR further stated there was no soup available to serve Resident 39 and an alternative was not offered.</p> <p>On May 8, 2024, at 2:39 p.m., an interview was conducted with the DTR and Registered Dietitian (RD) 2. RD 2 stated it was important to honor the residents food preferences. The DTR stated residents may not eat their meals, which could result in an unplanned weight loss if their food preferences were not honored.</p> <p>During a review of the document titled, Nutrition-Quarterly Evaluation done by DTR, dated August 9, 2023, indicated, .Food Likes .Food preferences, like and dislikes obtained and updated and carried out, continue to adhere to food preferences .Likes soup with lunch and dinner meals .</p> <p>During a review of the facility's policy and procedure titled, FOOD PREFERENCES, dated 2023, indicated, . Resident's food preferences will be adhered to within reason .</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility policy and procedure titled, TRAY CARD SYSTEM, dated 2023, indicated, . Each meal tray at breakfast, lunch, and dinner will have a tray card which designates the resident's name, diet, food dislikes, food requests, allergies, beverage preference .</p> <p>During a review of the facility policy and procedure titled, MEAL SERVICE, dated 2023, indicated, .Meals that meet the nutritional needs of the resident will be served in an accurate and efficient manner .Nursing personnel will serve the trays immediately upon checking the tray to be sure nothing is missing from the tray .</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>44504</p> <p>Based on observation, interview, and record review, the facility failed to ensure the physician orders were followed for one resident(Resident 32) during a dining observation of 15 residents when :</p> <ol style="list-style-type: none"> 1. Resident 32, who had a Pureed diet (foods the has been ground, pressed and/or strained to a soft smooth consistency like pudding) order received a regular texture salad during lunch on May 7, 2024. 2. Resident 32 received an Oral Nutrition Supplement (ONS- Nutrition drinks that has high calories to help maintain or gain weight) with fewer calories than what the physician had ordered during lunch on May 7, 2024. <p>These failures had the potential to result in choking, aspiration (accidentally inhaling food or liquid into the lungs), and unplanned weight loss, further compromising Resident 32's nutritional and medical status.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of the Resident 32's Physician Diet Order dated October 8, 2023, indicated, .Pureed texture . <p>A review of Resident 32's Meal Tray Ticket (menu based on the resident's diet physician order), dated May 7, 2024, indicated, .Puree .</p> <p>On May 7, 2024, at 12:43 p.m., a concurrent dining room observation, interview, and review of Resident 32's Meal Tray Ticket were conducted with the Activities Supervisor (AS) and Activities Assistant (AA). The AS and AA stated Resident 32 was served a bowl of regular texture salad. The AS further stated, Resident 32 is on pureed diet and should not have received the salad.</p> <p>On May 8, 2024, at 9:45 a.m., an interview was conducted with the Dietary Supervisor (DTR). She stated Resident 32 was served a bowl of regular texture salad during lunch on May 7, 2024. The DTR further stated Resident 32 had a pureed diet order and was at risk of aspiration and choking if the resident consumed the salad.</p> <p>On May 9, 2024, at 9:31 a.m., an interview was conducted with the Director of Staff Development (DSD). The DSD stated he checked the meal trays daily during lunch for missed items, food preferences being honored, and diets (therapeutic, texture) were correct. The DSD stated Resident 32 had a pureed diet order and should not have been served a regular texture salad during lunch on May 7, 2024. The DSD fruther stated Resident 32 could have aspirated and chocked.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with Registered Dietitian (RD) 2. She stated it was important to follow the physician's diet orders as it directly affects the residents and is a part of the medical treatment.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RD 2 stated Resident 32 had pureed diet order and should not have received a regular texture salad. RD 2 further stated, Resident 32 got easily tired chewing regular texture foods and was at risk of choking and aspiration.</p> <p>During a review of the facility policy and procedure titled, DIET ORDERS, dated 2023, indicated, .Diet orders as prescribed by the physician will be provided by the Food & Nutrition Services Department .</p> <p>During a review of the facility policy and procedure titled, MENU PLANNING, dated 2023, indicated, .The menus are planning to meet nutritional needs of residents in accordance with .Physician's orders and, to extent medically possible .</p> <p>During a review of the facility policy and procedure titled, MEAL SERVICE, dated 2023, indicated, .Meals that meet the nutritional needs of the resident will be served in an accurate and efficient manner .Nursing personnel will serve the trays immediately upon checking the tray to be sure nothing is missing from the tray and the diets are correct .</p> <p>During a review of the document titled Cooks Spreadsheet (the document used to guide dietary staff on food items, portions, and therapeutic diet), dated 5/7/24, indicated, .Pureed: Providing pureed Fresh [NAME] Salad with dressing .</p> <p>2. A review of Resident 32's Dietary-Supplement Order, dated April 5, 2024, indicated, .Boost two times a day for supplement .Give 1 cartoon with lunch and dinner .</p> <p>A review of Resident 32's Meal Tray Ticket, dated May 7, 2024, indicated, .Boost 1 carton .</p> <p>On May 7, 2024, at 12:43 p.m., a dining room observation was conducted. Resident 32 was served Boost Glucose Control 1 cartoon 237ml (milliliters - a unit of measurement).</p> <p>On May 10, 2024, at 9:03 a.m., a concurrent interview and review of Resident 32's Dietary-Supplement Order, and Boost Glucose Control nutrition label were conducted with the DTR. The DTR stated Resident 32 was given Boost Glucose Control during lunch on May 7, 2024.</p> <p>The DTR stated Boost Glucose Control had 190 calories per cartoon and Boost had 240 calories per cartoon. The DTR further stated, providing Resident 32 with fewer calories would place Resident 32 at risk for not gaining weight.</p> <p>On May 10, 2024, at 9:40 a.m., a concurrent interview and record review of Resident 32's Dietary-Supplement order was conducted with the Director of Nursing (DON). The DON stated Resident 32 had a dietary supplement order for Boost 1 carton two times a day.</p> <p>The DON stated Resident 32 did not receive the Boost 1 carton supplement during lunch on May 7, 2024, as ordered by the physician. The DON further stated Resident 32 received Boost Glucose Control which contained fewer calories. The DON stated this placed Resident 32 at risk to not gain weight.</p> <p>During a review of the facility policy and procedure titled, DIET ORDERS, dated 2023, indicated, .Diet orders as prescribed by the physician will be provided by the Food & Nutrition Services Department .</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility policy and procedure titled, MEAL SERVICE, dated 2023, indicated, .Meals that meet the nutritional needs of the resident will be served in an accurate and efficient manner .Nursing personnel will serve the trays immediately upon checking the tray to be sure nothing is missing from the tray and the diets are correct .</p>		

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NAME OF PROVIDER OR SUPPLIER Palm Terrace Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11162 Palm Terrace Lane Riverside, CA 92505	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44504</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food preparation and storage practices in the kitchen when:</p> <ol style="list-style-type: none"> 1. Food service workers did not follow the facility's cleaning procedure to clean food preparation surfaces and stationary equipment. (Cross reference 802); 2. [NAME] (CK) 2 did not cover his mustache; 3. Five cracked tiles were found on the kitchen floor; 4. There was missing grout found in the kitchen dirty area; 5. There was peeling paint and holes found on the wall; 6. Four of four storage shelves in the dry storage room were rusted; 7. There was grease buildup found on the fire hoods; 8. The microwave had buildup; 9. The grid divider was covered with dust in the pot and pans area; 10. The ice machine pipes had buildup; and 11. Seven out of eleven white storage shelves in reach-in refrigerator had chipped paint. <p>These failures had the potential to increase the risk of cross-contamination and exposure to microorganisms that harbor foodborne pathogens, resulting in foodborne illness (stomach illness acquired from ingesting contaminated food) for 64 out of 64 sampled residents who received food from the kitchen and are medically compromised.</p> <p>Findings:</p> <p>1. On May 8, 2024, at 10:54 a.m., an observation was conducted with CK 1. CK 1 cleaned the prep table surface and blender base with sanitizer after preparing mechanical soft chicken.</p> <p>On May 8, 2024, at 11:10 a.m., an interview was conducted with CK 1, she stated she used the sanitizer to clean the prep table surface and blender base.</p> <p>On May 8, 2024, at 11:11 a.m., an interview was conducted with the Dietary Supervisor (DTR). She stated the dietary staff used sanitizer to clean the prep table surface and stationary equipment after use.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On May 9, 2024, at 11:24 a.m., interviews were conducted with CK 2 and CK 3. CK 2 and CK 3 were asked how to clean the prep table surface and stationary equipment after use. Both stated, they use sanitizer to clean the prep table surface and stationary equipment.</p> <p>On May 9, 2024, at 2:39 p.m., interviews were conducted with Registered Dietitian (RD) 2, RD 3 and the DTR. RD 3 stated the proper procedure for cleaning the prep table surface and stationary equipment was to wash, rinse, and sanitize after use. RD 2 and DTR stated not following the proper cleaning procedure could result in potential cross-contamination of the preparation areas and equipment.</p> <p>During a review of the facility Procedure titled, SHELVES, COUNTERS, AND OTHER SURFACES INCLUDING SINKS (HANDWASHING, FOOD PREPARATION, ETC.), indicated, .Remove any large debris and wash surface with a warm detergent solution .Rinse with clear water using a clean sponge or cloth. Wipe dry with a clean cloth. 3. Spray with a sanitizer .</p> <p>2. On May 7, 2024, at 10:19 a.m., CK 2 was observed to not have his mustache covered during meal preparation.</p> <p>On May 7, 2024, at 1:08 p.m., an interview was conducted with the DTR. She stated CK 2 should have had his mustache covered while in the kitchen.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated CK 2 should have had his mustache covered while working in the kitchen to prevent cross-contamination.</p> <p>During a review of the facility Policy and Procedure titled, DRESS CODE, dated 2023, indicated, .If applicable, beards and mustaches (any facial hair) must wear beard restraint .</p> <p>3. During the initial kitchen tour conducted on May 7, 2024, at 9:15 a.m., a concurrent observation and interview was conducted with the DTR. She stated there were five broken tiles found in the kitchen in the following areas:</p> <ul style="list-style-type: none"> i) Under the dish machine ii) In front of the dish machine iii) In the dirty area iv) In front of the pot and pan area <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated cracked tiles need to be replaced in order to have a smooth surface that is easily cleaned.</p> <p>4. On May 7, 2024, at 10:43 a.m., a concurrent observation and interview was conducted with the DTR in the dirty area of the kitchen. There was missing grout on the floor. The DTR stated the missing grout should be filled.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated the missing grout should be filled in order to have a smooth surface that is easily cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the U.S. Food and Drug Administration's (FDA) Food Code 2022, Annex 3: Section 6-201. 12 Floors, Walls, and Ceilings, Utility Lines, indicated, .Floors that are of smooth, durable construction and that are nonabsorbent are more easily cleaned .Requirements and restrictions regarding floor coverings, utility lines, and floor/wall junctures are intended to ensure that regular and effective cleaning is possible and that insect and rodent harborage is minimized .</p> <p>5. On May 7, 2024, at 10:43 a.m., a concurrent observation and interview was conducted with the DTR in the dirty area of the kitchen. The DTR stated there were 2 holes and chipped paint on the wall.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated the walls should not have chipped paint or holes and should have a smooth surface that is easily cleaned.</p> <p>During a review of the facility policy and procedure titled, WALLS, CEILINGS, AND LIGHT FIXTURES, dated 2023, indicated, .Walls .must be free of chipped and /or peeling paint .It is important to repair peeling paint areas as soon as they appear .</p> <p>6. On May 7, 2024, at 11:08 a.m., a concurrent observation and interview was conducted with the DTR and the Maintenance Supervisor (MTD) in the dry storage area. Four out of four silver storage shelves had brown grime. The DTR stated all four silver storage shelves had brown grime. The MTD stated the brown grime was rust.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated the storage shelves need to have a smooth surface that is easily cleaned. RD 2 further stated the rusted storage shelves should be replaced.</p> <p>During a review of the facility policy and procedure titled, SANITATION, dated 2023, indicated, .All .shelves . shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seam, cracks, and chipped areas .</p> <p>7. On May 7, 2024, at 10:38 a.m., a concurrent observation and interview was conducted with the DTR in front of the stove in the kitchen. There was black grease buildup on the fire hood pipes. The DTR stated the black grease buildup on the fire hoods could potentially drop into food while the cooks prepared food on the stove.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated the fire hood pipes above the stove should be kept clean.</p> <p>During a review of the facility policy and procedure titled, HOODS, FILTERS, AND VENTS, dated 2023, indicated, .Hoods must be free of dust and grease .</p> <p>During a review of the U.S. Food and Drug Administration's (FDA) Food Code 2022, Annex 3: Section 4-204. 11 Ventilation Hood Systems, Drip Prevention, indicated, .The dripping of grease or condensation onto food constitutes adulteration and may involve contamination of the food with pathogenic organisms .</p> <p>8. On May 7, 2024, at 9:17 a.m., a concurrent observation and interview was conducted with the DTR regarding the microwave in the kitchen. There was brown grime buildup inside the microwave. The DTR stated the microwave had buildup.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated the microwave should not have buildup and should have been kept clean.</p> <p>During a review of the facility policy and procedure titled, SANITATION, dated 2023, indicated, .All . equipment shall be kept clean .</p> <p>9. On May 7, 2024, at 9:48 a.m., a concurrent observation and interview was conducted with the DTR and RD 1 in the pot and pan area of the kitchen. The grid divider was covered with brown debris and black grime buildup. The DTR stated the brown debris was dust, and RD 1 stated there should not have been any grime, debris or dust on the grid divider.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated the grid divider should be kept clean to prevent cross-contamination.</p> <p>During a review of the facility policy and procedure titled, SANITATION, dated 2023, indicated, .All . equipment shall be kept clean .</p> <p>10. On May 7, 2024, at 11:10 a.m., an interview was conducted with the DTR regarding the ice machine in the kitchen. The DTR stated there is one ice machine used for the facility.</p> <p>On May 7, 2024, at 11:10 a.m., a concurrent observation and interview was conducted with the MTS regarding the ice machine in the kitchen. Inside the ice machine under the ice maker, there was brownish buildup on the pipes.</p> <p>The MTS stated there was brownish buildup on the pipes and he did not clean the ice machine pipes.</p> <p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated the pipes under the ice maker were not supposed to have buildup and should be kept clean.</p> <p>During a review of the facility policy and procedure titled, SANITATION, dated 2023, indicated, .All . equipment shall be kept clean .Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner .</p> <p>During a review of the facility policy and procedure titled, ICE MACHINE CLEANING PROCEDURES, dated 2023, indicated, .The internal components cleaned monthly or per manufacturer's recommendations . Information about .cleaning and care of the ice machine can obtained from owner's manual .</p> <p>During a review of the document titled, Ice Machine Owner's Manual, indicated, .Clean and sanitize the ice machine a minimum of once every six months for efficient operation .If the ice machine requires more frequent cleaning and sanitizing, consult a qualified service company to test the water quality and recommend appropriate water treatment .</p> <p>11. On May 7, 2024, at 11:54 a.m., a concurrent observation and interview was conducted with the DTR regarding Reach-in refrigerator number (#) 3. Seven of eleven white storage shelves inside the Reach-in refrigerator had chipped paint. The DTR stated the white storage shelves had chipped paint.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On May 9, 2024, at 2:39 p.m., an interview was conducted with RD 2. She stated the white storage shelves in the Reach-in Refrigerator # 3 should not have chipped paint and should be replaced. RD 2 further stated the white storage shelves need to have a smooth surface to be easily cleaned.</p> <p>During a review of the facility policy and procedure titled, SANITATION, dated 2023, indicated, .All .shelves . shall be kept clean, maintained in a good repair and shall be free from breaks, corrosions, open seam, cracks, and chipped areas .</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44505</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Treatment Nurse (TN) changed gloves and perform hand hygiene during wound care for one of one resident reviewed for pressure injury (Resident 64).</p> <p>This failure had the potential to result in cross-contaminatin, increasing the spread of infection for Resident 64.</p> <p>Findings:</p> <p>During a wound care observation in Resident 64's room, on May 9, 2024, at 9:15 a.m. with the TN, the TN removed and discarded the soiled wound dressing (a type of bandage used to cover a wound by sticking to the surrounding skin) then proceeded to clean Resident 64's wound with normal saline (a sterile solution of salt in water). The TN did not change gloves and perform hand hygiene in between.</p> <p>During an interview with the TN on May 09, 2024, at 2:43 p.m., the TN stated he did not follow good infection control practice. The TN stated, he did not change his gloves and did not perform hand hygiene after discarding the soiled wound dressing and before cleaning Resident 64's wound.</p> <p>During an interview with the Director of Nursing (DON) on May 10, 2024, at 11:50 a.m., she stated the TN should have changed gloves and performed hand hygiene after removing Resident 64's soiled wound dressing to prevent cross-contamination and infection.</p> <p>During a review of Resident 64's face sheet (a document that contains resident's basic demographic information), it indicated Resident 64 was admitted to the facility on [DATE], with diagnoses which included pressure ulcer of sacral region Stage 4 (Full thickness tissue loss with exposed bone, tendon, or muscle) and local infection of the skin and subcutaneous (fat) tissue.</p> <p>During a review of Resident 64's Treatment Administration Record, from May 1, 2024- May 31, 2024, indicated, .TX (treatment): Cleanse Sacrococcyx area with NS (normal saline), pat dry, apply Silvadene 1% (topical antibiotic cream) and Gentamicin 0.1% ointment (topical antibiotic medication) then calcium AG (alginate - derived from seaweed used for wound dressing), Cover with Foam Dressing daily x21 days and re-evaluate for stage 4 pressure injury every day shift for 21 days .</p> <p>The facility Policy and Procedure titled, Wound Treatment, dated January 2024, indicated, .it is the policy of the facility to provide guidelines for good technique in doing wound care .wash your hands .put on gloves . remove the soiled dressing .remove the gloves .wash your hands .put on clean gloves .clean the wound according to the order .apply clean dressing as ordered .</p>		