

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2024
NAME OF PROVIDER OR SUPPLIER Country Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1580 Broadway El Cajon, CA 92021	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43518</p> <p>Based on observation, interview, and record review the facility failed to ensure a homelike environment for one of 35 residents (548) when the resident's bathroom sink was left nonfunctioning for at least one week.</p> <p>This deficient practice created an environment that was not homelike for one resident. Cross reference F880.</p> <p>FINDINGS:</p> <p>Review of Resident 548's Admission Record indicated he was admitted to the facility on [DATE].</p> <p>Review of Minimum Data Set (MDS, a nursing assessment used in nursing homes) section C, Cognitive Patterns dated 3/5/24 indicated Resident 548 with a Brief Interview for Mental Status (BIMs, a test to determine cognitive levels in residents) score of 10, which indicates moderately impaired cognition.</p> <p>Review of MDS section GG, Functional Abilities and Goals dated 3/5/24 indicated that Resident 548 needed supervision or touch assistance for the categories of oral hygiene, toileting hygiene, shower/bath self and personal hygiene.</p> <p>On 3/26/24 at 10:50 A.M., during initial pooling of residents, an observation of Resident 548's room and interview with Resident 548 was conducted. Resident 548's sink was observed to have a handwritten sign that read DON'T USE. Resident 548's sink was separate from the enclosed bathroom and was the only sink in the room. Resident 548 stated that the sink had not been working since he had been admitted to facility, about 3 weeks ago.</p> <p>On 3/27/24 at 9:20 A.M., a concurrent observation of Resident 548's room and interview with Resident 548 was conducted. DON'T USE sign was posted on sink. Resident 548's bathroom was observed; the toilet reservoir tank cover was leaning on the wall, and bedpan washer (a hose attachment for bedpan and urinal cleaning) placed on handrail directly above the reservoir tank. Resident 548 stated that he was using the bedpan washer to rinse his hands into the reservoir tank after he used the toilet.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/27/24 at 9:25 A.M., a concurrent observation of Resident 548's bathroom and interview with CNA 56 was conducted. CNA 56 stated that the nonfunctioning sink had been an ongoing issue. CNA 56 stated he was unaware that Resident 548 was washing his hands in the toilet reservoir tank with the bedpan washer. CNA 56 stated this was an infection control, equipment, and safety problem. CNA 56 stated that the process for repairing broken equipment was to first report it to maintenance via a phone call, then fill out a maintenance slip, and then follow-up with maintenance if the repair was not done. CNA 56 stated he was unsure if this had been reported to maintenance and had not followed up on the repair status. CNA 56 stated that a nonfunctioning sink did not create a homelike environment for the residents and could spread infection.</p> <p>On 3/27/24 at 9:35 A.M., a concurrent observation of Resident 548's bathroom and interview with LN 57 was conducted. LN 57 stated she was unaware that Resident 548 was washing his hands in the toilet reservoir tank with the bedpan washer. LN 57 stated that the process for repairing broken equipment was to first report it to maintenance via a phone call, then fill out a maintenance slip, and then follow-up with maintenance if the repair was not done. LN 57 stated that the importance of fixing broken equipment in resident's rooms is to maintain a homelike environment and prevent infection.</p> <p>On 3/27/24 at 9:45 A.M., a concurrent observation of Resident 548's bathroom and interview with Facility Manager (FM) was conducted. Reviewed the process Resident 548 used to clean his hands after using restroom with FM. FM stated he was unaware that Resident 548 was washing his hands in the toilet reservoir tank with the bedpan washer. FM stated that Resident 548 washing his hands in the reserve tank for the toilet was unacceptable and an infection control problem. FM stated that the nonfunctioning sink was not homelike.</p> <p>On 3/27/24 at 12:52 P.M., an interview was conducted with the Administrator (ADM). ADM stated that the expectation is that the room should have functioning sink in the room, repairs should be done in a timely manner, the resident should have been given alternative hand hygiene options, and education about appropriate hand hygiene with the resident. ADM stated a nonfunctioning sink was not homelike and could spread infection.</p> <p>On 3/29/24 at 11:05 A.M. an interview with the Director of Nursing (DON) was conducted. The DON stated that a nonfunctioning sink was not homelike and could spread infection.</p> <p>Review of policy entitled Homelike Environment revised February 2021, indicated Residents are provided with a safe, clean, comfortable, and Homelike environment .2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, Homelike setting. These characteristics include: a. clean, sanitary, and orderly environment .</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22383</p> <p>Based on record review the facility failed to ensure 1 of 3 residents sampled for dialysis (157) had a care plan developed for the dialysis access of an AV fistula (arteriovenous fistula is a surgical connection between an artery and a vein) to ensure the AV fistula was assessed for thrill (thrill or buzz is like a vibration caused by blood flowing through the fistula) and bruit (Bruit is a rumbling or swooshing sound) to determine the AV fistula was functional, or to determine when the post dialysis AV fistula dressing was to be removed.</p> <p>As a result, an issue with the residents AV fistula would not be identified timely to receive immediate care.</p> <p>Findings:</p> <p>Resident 157 was admitted to the facility on [DATE], with diagnosis that included diabetes and renal failure requiring dialysis.</p> <p>On 3/27/24, Resident 157's clinical record was reviewed the only care plan related to dialysis for Resident 15's AV fistula contained only approaches related to the assessment of the signs and symptoms of infection, to be monitored every shift. The care plan had no approaches related to the staff assessing the thrill or bruit to ensure function and did not have any approaches related to bleeding or when the after dialysis dressing needed to be removed.</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>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** 46235</p> <p>Based on observation, interview, and record review, the facility did not develop patient centered care plans for 2 of 52 residents reviewed for care plans (Resident 32 and 154).</p> <p>These failures had the potential for the residents to not receive care and services specific to the residents' needs.</p> <p>Findings:</p> <p>1. Resident 32 was admitted to the facility on [DATE] with diagnoses including left hand contracture (shortening of muscles and tendons, often leading to permanent deformity and stiffening of joints) according to the facility's Admission Record.</p> <p>During an observation and interview on 3/26/24, at 9:20 A.M. with Resident 32, Resident 32 was in bed with a splint on her left hand. Resident 32 stated she could not move her left thumb. Resident 32's legs were exposed and both feet were observed to have foot drop (difficulty lifting the front part of foot). Resident 32 was able to raise both legs but were unable to bend her feet towards Resident 32's head.</p> <p>During an interview and concurrent record review on 3/29/24, at 11:35 A.M. with licensed nurse (LN) 42, LN 42 stated there were no care plans to address Resident 32's left hand contracture and bilateral foot drop.</p> <p>2. Resident 154 was readmitted to the facility on [DATE] with diagnoses including post-traumatic stress disorder (PTSD- a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event) according to the facility's Admission Record.</p> <p>During an observation on 3/28/24, at 2:24 P.M., Resident 154 was in bed with eyes closed and was snoring.</p> <p>An interview was conducted on 3/28/24, at 2:28 P.M. with LN 44. LN 44 stated Resident 154 preferred to stay in bed to sleep. LN 44 stated Resident 154 had been aggressive, had refused medications and preferred to be left alone.</p> <p>LN 42 was also at the nurse's station during the interview with LN 44 and stated Resident 154 had episodes of combativeness, refused to be changed and had refused showers. LN 42 reviewed Resident 154's diagnoses in the electronic medical record (EMR) and LN 42 stated Resident 154 had a diagnosis of PTSD. LN 42 did not know what events triggered Resident 154's PTSD.</p> <p>During an interview and concurrent record review on 3/28/24, at 3:20 P.M. with the social service director (SSD), the SSD stated the care plans for Resident 154 did not indicate what traumatic event Resident 154 experienced. The SSD further stated it was important to care plan Resident 154's traumatic experience for staff to know the triggers.</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>The director of nursing was interviewed on 3/29/24, at 3:54 P.M. The DON stated care plans were needed to address residents' problems.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated March 2022, the P&P indicated, .The comprehensive, person-centered care plan should .b. Describe the services that are to be furnished in an attempt to assist the resident attain or maintain that level of physical, mental, and psychosocial wellbeing that the resident desires or that is possible .</p> <p>The facility's P&P titled, Trauma-Informed and Culturally Competent Care, dated August 2022 was reviewed. The P&P indicated, .Resident Care Planning 1. Develop individualized care plans that address past trauma in collaboration with the resident and family .4. Develop individualized care plans that incorporate language needs, culture, cultural preferences, norms and values .</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38924</p> <p>Based on observation, interview, and record review, the facility failed to ensure appropriate nutritional parameters were maintained for a resident, Resident 60, with a severe weight loss of 18.4% in six months.</p> <p>This failure had the potential to result in additional unintentional weight loss and loss of lean body mass, which could lead to further nutrition decline for Resident 60.</p> <p>Findings:</p> <p>According to an American Family Physician article titled Evaluating and Treating Unintentional Weight Loss in the Elderly, .Elderly patients with unintentional weight loss are at higher risk for infection, depression and death. [NAME], 2002; 65: pp. 640-650.</p> <p>According to the facility's Admission Record dated 3/28/24, Resident 60 was admitted on [DATE] with diagnoses which included end stage renal disease (kidney failure), dysphagia (difficulty swallowing), type 2 diabetes mellitus (inability to manage blood sugar), and Vitamin D deficiency (low blood levels of vitamin D).</p> <p>During a record review of the facility's Weight history from Resident 60's dialysis clinic post weight measurement report from October 2023-March 2024, the weights indicated Resident 60 experienced a 18.4% severe weight loss in six months from October 2023-March 2024. The resident's weights indicated:</p> <p>October 9, 2023 - 125.4 pounds</p> <p>November 10, 2023 - 119.7 pounds</p> <p>December 15, 2023 - 110 pounds</p> <p>January 19, 2024 - 104.7 pounds</p> <p>February 21, 2024 - 105.2 pounds</p> <p>March 18, 2024 - 102.3 pounds</p> <p>During a record review of Resident 60's Admission/Annual Nutrition Risk assessment dated [DATE] completed by the Registered Dietitian (RD), the nutrition assessment indicated resident's weight= 124 pounds, height= 60 inches, BMI= 24.3; Goal weight: 125-145 pounds; Meal intake: 25%-50%; Recommended Energy Needs: 1695-1978 calories/day, 71-85 grams of protein, and 1412-1695 milliliters (mls) of fluid/day; Diet: Renal, .Goals: .Consuming 25%-50% of her Renal, Pureed, Honey thickened diet . Recommend fortifying her diet .</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of Resident 175's Interdisciplinary Team Conference Notes dated 2/1/24, the IDT document indicated .II. Dietary Services .B . Weight Change in the last 3 months: loss of 24.7 pounds in the last three months = 20.1% (weight loss) .signed by the Assistant Dietary Manager (ADMR) .</p> <p>During an interview on 3/28/24 at 11:22 AM with the Registered Dietitian (RD), the RD stated Resident 60 was on dialysis treatment three times a week and was on a renal diet until February 2024. The RD stated he spoke with Resident's 60's Nurse Practitioner (NP) about removing the renal diet and liberalizing resident 60's diet to Fortified diet, Mechanical soft texture, thin liquids consistency because the resident had low intake of the renal diet.</p> <p>On 3/29/24 at 10:00 A.M., Resident 60's Nurse Practitioner (NP) was called but there was no answer. A voicemail message was left for the NP about the survey.</p> <p>During an interview on 3/29/24 at 2:39 P.M., the Director of Nursing (DON) stated Resident 60's weight loss may have been due to her clinical renal failure condition. The DON further stated resident weight changes are identified by the RD and then the facility's weight committee would determine the best protocol based on the RD's recommendations. The DON stated he was unaware of the resident's severe weight loss of 18.4% in six months.</p> <p>A copy of Resident 60's Physician's progress notes from July 2023 to March 2024 were requested but were not provided by the facility.</p> <p>During a record review of Resident 60's care plan initiation date 11/2/23, revision date 3/6/24, the care plan indicated .Focus- Nutritional Risk: Resident has the potential for altered nutrition/fluctuating weights and/or hydration status related to diabetes mellitus (DM), ESRD .Goal: .will maintain adequate nutrition status as evidenced by stably weight .125-145 pounds .Interventions/Tasks .Observe for signs or symptoms of malnutrition .refusing meals, significant weight loss, significant abnormal labs .and report to physician as needed .</p> <p>During a review of the facility policy and procedure (P&P) titled Weight Assessment and Intervention dated 2001, showed resident weights are monitored for undesirable or unintended weight loss or gain. The threshold for significant unplanned and undesired weight loss will be based on the following criteria: a. 1 month - 5% weight loss is significant; greater than 5% is severe; b. 3 months - 7.5% weight loss is significant; greater than 7.5% is severe; c. 6 months - 10% weight loss is significant; greater than 10% is severe. Undesirable weight change is evaluated by the treatment team whether or not the criteria for significant weight change has been met. The evaluation includes: a. the resident's target weight range; b. the resident's calorie, protein, and other nutrient needs compared with resident's current intake; c. the relationship between current medical condition or clinical situation and recent fluctuations in weight; and d. whether and to what extent weight stabilization or improvement can be anticipated.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's Weight Change Protocol dated 2023, the protocol indicated .early identification of a weight problem and possible cause(s) can minimize complications. Assessment of residents experiencing weight changes should be completed in a timely manner. Residents who experience significant changes in weight or insidious (gradual and continuous) weight loss will be assessed by the facility RD (Registered Dietitian). The recommended assessment included but not limited to: Resident's usual weight and weight goal; Nutrition content of the diet provided and percent of intake for multiple days; General appearance, muscle and fat wasting; Calculate energy, protein, and fluid needs using perimeters as in the initial and annual assessment; Determine if the weight change is expected or desired outcome; Current dietary plan of care is appropriate to meet the goal; Identify reasons for the weight loss .</p> <p>During a review of the facility's P&P titled Nutritional Screening/Assessment/Resident Care Planning dated 2023, the P&P indicated .The FNS (food and nutrition services director) and/or Facility Registered Dietitian will participate in resident care planning to contribute pertinent nutritional information to the medical and nursing team .</p> <p>47466</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure one of one resident (Resident 154) received Trauma Informed Care (TIC- an intervention and organizational approach that focuses on how trauma may affect an individual's life and his or her response to behavioral health).</p> <p>This failure resulted in the facility's inability to identify possible triggers that could result in re-traumatization (the reactivation of trauma symptoms via thoughts, memories, or feelings related to the past torture experience).</p> <p>Findings:</p> <p>Resident 154 was readmitted to the facility on [DATE] with diagnoses including post-traumatic stress disorder (PTSD- a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event) according to the facility's Admission Record.</p> <p>During an observation on 3/27/24, at 10:14 A.M., Resident 154 was in bed with eyes closed.</p> <p>Resident 154's assigned certified nurse assistant (CNA 41) was interviewed on 3/27/24, at 10: 22 A.M. CNA 41 stated Resident 154 was moody, had episodes of refusing care, did not attend activity programs and preferred to stay in the room.</p> <p>During an observation on 3/28/24, at 2:24 P.M., Resident 154 was in bed with eyes closed and snoring.</p> <p>An interview was conducted on 3/28/24, at 2:28 P.M. with LN 44. LN 44 stated Resident 154 preferred to stay in bed to sleep. LN 44 stated Resident 154 had been aggressive, had refused medications and preferred to be left alone.</p> <p>LN 42 was also at the nurse's station during the interview with LN 44 and stated Resident 154 had episodes of combativeness, refused to be changed and had refused showers. LN 42 reviewed Resident 154's diagnoses in the electronic medical record (EMR) and LN 42 stated Resident 154 had a diagnosis of PTSD. LN 42 stated she did not know what events triggered Resident 154's PTSD.</p> <p>During an interview on CNA 41 on 3/28/24, at 2:47 P.M., CNA 41 stated he did not know why Resident 154 had been resistive to care. CNA 41 further stated he was not given instructions regarding Resident 154's PTSD.</p> <p>During an interview and concurrent record review on 3/28/24, at 3:20 P.M. with the social service director (SSD), the SSD stated she did not ask Resident 154 regarding PTSD. The SSD further stated it was important to know what traumatic event Resident 154 experienced for staff to know the triggers.</p> <p>The director of nursing (DON) was interviewed on 3/29/24, at 3:54 P.M. The DON stated resident's traumatic event needed to be identified to provide support to the resident and develop a plan of care.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure (P&P) titled, Trauma-Informed and Culturally Competent Care, dated August 2022 was reviewed. The P&P indicated, .Resident Assessment 1. Assessment involves an in-depth process of evaluating the presence of symptoms, their relationship to trauma, as well as the identification of triggers .Identify and decrease exposure to triggers that may re-traumatize the resident.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>22383</p> <p>Based on interview and record review the facility failed to ensure they provided the minimum number of sufficient staff or PPD (PPD stand for Per Patient Day, and calculations are determined by the number of residents in a skilled nursing facility and the number of clinical staff.) the PPD minimums for Skilled nursing facilities in California were (3.5 DHPPD staffing requirement, of which 2.4 hours per patient day must be performed by CNAs) to be able to provide services within the facility.</p> <p>As a result, residents may not have gotten the care they deserve.</p> <p>Findings:</p> <p>On 3/28/24, the posted and actual staffing was reviewed from 3/12/24 to 3/28/24. There was a single staffing posting made throughout the facility the posting included the entire building and was posted on the first-floor reception desk.</p> <p>According to the DSD the projected staffing was calculated daily and posted, the posting was not modified if the staffing numbers changed throughout the day. The posting should have been modified as needed to accurately reflect the numbers of staff providing care. The actual PPD is calculated after all staff have clocked in.</p> <p>The review of the actual staffing of the facility revealed they did not provide the minimum number of staff to be able to provide care to the residents on the following days:</p> <p>the PPD minimum was 3.5, and the CNA PPD minimum was 2.4 hours</p> <p>3/12/24 the CNA PPD was 2.37 hours</p> <p>3/13/24 the PPD was 3.24 and the CNA PPD was 2.16 hours</p> <p>3/14/24 the CNA PPD was 2.3 hours</p> <p>3/15/24 the PPD was 3.4 and the CNA PPD was 2.22 hours</p> <p>3/16/24 the PPD was 2.89 and the CNA PPD was 1.97 hours</p> <p>3/17/24 the PPD was 3.11 and the CNA PPD was 2.19 hours</p> <p>3/21/24 the PPD was 3.44 and the CNA PPD was 2.23 hours</p> <p>3/22/24 the CNA PPD was 2.33 hours</p> <p>3/23/24 the PPD was 3.27 and the CNA PPD was 2.22 hours</p> <p>3/24/24 the PPD was 3.41 and the CNA PPD was 2.33 hours</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2024
NAME OF PROVIDER OR SUPPLIER Country Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1580 Broadway El Cajon, CA 92021	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>39111</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three licensed nurses (LN 12) was assessed for competency (a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully) to perform medication administration to residents.</p> <p>As a result of this deficient practice, the facility could not ensure medications were accurately and safely provided to residents. Cross reference F759.</p> <p>Findings:</p> <p>On 3/28/24 at 9:07 A.M., an observation of medication administration was conducted with LN 12. During the medication administration of a resident (Resident 122), LN 12 failed to administer three physician ordered medications. LN 12 also administered an incorrect amount of medication to Resident 122.</p> <p>On 3/29/24 at 8 A.M., an interview was conducted with the director of nursing (DON). The DON stated it was his expectation that residents were administered all their medications correctly and as ordered by the physician. The DON stated LN 12's medication administration for Resident 122 was not performed competently. The DON stated LNs had to be assessed and determined competent in medication administration before administering medications to residents. The DON stated LN 12 was from the registry (staffing agency) and it was his understanding the registry assessed the competency of their LNs.</p> <p>On 3/29/24 at 9 A.M., another interview was conducted with the DON. The DON stated LN 12's registry company did not assess LN 12's competency in medication administration. The DON stated the facility also did not assess LN 12's competency in medication administration. The DON stated the facility should have assessed the competency of LN 12 to make sure she was able to administer medications correctly to the residents.</p> <p>A review of the facility's policy titled Staffing, Sufficient and Competent Nursing, revised August 2022, indicated, .3. Staff must demonstrate the skills and techniques necessary to care for resident needs including (but not limited to) the following areas . j. Medication management</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>22383</p> <p>Based on interview and record review the facility failed to ensure they posted the actual daily staffing, when they only posted the projected staffing.</p> <p>As a result, residents and visitors would not know what staff were working.</p> <p>Findings:</p> <p>On 3/28/24, the posted and actual staffing was reviewed from 3/12/24 to 3/28/24. There was a single staffing posting made throughout the facility the posting included the entire building and was posted on the first-floor reception desk.</p> <p>According to the DSD the projected staffing was calculated daily and posted the posting was not modified if the staffing numbers changed throughout the day. The posting should have been modified as needed to accurately reflect the numbers of staff providing care.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21052</p> <p>Based on interview and record review, the facility failed to ensure medication orders for two of 35 sampled residents (Resident 60 and Resident 64) were carried out as ordered.</p> <p>This failure had the potential to affect Resident 60 and Resident 64's health and safety.</p> <p>Findings:</p> <p>1. Resident 60 was admitted to the facility on [DATE] with diagnoses that included end stage renal disease (ESRD - kidney failure) and diabetes mellitus (DM - too much sugar in the blood) according to the facesheet.</p> <p>A review of Resident 60's physician's orders, dated 3/25/24, indicated Resident 60 was to receive Lantus (a long-acting man-made-insulin used to control high blood sugar) 20 units subcutaneously (under the skin) every morning.</p> <p>A review of Resident 60's medication administration record (MAR) for March 2024 indicated insulin glargine (lantus insulin) 20 units was not given on 3/8, 3/18, 3/20, and 3/27/24. The MAR indicated that the insulin was not given because Resident out to dialysis.</p> <p>A review of Resident 60's nursing progress notes did not indicate that the resident's physician was notified of the missed doses of insulin glargine.</p> <p>An interview with Licensed Nurse (LN) 1 was conducted on 3/28/24 at 3 P.M. LN 1 stated Resident 60's insulin glargine was held because Resident 60 was in dialysis. LN 1 stated she did not notify Resident 60's physician regarding the held medication. LN 1 stated she should have notified the physician because the physician needed to know and the physician was ultimately responsible with Resident 60's medication orders.</p> <p>An interview with the Director of Nursing (DON) was conducted on 3/29/24 at 2:51 P.M. The DON stated that physician's orders should be followed to ensure that proper treatment was provided to the resident. The DON stated that if the physician order was not followed, the physician should be notified.</p> <p>A review of the facility policy titled Administering Medications, revised on April 2019, indicated, . 4. Medications are administered in accordance with prescribers orders, including any required time frame.</p> <p>2. Resident 64 was admitted to the facility on [DATE] with diagnoses that included chronic pain syndrome and uncomplicated opioid (a class of drugs used to reduce pain) dependence according to the facesheet.</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 - Few</p>	<p>A review of Resident 64's medication administration record (MAR) for March 2024 indicated that the resident had an order to receive oxycodone (narcotic pain medication) 10 milligrams (mg) every four hours as needed for severe to excruciating pain (level 8-10 pain level). According to the same record, Resident 64 was given oxycodone 10 mg for pain less than level 8 from 3/1-3/29/24, on different shifts, except on 3/8, 3/16, 3/22, 3/23, 3/25, and 3/28/24.</p> <p>An interview and joint record review was conducted with licensed nurse (LN) 2 and Assistant Director of Nursing (ADON) 1 on 3/29/24 at 9:29 A.M. LN 2 and ADON 1 both reviewed Resident 64's physician order and MAR related to the use of oxycodone. Both LN 2 and ADON 1 stated the order for oxycodone was to be given for pain level of 8-10. LN 2 and ADON 1 stated the nurses did not follow the physician's order when they gave the resident oxycodone for pain level of 7 and below. ADON 1 stated the nurses should have called Resident 64's physician and informed the physician that Resident 64 needed pain medication order for moderate pain. ADON 1 stated it was important to follow orders because there could be an effect on the resident if the physician's order was not followed.</p> <p>An interview with the Director of Nursing (DON) was conducted on 3/29/24 at 2:51 P.M. The DON stated that physician's orders should be followed to ensure that proper treatment was provided to the resident. The DON stated that if the physician order was not followed, the physician should be notified.</p> <p>A review of the facility policy titled Administering Medications, revised on April 2019, indicated, . 4. Medications are administered in accordance with prescribers orders, including any required time frame.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22383</p> <p>Based on clinical record review the facility failed to ensure that 2 of 5 residents sampled for unnecessary drugs (181, 215), had not been put on Trazodone for a non-FDA approved indication, which resulted in this medication becoming an unnecessary drug for 2 Residents, as this medication had been prescribed without an adequate (FDA approved) indication.</p> <p>This deficient practice resulted in this resident receiving Trazodone for a clinical indication, which had not been FDA approved, which could have caused this resident harm.</p> <p>Findings:</p> <p>a. Resident 181's clinical record was reviewed on 3/28/24. Resident 181 was admitted to the facility on [DATE], with diagnosis including cognitive impairment per the Record of Admission.</p> <p>A review of the physician's order for Trazodone 50mg give 1 tablet by mouth at bedtime for depression AEB (as exhibited by) inability to sleep, dated 12/1/18, and started on 5/1/19, revealed that this medication had been prescribed to treat this resident's inability to sleep, not depressive disorder for which this medication has been FDA approved. Depression is disease which can occur 24 hours a day, and not just in the evenings, (at the time of sleep). There was no evidence in the resident's medical record to indicate that the facility had ruled out any other causes for this resident's inability to sleep.</p> <p>Resident 181 had a informed consent for the trazodone 50 mg (PRN (as needed) MRx1 (may repeat once) of not effective) at bedtime. A care plan was developed 8/30/19, for antidepressant- [Resident 181] is at risk for A/R (adverse reaction) to use of Trazadone R/T (related to) Depression AEB (as exhibited by) inability to sleep. Trazodone 50mg QHS</p> <p>Pragma Pharmaceuticals, LLC, the manufacturer of Trazodone states the following in their product package information dated 6/2017: (Trazodone) DESYREL is indicated for the treatment of major depressive disorder (MDD) (1). DOSAGE AND ADMINISTRATION, Starting dose: 150 mg IN Divided DOSES DAILY. May be increased by 50 mg per day every three to four days. Maximum dose: 400 mg per day in divided doses (2.1). As indicated in the manufacturer's product information, this medication should be administered in Divided daily dosages, not just once a day at BEDTIME.</p> <p>Further review of Resident 181's clinical record could not determine that the facility had attempted to use any non-drug therapy to assist with Resident 181's inability to sleep, despite the fact that Trazodone's (use in the treatment of insomnia), has never been FDA approved.</p> <p>b. Resident 215's clinical record was reviewed on 3/28/24. Resident 215 was admitted to the facility on [DATE], with diagnosis including insomnia per the Record of Admission.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the physician's order for Trazodone 100mg give 1 tablet by mouth at bedtime for depression AEB (as exhibited by) inability to sleep, dated 2/28/23, revealed that this medication had been prescribed to treat this resident's inability to sleep, not depressive disorder for which this medication has been FDA approved. Depression is disease which can occur 24 hours a day, and not just in the evenings, (at the time of sleep). There was no evidence in the resident's medical record to indicate that the facility had ruled out any other causes for this resident's inability to sleep.</p> <p>Resident 215 had a informed consent for the trazodone 100 mg (po (by mouth) qhs (every night) for depression AEB (as exhibited by) inability to sleep. A care plan was developed 3/1/23, [Resident215] uses antidepressant medication R/T (related to) Depression .AEB (as exhibited by) inability to sleep.</p> <p>Pragma Pharmaceuticals, LLC, the manufacturer of Trazodone states the following in their product package information dated 6/2017: (Trazodone) DESYREL is indicated for the treatment of major depressive disorder (MDD) (1). DOSAGE AND ADMINISTRATION, Starting dose: 150 mg IN Divided DOSES DAILY. May be increased by 50 mg per day every three to four days. Maximum dose: 400 mg per day in divided doses (2.1). As indicated in the manufacturer's product information, this medication should be administered in Divided daily dosages, not just once a day at BEDTIME.</p> <p>Further review of Resident 215's clinical record could not determine that the facility had attempted to use any non-drug therapy to assist with Resident 215's inability to sleep, despite the fact that Trazodone's (use in the treatment of insomnia), has never been FDA approved.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39111</p> <p>Based on observation, interview, and record review, the facility failed to ensure the medication error rate was less than five percent. The facility's medication error rate was 12.5 percent. Four (4) medication errors were observed, a total of 32 opportunities, during the medication administration process for one of seven randomly observed residents (Resident 122).</p> <p>As a result, the facility could not ensure medications were correctly administered to all residents. Cross reference F726.</p> <p>Findings:</p> <p>A review of Resident 122's Admission Record indicated the resident was admitted on [DATE] with diagnoses to include dorsalgia (back pain).</p> <p>On 3/28/24 at 9:07 A.M., an observation of medication administration was conducted with licensed nurse (LN) 12. LN 12 asked Resident 122 if she was having any pain or muscle spasms. Resident 122 replied, No. LN 12 then prepared and administered the following medications to Resident 122:</p> <ul style="list-style-type: none"> - carvedilol 12.5 mg (heart medication) - escitalopram 10 mg (antidepressant) -multivitamin -spironolactone 25 mg (antihypertensive) -topiramate 100 mg (anticonvulsant) -vitamin D3 25 mcg/1000 IU (unit of measure) <p>A review of Resident 122's active physician order summary sheet dated 3/28/24, indicated:</p> <ul style="list-style-type: none"> -acetaminophen 650 mg for pain (scheduled routinely at 9 A.M.) -baclofen 15 mg for muscle pain (scheduled routinely at 9 A.M.) -gabapentin 300 mg for pain (scheduled routinely at 9 A.M.) - Vitamin D3 50 mcg/2000 IU <p>A review of Resident 122's medication administration record (MAR) for March 2024, indicated the resident's acetaminophen, baclofen, and gabapentin, scheduled for 9 A.M., had been coded as 2 and meant the resident had refused to take the medication.</p> <p>(continued on next page)</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/28/24 at 2:58 P.M., an interview was conducted with Resident 122 while inside the resident's room. Resident 122 stated she did not have pain or muscle spasms when LN 12 had asked her during the morning medication administration. Resident 122 stated she did not refuse to take her acetaminophen, baclofen, or gabapentin. Resident 122 stated, I want to take them so I don't have pain and spasms. Resident 122 stated she had not been aware that those medications were not given to her during the morning medication administration. Resident 122 again stated that she had not refused to take those medications.</p> <p>On 3/28/24 at 3:05 P.M., a joint interview and record review was conducted with LN 12. LN 12 reviewed Resident 122's physician orders and MAR for March 2024. LN 12 stated she did not give Resident 122 her 9 A.M. dose of acetaminophen, baclofen, and gabapentin. LN 12 stated Resident 122, Doesn't like to take too many medications and was not having any pain or spasms at the time. LN 12 acknowledged Resident 122's acetaminophen, baclofen, and gabapentin were ordered to be given routinely at 9 A.M. LN 12 then stated, Oh, I thought they were prn [administered on as needed basis]. LN 12 further stated she had not given the correct dose of vitamin D3 to Resident 122. LN 12 stated Resident 122 should have received her medications as they were ordered by the physician.</p> <p>On 3/29/24 at 8 A.M., an interview was conducted with the director of nursing (DON). The DON stated it was his expectation that residents were administered all their medications correctly and as ordered by the physician. The DON stated Resident 122's acetaminophen, baclofen, and gabapentin should have been routinely given as ordered to keep the resident's pain well-managed. The DON stated Resident 122's medications should not have been held unless the resident had truly refused them.</p> <p>A review of the facility's policy titled Administering Medications revised April 2019, indicated, Medications are administered in a safe and timely manner, and as prescribed</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>38924</p> <p>47466</p> <p>Based on observation, interview, and record review, the facility failed to ensure the kitchen staff competently carried out the functions of the food and nutrition services department when:</p> <ol style="list-style-type: none"> 1. A Dietary Aide (DA 1) dishwasher was unable to determine the correct wash, rinse and sanitizing temperatures and process. 2. A Cook (CK 2) did not prepare the beef roast correctly using the cool down process for cooking hot foods. <p>These failures had the potential to expose dishes to to unsanitary practices and contaminate the food which could result in food borne illness among all residents who consume food from the kitchen. The facility census was 294.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During the initial kitchen tour on 3/26/24 at 8:10 AM, a concurrent interview with the Dishwasher, Dietary Aide (DA 1), and record review of the dish machine log was conducted. The log indicated 3/25/24 Dinner: wash-200, rinse-200, and sanitizer-100 ppm (parts per million) .3/26/24 Breakfast: wash- 190, rinse- 150, and sanitizer- 100 ppm . DA 1 stated he wrote the values for 3/26/24 and initialed them. DA 1 stated he couldn't remember if the wash temperature reached 190 degrees F (F= Fahrenheit, a measurement of temperature) but he wrote the value since it had in the past. <p>During an observation and interview on 3/26/24 at 8:19 AM with DA 1 and the Certified Dietary Manager (CDM), DA 1 stated tested the dish machine sanitizer by taking a test strip and dipping it in the dish machine tank solution. DA 1 then checked it against the test strip container. DA 1 stated the sanitizer was between 150 and 200 ppm, and it was okay. The CDM acknowledged DA 1's sanitizing testing process and stated he should use the correct process to test the dish machine sanitizer solution.</p> <p>During a kitchen observation and interview on 3/27/24 at 11:36 AM with the CDM and a dish machine vendor, the vendor stated the correct process to test sanitizer solution is not to use the test strip and dip it into the dish machine solution. The vendor stated the correct process is to use a test strip and test a dish like a cup or plate when it comes out of the dish machine because it will tell the sanitizer strength at the dish level. The CDM confirmed the vendor's statement and agreed with the sanitizer testing process.</p> <p>During an interview on 3/29/2024 at 10:31 A.M., with the Registered Dietitian (RD), the RD sated he expected the dish machine temperature sanitizer and wash temperatures should be accurate and the ice machine cleaned according to manufacturer's instructions.</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>According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section 4-501.116, titled Warewashing Equipment, Determining Chemical Sanitizer Concentration, .Concentration of the sanitizing solution shall be accurately determined by using a .other device .</p> <p>During a review of the facility's Policy and Procedure, dated 2023, titled Dish Washing, .4.Low-temperature machine .the chlorine should read 50-100 ppm on dish surface in final rinse .</p> <p>During a review of the Food and Nutrition Services Department staff in-service dated 1/10/24, titled Kitchen Sanitation, the in-service indicated DA 1 attended the in-service.</p> <p>2. During a kitchen observation and interview on 3/26/2024 at 2:30 P.M. with the CDM and Cook (CK 1), a large beef roast was observed in an extra-large metal pan with foil covering, on a utility cart inside the walk-in refrigerator. CK 1 stated he was preparing the beef roast to cool down because it was on the menu for tomorrow's lunch. CK 1 explained the cool down process for the large beef roast as after 2 hours, the beef needed to go from 160 degrees F to 140 degrees F, then from 140 degrees F to 70 degrees F after 4hours. The CDM acknowledged the cool down process CK 1 mentioned, and the CDM stated he should know the correct cool down process for cooked meats.</p> <p>During an interview on 3/27/2024 at 8:20 A.M. with the CDM, the CDM stated the CK 1 had called him last night told him the beef roast did not reach the correct cool down temperature of 70 F after a two-hour period. The CDM stated he told the cook to reheat the beef roast to 165 degrees F, then restart the cool down process so the meat could complete the cool down process correctly before the end of the day. The CDM stated CK 1 told him after loosening the foil wrap cover on the beef roast, it still did not reach the correct temperature within the appropriate timeframe.</p> <p>During a joint interview on 3/27/2024 at 9:48 A.M. with the Registered Dietitian (RD), the Administrator (ADM) and the CDM, the RD stated because the beef roast had been reheated once and it did not reach the correct cool down temperatures, then it should not be served to residents. The CDM agreed with the RD, and both stated it was not safe to serve the meat.</p> <p>During an interview on 3/27/2024 at 10:00 A.M. with the CDM, the CDM stated the procedure for the correct cool down process was listed at the bottom of the Cool Down log form, but the Cook may not have checked it.</p> <p>During an interview on 3/29/2024 at 10:31 A.M. with the RD, the RD sated he expected the cooks to follow the correct process to cool down foods served to residents for food safety.</p> <p>According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section 3-501.14, titled Cooling, .(A) Cooked TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be cooled: (1) Within 2 hours from . 135 degrees F to .70 degrees F; and (2) Within a total of 6 hours from .135 degrees F to .41 degrees F or less .</p> <p>According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section 3-501.15, titled Cooling Methods, .Cooling shall be accomplished in accordance with the time and temperature criteria specified .by using one or more of the following methods .(1) Placing the food in shallow pans; (2) Separating the food into smaller or thinner portions; (3)Using rapid cooling equipment (4) stirring the food in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient ; or (7) Other effective methods .</p>		

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NAME OF PROVIDER OR SUPPLIER Country Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1580 Broadway El Cajon, CA 92021	

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>38924</p> <p>47466</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure the Pureed diet menu was followed as printed.</p> <p>This failure had the potential to alter the nutritional value of the pureed meals, which could decrease the food intake and compromise the nutrition status of 30 residents on a pureed diet. The facility census was 294.</p> <p>Findings:</p> <p>During a review of the facility's Therapeutic Menu Spreadsheet titled Cooks Spreadsheet Spring Cycle Menus Week 4 Tuesday, 3/26/24, the regular entree was 3 ounces roast turkey, 1/3 cup Bread dressing, 1/2 cup Three bean salad, 1/3 cup Seasoned peas, 1/3 cup vanilla mousse chocolate chip garnish, milk- 4 ounces. The Pureed diet indicated 1/2 cup of pureed Roast turkey, 1/3 cup pureed Bread dressing, 1/2 cup pureed Three bean salad, 1/3 cup pureed vanilla mousse and no chocolate chip garnish.</p> <p>During a joint observation and interview on 3/26/2024 at 12:21 P.M. in the 4th floor dining room, A Dietary Aide (DA 2) was scooping portions of the lunch meal on plates for the meal service. DA 2 served mashed potatoes to the residents on a Pureed diet instead of pureed dressing for the lunch meal. After DA 2 ran out of the mashed potatoes, DA 2 began serving the regular diet stuffing (dressing) to the residents on a pureed diet. DA 2 identified the small pieces of celery and other vegetables pieces in the large metal pan of dressing on the steam table. However, DA 2 stated the dressing was okay to serve because it was a soft texture. At least ten residents on pureed diets were served dressing at lunch.</p> <p>During an observation and interview on 3/26/2024 at 12:25 P.M. of the lunch meal service, a feeding assistant (FA) FA1 was feeding a resident on a pureed diet. The FA 1 confirmed the resident he fed had received mashed potatoes with the pureed turkey and pureed peas.</p> <p>During a review of the facility's undated recipe titled .Pureed Breads .And Other Bread Products ., the recipe indicated .Directions: 1. Complete regular recipe .2. Puree on low speed adding milk gradually .3. Puree should reach a consistency of applesauce .</p> <p>During a review of the facility's undated document titled Nutritional Breakdown, the nutrient analysis of the Regular meal indicated the average daily calories were 2257 and 100 grams of protein.</p> <p>During a review of the facility document titled Regular Pureed Diet, dated 2023, the diet indicated .The Pureed Diet is a regular diet .for residents who have difficulty chewing and/or swallowing .the texture of the food should be smooth and moist consistency .such as pudding .mashed potatoes .</p> <p>(continued on next page)</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/29/2024 at 10:31 A.M., with the Registered Dietitian (RD), the RD sated he expected the kitchen staff to follow the facility approved menus and recipes for the residents to get the appropriate nutrition.</p> <p>During a review of the facility's policy and procedure (P&P) titled Menu Planning, dated 2023, the P&P indicated .3. All daily menu changes, with the reason for the change are to be noted on the back of the kitchen spreadsheet or logbook .Only the Facility Registered Dietitian, FNS Director or Cook, can make changes .4. The menus are planned to meet the nutritional needs of residents in accordance with established national guidelines .in accordance with the most recent recommended dietary allowances of the Food and Nutrition Board .Procedures .4. Standardized recipes adjusted to appropriate yield shall be maintained and used in food preparation .</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>38924</p> <p>Based on observations, interviews, and record reviews the facility did not ensure the food was palatable and served to residents according to the facility policy.</p> <p>The failure had the potential to affect meal and food intake, which could impair the nutrition status of the residents.</p> <p>Facility census was 294.</p> <p>Findings:</p> <p>During the initial resident survey screening on 3/26/24 at 9:00 AM, there were comments about the facility food and meals including the food does not have any flavor.</p> <p>During a review of the facility's Therapeutic Menu Spreadsheet dated March 25-31, 2024 the Regular diet and Pureed diet meals included .Baked hamburger patty, brown sauce, smashed sweet potatoes, fresh zucchini with carrots, a cheddar biscuit, and one ice cream cup .</p> <p>During a test tray observation and interview on 3/27/24 at 12:22 PM with the Certified Dietary Manager (CDM) and Registered Dietitian (RD), the CDM stated the pureed baked hamburger patty entree had a semi-thin texture and a gritty after taste. The RD and CDM both stated the sweet potatoes had a few chunks but mostly smooth like a pudding texture. The CDM further stated all pureed foods should not have chunks, including the pureed meat which should not have a thin liquid texture.</p> <p>During an interview on 3/29/2024 at 10:31 A.M. with the RD, the RD sated he expected the kitchen staff to follow the facility approved menus and recipes for the residents to get the appropriate nutrition.</p> <p>During a review of the facility's undated recipe titled .Pureed Meats ., the recipe indicated .Directions: 1. Complete regular recipe .2. Puree on low speed to a paste consistency before adding any liquid .3. Gradually add warm liquid (low sodium broth or gravy) .4. Puree should reach a consistency slightly softer than whipped topping .</p> <p>47466</p> <p>Based on observations, interviews, and record reviews the facility did not ensure the food was palatable and served to residents according to the facility policy.</p> <p>This failure had the potential to affect meal and food intake, which could impair the nutrition status of the residents.</p> <p>Facility census was 294.</p> <p>Findings:</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During a test tray observation of the pureed and regular diet meals and interview with the Certified Dietary Manager (CDM) and Registered Dietitian (RD) on 3/27/24 at 12:22 PM., the pureed entree was semi-thin and had a gritty taste. The RD and CDM stated the sweet potatoes had a pudding texture and both stated the pureed foods should not have chunks. The CDM stated pureed meat should not be too thin and it needed to be a smooth texture.</p> <p>During an interview on 3/29/2024 at 10:31 A.M. with the RD, the RD sated he expected the kitchen staff to follow the facility approved menus and recipes for the residents to get the appropriate nutrition.</p> <p>During a review of the facility's undated recipe titled .Pureed Meats ., the recipe indicated .Directions: 1. Complete regular recipe .2. Puree on low speed to a paste consistency before adding any liquid .3. Gradually add warm liquid (low sodium broth or gravy) .4. Puree should reach a consistency slightly softer than whipped topping .</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>Note: The nursing home is disputing this citation.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38924</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure a sampled resident, Resident 175, received the appropriate therapeutic diet according to standards of practice.</p> <p>This failure had the potential to negatively affect the resident's nutritional status and lead to further decline in health. The facility census was 294.</p> <p>Findings:</p> <p>According to the National Institute for Diabetes Digestive and Kidney Diseases, section titled Diet and Nutrition for Adults with Chronic Kidney Disease, dated 6/20/2022, .Healthy eating for chronic kidney disease includes limiting sodium, potassium, and phosphorus intake, and consuming adequate amounts of lean protein foods https://www.niddk.nih.gov/health-information/kidney-disease/chronic-kidney-disease-ckd/eating-nutrition.</p> <p>During a review of Resident 175's Admission Record, Resident 175 was admitted on [DATE], with the following diagnosis type 2 diabetes (uncontrolled blood sugar), hypertensive chronic kidney disease stage 1-4 (moderate kidney damage where they have limited ability to filter wastes from blood), anemia (low levels of healthy red blood cells that carry oxygen to tissues) and lymphedema (swelling in arm or legs that could block circulation).</p> <p>During a review of Resident 175's physician ordered diet dated 2/16/24, the diet order indicated CCHO (consistent carbohydrates- diet for diabetes), NAS (no added salt), Regular texture, thin liquids.</p> <p>During a review of Resident 175's laboratory results dated [DATE], the lab results indicated .Blood urea nitrogen (BUN)=38 mg/dL(milligrams/deciliter)-High (normal = 7-23 mg/dl), Creatinine=2.5 mg/dL-High (normal = 0.6-1.4 mg/dL), eGFR (glomerular filtration rate- the amount of time it takes the kidneys to filter wastes) Female= 20 (normal is greater than 60), Potassium 4.4 mEq/L- (normal 3.5-5.5 mEq/L).</p> <p>During a review of Resident 175's laboratory results dated [DATE], the results indicated .BUN=55 mg/dL-High, Creatinine=2.5 mg/dL-High, eGFR Female= 20 (normal is greater than 60), Potassium 4.2 mEq/L (normal 3.5-5.5 mEq/L).</p> <p>A copy of Resident 175's Physician's progress notes were requested from the facility on 3/28/24 and 3/29/24 but were not provided.</p> <p>During a review of Resident 175's Nutrition Care Plan initiated 11/27/23, the care plan Goal indicated .2) Nutrition related labs wnl (within normal limits) .</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>Note: The nursing home is disputing this citation.</p>	<p>During a review of Resident 175's nutrition assessment completed by the Registered Dietitian (RD) at admitted d 11/27/23, the assessment indicated the resident's diagnoses included .CKD (chronic kidney disease), 3-5 abnormal labs .Nutrition Goals/Monitoring and Evaluation .Recommend change diet to CCHO/Nas .regular texture, thin liquids .</p> <p>During an interview on 3/29/24 at 10:05 AM with the RD, the RD stated he would look for a high potassium level to consider a renal diet for resident. The RD further stated just having CKD was not necessarily enough to warrant being on a renal diet. The RD then stated due to Resident 175's recent BUN and creatinine lab values which increased to higher levels, the RD stated Resident 175 could have benefited from a physician ordered renal diet.</p> <p>During a review of the facility document titled Renal Diet 40-60-90 Gram Protein, Low Potassium, Low Salt Menu, dated 2023, the document indicated .This diet is used for the resident with renal insufficiency or .renal failure not on dialysis .limits sodium, potassium, phosphorus, and provides adequate protein .</p> <p>During a review of the facility policy and procedure (P&P) titled Diet Orders, dated 2023, the P&P indicated . Diet orders as prescribed by the physician will be provided by the Food & Nutrition Services Department .</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38924</p> <p>Based on observation, interviews, and record reviews the facility failed to ensure safe and sanitary conditions were maintained in the kitchen for food preparation tools and food storage methods, according to standards of practice and facility policy when:</p> <ol style="list-style-type: none"> 1. Three (3) floor sink drains were full of dirt, food debris, trash, and black grime; and one floor sink drain was uncovered. 2. A Kitchen reach-in refrigerator with 7 full cases of 4-ounce Ready shake chocolate flavor milkshakes (75 milkshakes per case), and 3 cases with 10 Ready shakes of vanilla flavor, and the quart of lactaid milk with a broken thermometer. 3. Six measurement scoops, three dome lids, 1 metal egg slicer, and were found with brown and black grime and food debris on them after they were washed and stored as clean in drawers. 4. Seven cutting boards (3 green, 1 blue, 1 tan, 1 yellow, and 1 white) were found visibly worn with multiple tears and discolorations. 5. Four Resident nourishment refrigerators on nursing units had expired food items inside with visible dirt and sticky grime on the inside of the doors. <p>These failures had the potential to expose residents to food contamination that could cause food borne illness.</p> <p>Facility census was 294.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During the initial kitchen tour observation and interview on [DATE] at 9:01 A.M. with the CDM, there were the floor sink drain under the coffee counter did not have a cover, it was open to air wherein insects can go in and out. <p>During a kitchen tour observation and interview on [DATE] at 9:27 A.M., the CDM and a Cook (CK 1), the Cook's station drawer was dirty with brown stains, food debris, and other food crumbs. CK 1 stated he cleaned the drawer every other day.</p> <ol style="list-style-type: none"> 2. During the initial kitchen tour on [DATE] at 9:30 A.M., A reach-in refrigerator was found with a broken thermometer with 7 full cases of 4-ounce Ready shake chocolate flavor milkshakes (75 milkshakes per case), and 3 cases with 10 Ready shakes of vanilla flavor and a quart of milk. 3. During an observation on [DATE] at 9:28 A.M., with the CDM and Diet Aide (DA) 2, DA 2 was observed making pureed peas. The drawer had several scoops with lots of food debris, crumbs, and other compounds from the liquids. CDM agreed that these scoops needed to be washed and cleaned properly. <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>4. During the initial kitchen tour observation on [DATE] at 11:12 A.M., with the CDM was conducted. There were cutting boards found with scattered chipped areas, multiple tears and colors were faded. CDM agreed that these cutting boards needed to be replaced.</p> <p>5. During an observation and interview on [DATE] at 9:53 AM of the 4th floor resident food refrigerator, there was brown liquid sticky stains, black crumbs, and debris found inside the refrigerator door. Also, a carton of milk and bottle of juice was found inside without a resident's name, date or room number. LN 24 stated the items should be thrown out because they belonged to staff.</p> <p>During an observation and interview on [DATE] at 10:02 AM of the 3rd floor resident food refrigerators-north and south, there was a bag of food items with expired food found inside a plastic bag without a resident's name, date or room number in the refrigerator. LN 21 stated the items should be thrown out because they belonged to staff.</p> <p>During an observation and interview on [DATE] at 10:33 AM of the 2nd floor resident food refrigerator- South, there was half of a store-bought cake with discolorations of contaminants growing on it found inside the refrigerator. LN 33 stated the cake should be thrown out because the resident food is only kept for three days.</p> <p>On [DATE] at 10:36 AM, an observation and interview were conducted with LN 25 at the resident refrigerator on the second floor nursing station- north. The refrigerator was not clean with multiple pink juice and brown stains on the glass shelving, and crumbs underneath the drawers. LN 25 acknowledged the dirty refrigerator and stated it should have been cleaned by housekeeping.</p> <p>According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section ,d+[DATE].17 (A) (B) (C) (D) titled Food Labeling and Dating, .the day the original container is opened in the food establishment shall be counted as Day 1 .The date marked shall not exceed a manufacturer's use-by date . mark the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises .</p> <p>According to the 2022 Federal Food & Drug Administration (FDA) Food Code, titled Nonfood-Contact Surfaces, section ,d+[DATE].11 and Annex ,d+[DATE].13, ,non-food contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Additionally, the presence of food debris or dirt on nonfood contact surfaces may provide a suitable environment for the growth of microorganisms which employees may inadvertently transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests.</p> <p>According to the 2022 Federal Food and Drug Administration (FDA) Food Code, Section ,d+[DATE].11, titled Floors, Walls and Ceilings floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are smooth and easily cleanable.</p> <p>According to the 2022 Federal Food and Drug Administration (FDA) Food Code, Section ,d+[DATE].12 and Annex Section 3, titled Cutting Surfaces, .surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and sanitized, or discarded if they are not capable of being resurfaced. Pathogenic microorganisms can be transmissible through food may build up or accumulate. These microorganisms may be transferred to foods that are prepared on such surfaces .</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>During a review of the facility's policy and procedure (P&P) titled Maintenance Service dated 2001 indicated . 1. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe operable manner at all times .</p> <p>During a review of the facility's policy & procedure (P&P) titled, Cold Storage Temperature Monitoring and Record Keeping dated 2022, the P&P indicated .#3 Refrigerator temperature .the goal is to keep the temperature at ,d+[DATE] degrees Fahrenheit .</p> <p>During a review of the facility's policy and procedure (P&P) titled Sanitation dated 2018, the P&P indicated . There shall be adequate equipment for cleaning, disposal of waste and general storage . maintained and kept in working order .9. All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks, and chipped areas .11. Kitchen wastes which are not disposed of by .units</p> <p>During a review of the facility's procedure titled, Procedure for refrigerated storage the P&P indicated .#3. refrigerator should be routinely cleaned. #13 Individual packages of refrigerated or frozen food taken from the original packaging box needs to be labelled and dated</p> <p>47466</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39111</p> <p>Based on observation, interview, and record review, facility failed to ensure infection control protocols were followed when:</p> <ol style="list-style-type: none"> Staff 11 did not perform hand hygiene (use of alcohol-based hand rub [ABHR] or handwashing with soap and water) upon entering and exiting a resident's (Resident 150) room, which had been on contact isolation precautions (strategies to prevent the contact of and spread of infection). Staff 11 also did not don/doff personal protective equipment (PPE, such as gloves and gowns) when entering/exiting Resident 150's room. Additionally, Staff 11 was not trained on the use of PPE and contact isolation. A Licensed nurse (LN 22) used bare hands without sanitizing or using gloves to handle and serve resident meal trays during the lunch meal service. Resident 548 was not provided with appropriate hand hygiene. <p>As a result of these deficient practices, there was the potential for cross-contamination and spread of infections to other residents, staff, and visitors.</p> <p>Findings:</p> <p>A review of Resident 150's Admission Record indicated the resident was readmitted on [DATE].</p> <p>A review of Resident 150's interdisciplinary team meeting note dated 3/19/24, indicated the resident was placed on contact isolation due to a positive diagnosis of Acinetobacter [NAME] (a type of bacteria that causes infection and has shown resistance to many antibiotics).</p> <p>According to the Centers for Disease Control (CDC) online article titled Healthcare-Associated Infections (HAIs) reviewed 11/13/19, Acinetobacter can live for long periods of time on environmental surfaces . can spread from one person to another through contact with these contaminated surfaces or equipment or through person to person spread, often via contaminated hands</p> <p>On 3/28/24 at 8:28 A.M., an observation was conducted while in the hallway outside of Resident 150's room. Resident 150's door was open and the resident was observed laying in bed. Staff 11 entered Resident 150's room without performing hand hygiene. Staff 11 did not don PPE which was available on the open door of the resident's room (gloves and gowns). Staff 11 began providing maintenance to Resident 150's call light. Staff 11 touched the resident's entire call light button, call light cord, and call light outlet. Staff 11's lower body was leaning up against Resident 150's bed. Staff 11 removed his right hand from the resident's call light and adjusted the front of the surgical mask he was wearing. Staff 11 resumed providing maintenance to the resident's call light with both hands. Staff 11 moved the resident's bedside table and then left the resident's room without performing hand hygiene. Staff 11 went to the facility elevator and pressed the button with his right hand.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Country Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1580 Broadway El Cajon, CA 92021	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Signage posted outside of Resident 150's room indicated, Stop Contact Precautions Everyone Must: Clean their hands, including before entering and when leaving the room [picture indicated use of ABHR], Providers and Staff Must Also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit Additional posted signage included instructions of how to don and doff PPE and to check with the charge nurse before entering the room.</p> <p>On 3/28/24 at 8:30 A.M., an interview was conducted with Staff 11. Staff 11 stated he should have performed hand hygiene before entering and upon exiting Resident 150's room. Staff 11 stated he should have donned/doffed PPE when entering/exiting Resident 150's room. Staff 11 further stated that he had not received training on performing hand hygiene, contact isolation rooms, and when and how to use PPE.</p> <p>On 3/28/24 at 11:20 A.M., an interview was conducted with the infection prevention nurse (IPN). The IPN stated all staff going into Resident 150's room were expected to adhere to contact isolation precautions by performing hand hygiene and using PPE. The IPN stated this had to be done in order to prevent the spread of infection.</p> <p>On 3/28/24 at 4:25 P.M., an interview and record review was conducted with the IPN. The IPN provided documentation of In-service training titled Hand Hygiene, dated 10/12/23, that included Staff 11. The IPN stated all staff were required to complete an annual online infection control training that included isolation precautions and the use of PPE. The IPN stated Staff 11 had not completed the online infection control training. The IPN stated Staff 11 should have completed the training before performing work duties in a contact isolation room. The IPN stated infection control training had to be verified as completed by the IPN and director of staff development and, We missed it [for Staff 11].</p> <p>On 3/29/24 at 8 A.M., an interview was conducted with the director of nursing (DON). The DON stated it was unacceptable that Staff 11 entered Resident 150's contact isolation room without performing hand hygiene and using PPE. The DON further stated Staff 11 should have received infection control training prior to performing work duties in a room on contact isolation.</p> <p>A review of the facility's policy titled Personal Protective Equipment, revised October 2018, indicated, .5. Training on the proper donning, use, and disposal of PPE is provided upon orientation and at regular intervals .</p> <p>A review of the facility's policy titled Handwashing/Hand Hygiene revised October 2023, indicated, .All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors</p> <p>38924</p> <p>2.</p> <p>During a joint observation and interview on 3/26/2024 at 12:21 P.M. in the 4th floor dining room of the resident meal service, a Licensed Nurse (LN 22) was placing meal trays filled with food on the food cart. LN 2 used her bare hands and did not wear gloves or wash her hands during the meal trayline service process and touched each meal tray to place inside the food cart.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/26/24 at 12:40 PM, an interview was conducted with LN 22 about hand hygiene. LN 22 stated she forgot to wash her hands or use hand sanitizer while handling the resident food trays. LN 22 stated it can be an infection control concern when bare hands are not clean and sanitized while touching food trays during the meal service.</p> <p>During an interview on 3/29/2024 at 10:31 A.M. with the RD, the RD sated he expected the facility kitchen staff along with nursing staff to follow the appropriate hand hygiene while assembling meal trays to serve meals to residents to prevent cross-contamination.</p> <p>According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section 2-30.16, titled Hand Antiseptics, . (B) If a hand antiseptic or a hand antiseptic solution used as a hand dip does not meet the criteria specified under Subparagraph (A)(2) of this section, use shall be: (1) Followed by thorough hand rinsing in clean water before hand contact with FOOD or by the use of gloves; or (2) Limited to situations that involve no direct contact with FOOD by the bare hands .</p> <p>According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section 3-301.11, titled Preventing Contamination from Hands, (A) FOOD EMPLOYEES shall wash their hands as specified under section 2-301.12 .EMPLOYEES may not contact exposed, READY-TO-EAT FOOD with their bare hands and shall use suitable .single-use gloves .(C) FOOD EMPLOYEES shall minimize bare hand and arm contact with exposed FOOD that is not in a READY-TO-EAT form .</p> <p>43518</p> <p>3. Review of Resident 548's Admission Record indicated he was admitted to the facility on [DATE].</p> <p>Review of Minimum Data Set (MDS, a nursing assessment used in nursing homes) section C, Cognitive Patterns dated 3/5/24 indicated Resident 548 with a Brief Interview for Mental Status (BIMs, a test to determine cognitive levels in residents) score of 10, which indicates moderately impaired cognition.</p> <p>Review of MDS section GG, Functional Abilities and Goals dated 3/5/24 indicated that Resident 548 needed supervision or touch assistance for the categories of oral hygiene, toileting hygiene, shower/bath self and personal hygiene.</p> <p>On 3/26/24 at 10:50 A.M., during initial pooling of residents, an observation of Resident 548's room and interview with Resident 548 was conducted. Resident 548's sink was observed to have a handwritten sign that read DON'T USE. Resident 548's sink was separate from the enclosed bathroom and was the only sink in the room. Resident 548 stated that the sink had not been working since he had been admitted to facility, about 3 weeks ago.</p> <p>On 3/27/24 at 9:20 A.M., a concurrent observation of Resident 548's room and interview with Resident 548 was conducted. DON'T USE sign was posted on sink. Resident 548's bathroom was observed; the toilet reservoir tank cover was leaning on the wall, and bedpan washer (a hose attachment for bedpan and urinal cleaning) placed on handrail directly above the reservoir tank. Resident 548 stated that he was using the bedpan washer to rinse his hands into the reservoir tank after he used the toilet.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/27/24 at 9:25 A.M., a concurrent observation of Resident 548's bathroom and interview with CNA 56 was conducted. CNA 56 stated that the nonfunctioning sink had been an ongoing issue. CNA 56 stated he was unaware that Resident 548 was washing his hands in the toilet reservoir tank with the bedpan washer. CNA 56 stated this was an infection control, equipment, and safety problem. CNA 56 stated that a nonfunctioning sink did not create a homelike environment for the residents and could spread infection.</p> <p>On 3/27/24 at 9:35 A.M., a concurrent observation of Resident 548's bathroom and interview with LN 57 was conducted. LN 57 stated she was unaware that Resident 548 was washing his hands in the toilet reservoir tank with the bedpan washer. LN 57 stated that the importance of fixing broken equipment in resident's rooms is to maintain a homelike environment and prevent infection.</p> <p>On 3/27/24 at 12:52 P.M., an interview was conducted with the Administrator (ADM). ADM stated that the expectation is that the room should have functioning sink in the room, repairs should be done in a timely manner, the resident should have been given alternative hand hygiene options, and education about appropriate hand hygiene with the resident. ADM stated a nonfunctioning sink was not homelike and could spread infection.</p> <p>On 3/28/24 at 9:20 A.M., an interview with Resident 548 was conducted. Resident 548 stated that he was not aware that he should not be using the bedpan washer and reservoir for the toilet in the restroom to wash his hands.</p> <p>On 3/28/24 at 3:40 P.M. an interview with IPN was conducted. The IPN stated that she was unaware that Resident 548 was washing his hands in the toilet reservoir tank with the bedpan washer. The IPN stated that washing his hands this way was unacceptable. The IPN stated that while sink was non-functioning, her expectation would have been to bring the resident to another sink or to bring him warm water in a basin with soap and towels to wash bedside. The IPN stated she would encourage resident to use hand sanitizer before and after activities outside resident room. The IPN stated having a non-functional sink could contribute to the spread of infection.</p> <p>On 3/29/24 at 11:05 A.M. an interview with the DON was conducted. The DON stated that he was unaware that Resident 548 was washing his hands in the toilet reservoir tank with the bedpan washer. The DON stated that washing his hands this way was unacceptable. The DON stated that clinical staff should accommodate the residents who used that sink, by offering them warm water in a basin with soap and towels or bring them to the nurses' station to wash their hands after restroom use or before meals. The DON stated that the nurses should have educated the resident on appropriate hand hygiene. The DON stated that a nonfunctioning sink could spread infection.</p> <p>Review of policy entitled Handwashing/Hand Hygiene revised October 2023 indicated The facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections .Administrative Practices to Promote Hand Hygiene .5. Environmental measures are taken to reduce contamination associated with sinks and sink drainage including .b.Sinks that are dedicated handwashing when possible .6. Residents .are encouraged to practice hand hygiene. Fact sheets, pamphlets and or other written materials promoting hand hygiene practices are provided at the time of admission, and/or posted throughout the facility.</p> <p>47466</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>38924</p> <p>47466</p> <p>Based on observation, interviews, and record reviews the facility did not ensure essential kitchen equipment, including the dish machine thermometer gauges, a stove range handles, and three (3) mobile tray line stations were maintained to operate at their full capacity.</p> <p>This failure had the potential to directly affect residents and staff's safety in the facility.</p> <p>Facility census was 294.</p> <p>Findings</p> <p>1. Dish machine thermometer gauges worn and cloudy.</p> <p>During the initial kitchen tour on 3/26/24 at 8:15 AM, a concurrent observation and interview with the Dietary Aide (DA 1) Dishwasher was conducted. The dish machine thermometer gauges were worn and cloudy inside which made the numbers blurry and difficulty to view. DA 1 stated he had trouble estimating what the correct wash temperature was because of the blurry temperature gauges. The CDM acknowledged the cloudy temperature gauges on the dish machine and stated they needed to be repaired.</p> <p>During an interview on 3/29/2024 at 10:31 A.M., with the Registered Dietitian (RD), the RD sated he expected the dish machine temperature sanitizer and wash temperatures should be accurate and the ice machine cleaned according to manufacturer's instructions.</p> <p>2. During an initial kitchen tour on 3/26/2024 at 8:25 A.M. with CDM was conducted. CDM agrees that there were two stoves side by side missing the knobs. The CDM stated the knobs had been missing for some time and that both stoves aren't being used. The CDM acknowledged that it could pose a safety hazard to staff working around because they won't know if the temperature controls are sufficient to cook the food.</p> <p>During a joint interview on at 9:00 A.M., with the CDM and the Maintenance Director (MDR), the MDR stated the missing knobs would be ordered and replaced as soon as possible. The MDR stated this should have been done immediately.</p> <p>3. During a kitchen observation on 3/26/24 at 10:15 A.M., there were three mobile food trayline station carts in the kitchen. Each mobile food trayline cart had a large white mop bucket underneath the food pan compartment with about a quarter full of water. The CDM stated the buckets were under the food pay station compartment to catch water that drips from the trayline station.</p> <p>During an observation and interview on 3/27/24 at 9:20 AM in the kitchen, the Maintenance Director (MDR) stated the mobile trayline food station carts always had buckets under the food pan compartments to catch dripping water. The MDR stated the mobile food stations were very old and always operated with the buckets.</p> <p>(continued on next page)</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/29/2024 at 10:51 A.M. with the RD, the RD sated he expected the kitchen equipment to be maintained and operational according to the manufacturer's instructions for the food and nutrition services to function properly.</p> <p>According to the 2022 Federal Food and Drug Administration (FDA) Food Code, section 4-501.11, titled Good Repair and Proper Adjustment, (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements .(B) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.</p> <p>During a review of the facility's policy and procedure (P&P) titled Sanitation dated 2018, the P&P indicated . The Food & Nutrition Services Department shall have equipment of the type and in the amount necessary for the proper preparation, serving, and storing of food .All equipment shall be maintained and kept in working order .9. All .equipment shall be kept .maintained in good repair .</p> <p>During a review of the facility's policy and procedure (P&P) titled Maintenance Service dated 2001 indicated . 1. The Maintenance Department is responsible for maintaining the building .and equipment in a safe operable manner at all times .</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21052</p> <p>Based on observation, interview, and document review, the facility failed to ensure one of 35 residents (Resident 162) had a call light that was consistently working.</p> <p>As a result, Resident 162 was at risk of not getting her needs addressed timely which could potentially result in injury and falls.</p> <p>Findings:</p> <p>Resident 162 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (blood supply to part of brain is blocked causing damage to brain cells) per the facesheet.</p> <p>A review of Resident 162's Minimum Data Sheet (MDS - an assessment tool), dated 1/20/24, indicated that Resident 162 had a Brief Interview for Mental Status (BIMS - used to screen and identify the mental condition of residents) score of 15 (cognitively intact).</p> <p>An observation and interview of Resident 162, while in her room, was conducted on 3/27/24 at 9:29 A.M. Resident 162 sat in her wheelchair next to the resident's bed. The call light wall plate was loose. Resident 162 stated the call light did not work. Resident 162 stated that when the call light did not work, she would go to the nurse's station to tell the nurses she needed help. Resident 162 stated the nurses would get mad at her because she could fall. The evaluator pushed the call button, but the light outside that informed staff that a resident in the room needed assistance did not lit up. After 2 minutes and 40 seconds of pushing the call button, certified nursing assistant (CNA) 3 entered Resident 162's room. CNA 3 confirmed that Resident 162's light outside of the resident's room was not lit after the call button was pushed.</p> <p>An observation of Resident 162's call light was conducted on 3/28/24 at 3:41 P.M. with CNA 4. The call light wall plate was secured tight against the wall. CNA 4 pushed Resident 162's call button and the light outside of the resident's room lit up.</p> <p>An interview with maintenance technician (MT) 1 was conducted on 3/28/24 at 3:51 P.M. MT 1 stated when a repair was needed in the unit, the nurse would call it in to the maintenance team. MT 1 stated a requisition slip would be filled out by the nurse or a MT regarding the repair request. MT 1 stated once the repair was completed, the nurse would need to sign the requisition and the signed requisition would then be given to the facility manager.</p> <p>An observation and interview of Resident 162, while in her room, was conducted on 3/29/24 at 9:03 A.M. Resident 162 stated her call light was not consistently working. Resident 162 stated, Sometimes it works, sometimes not. Resident 162 pushed the call button but the light outside of the resident's room that would inform staff that a call light was on did not light up. The call light wall plate was visibly secured to the wall.</p> <p>An interview with licensed nurse (LN) 2 was conducted on 3/29/24 at 9:16 A.M. LN 2 stated that resident call lights should be working because it was how resident communicated to staff that they needed help. LN 2 stated it was a safety concern if the call lights did not work.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Director of Nursing (DON) was conducted on 3/29/24 at 2:47 P.M. The DON stated call light should always be working in order for the residents to communicate to staff that they needed help.</p> <p>A review of the facility's undated policy titled Answering the Call Light was conducted. The policy indicated, . 6. Report all defective call lights to the nurse supervisor promptly.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>38924</p> <p>Based on observation, interviews, and record reviews the facility did not ensure the kitchen was free of flies and gnats.</p> <p>This failure had the potential to affect residents' health through food contamination and food borne illness. The facility census was 294.</p> <p>Findings:</p> <p>During the initial kitchen tour observation on 3/26/2024 at 8:00 A.M., few flies were seen flying all over the kitchen. The kitchen appeared to be very dirty with food debris, hard crusty debris, grimy sticky black substance on the equipment.</p> <p>During an observation on 3/27/24 at 10:36 AM on the second floor- north nursing station, there were more than five fruit flies seen flying in the air near the resident refrigerator area. The fruit flies were verified by LN 25.</p> <p>During an observation and interview on 3/27/2024 at 11:02 A.M. at the third-floor resident's refrigerator with licensed nurse LN 21, LN 21 stated housekeeping cleaned the resident's refrigerator two times a week. A small dead black roach was found inside the freezer door of the refrigerator. LN 21 confirmed there was a dead roach insect inside the freezer door.</p> <p>During an interview on 3/27/2024 at 11:31 A.M. with the Maintenance Director (MDR), the MDR stated he checked the locations of the insect sprays and bait traps for the roaches each time the pest company is finished spraying.</p> <p>During an interview on 3/29/24 at 10:52 A.M. with the RD, the RD stated he expected the facility to free of pests, especially food storage areas.</p> <p>During an interview on 3/29/2024 at 10:39 A.M. with the RD, the RD sated he expected the kitchen staff to be free from pest as best as possible, especially in food handling areas.</p> <p>During an interview on 3/29/24 at 3:40 P.M. with the Administrator (ADM), the ADM stated the facility has been working on their pest problem for a few years but still expects there be minimal to no pests including roaches and fruit flies in food service areas.</p> <p>During a record review of the facility's Pest Control Vendor invoices dated from January-February 2024, the invoices indicated Action required: Floor drain is dirty. Clean drains. Kitchen floor drains full of debris. Opened 12/9/22 .</p> <p>According to a 2017 Federal Food Code 6-501.111, stated .Controlling Pests .The premises shall be maintained free of insects, rodents, and other pests .by .routinely inspecting the premises for evidence of pests .</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>47466</p> <p>During a review of the facility's policy and procedure (P&P) titled Pest Control, dated 2001, the P&P indicated .Our facility shall maintain an effective pest control program .</p>		