

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Veterans Home of California - Fresno		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 W California Ave Fresno, CA 93706	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40030</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of 34 sampled residents (Resident 34, 49) were treated with dignity, when Certified Nursing Assistant (CNA) 1 was standing while feeding the residents during a dining meal observation.</p> <p>This failure had the potential to violate Resident 34 and 49's dignity by being rushed to eat that could have lead to psychosocial harm while eating.</p> <p>Findings:</p> <p>During an observation on 3/18/24, at 12:30 p.m., during a dining meal observation in Resident 49's room, CNA 1 was in Resident 49's room standing while assisting with feeding.</p> <p>During an observation on 3/18/24 at 12:44 p.m., during a dining meal observation in Resident 34's room, CNA 1 was in Resident 49's room standing while assisting with feeding.</p> <p>During an interview on 3/18/24 at 3:39 p.m., with CNA 1, CNA 1 stated she would typically feed residents while sitting down to be at same eye level as the residents. CNA 1 stated sitting down with residents while feeding them ensured their dignity while eating.</p> <p>During an interview on 3/20/24 at 9:44 a.m., with Registered Nurse (RN) 1, RN 1 stated CNAs needed to be sitting while assisting residents with meals. RN 1 stated residents could feel rushed to eat if a CNA was hovering over them while feeding them. RN 1 stated there had been in-services about sitting with residents when feeding them. RN 1 stated sitting with residents while feeding them ensured their dignity while eating.</p> <p>During an interview on 3/20/24 at 10:44 a.m., with Supervising Registered Nurse (SRN) 2, SRN 2 stated CNAs should be at an eye level when feeding residents. SRN 2 stated CNAs sitting with residents while feeding them ensured their dignity and not feeling like staff were hovering over them while eating.</p> <p>During a review of Resident 49's Admission Record (AR), dated 2/2/24, the AR indicated, .admitted [DATE] . Current Diagnosis .Alzheimer's Disease (progressive disease beginning with mild memory loss and possibly leading to loss of the ability to carry on a conversation and respond to the environment) .</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 49's Minimum Data Set Section GG Functional Abilities and Goals (MDS-comprehensive, standardized assessment of residents' functional capabilities and health needs), dated 12/11/23, the MDS indicated, Resident 49 required maximum assistance from staff when eating.</p> <p>During a review of Resident 34's Admission Record (AR), dated 11/13/23, the AR indicated, .admitted [DATE] .Current Diagnosis .Dementia (a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities) .</p> <p>During a review of Resident 34's MDS Section GG Functional Abilities and Goals dated 1/26/24, the MDS, indicated, Resident 49 required maximum assistance from staff when eating.</p> <p>During a review of the facility's policy and procedure (P&P) titled, RNA - CNA Dining Program, dated 5/4/23, the P&P indicated, .1. Provide feeding assistance and close monitoring to those residents identified as having a need for one-on-one assistance and/or cuing at mealtime. 2. Provide and environment conducive to meeting resident's nutritional needs and PO (by mouth) intake .</p> <p>During a review of the facility's P&P titled, Residents Rights, dated 7/12/23, the P&P indicated, The Home will observe, promote, and respect personal rights of all Residents .</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 36406</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents disposable care equipment (DCE-basin, urinal and bedpan) were stored in a clean and sanitary manner and the facility's policy and procedure (P&P) was not followed in building five in multiple bathrooms.</p> <p>These failures had the potential for residents to live in an unsafe and unclean, non-homelike environment.</p> <p>Findings:</p> <p>During an observation on 3/18/24 at 9:20 a.m. to 11:02 a.m. multiple residents DCE were found on multiple residents bathroom in building five that were undated unlabeled. There were basins that were stacked together with unknown residue inside. The following observations were made:</p> <ul style="list-style-type: none"> a. room [ROOM NUMBER]- two unlabeled and undated basins were found stacked together and one unlabeled and undated urinal was placed on top of the linen hamper. b. room [ROOM NUMBER]- two undated and unlabeled and unclean basins were found stacked together. Inside the basins there was an unknown brown residue and they were placed on top of the hamper. c. room [ROOM NUMBER]- one undated and unlabeled basin that was found on the floor with a urine bag and three used cotton swabs. d. room [ROOM NUMBER]- three undated and unlabeled basins were stacked together on top of the hamper. e. room [ROOM NUMBER]- one basin was undated and unlabeled on top of the shower chair. f. room [ROOM NUMBER]- one undated and unlabeled bedpan was on top of the linen hamper. g. room [ROOM NUMBER]- one undated and unlabeled bedpan was on top of the shower chair. h. room [ROOM NUMBER]- one undated and unlabeled urinal. i. room [ROOM NUMBER]- one urinal was undated and unlabeled. j. room [ROOM NUMBER]- one urinal was unlabeled and undated. k. room [ROOM NUMBER]- one urinal was undated and unlabeled. l. room [ROOM NUMBER]- three unlabeled and undated basins were stacked on top of the linen hamper. m. room [ROOM NUMBER]- one urinal was undated and unlabeled. <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>n. room [ROOM NUMBER]- one undated and unlabeled urinal and one used undated and unlabeled bedpan was on top of the linen hamper.</p> <p>During an interview on 3/19/24 at 11:16 a.m. with Registered Nurse (RN) 2 RN 2 stated the DCE were changed every week and should not have been stored on the floor or on top of the hamper. RN 2 also stated the items were not required to be labeled and dated. RN 2 stated the facility had no policy in regards to care and disposal of residents care equipment. RN 2 stated she did not know when DCE was replaced.</p> <p>During an interview on 3/20/24, at 8:37 a.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated the nursing staff in the units were responsible for changing the DCE every three or four days and did not need to be dated and labeled. CNA 2 stated the items should be washed, dried, put it in a plastic bag and stored in the bottom of the sink.</p> <p>During an interview on 3/20/24, at 3:55 p.m. with the Infection Control Registered Nurse (ICRN), the ICRN stated the night shift staff were responsible for replacing DCE every Sunday and were not required to date and label them. The ICRN also stated that storing the DCE in a plastic bag was not a facility practice and the nursing staff should have disposed the old DCE and have the new DCE in place.</p> <p>During an interview on 3/20/24 at 4:07 p.m. with CNA 3, CNA 3 stated the night shift staff were responsible for replacing the DCE every Sunday. CNA 3 stated the facility did not need to date or label the DCE with the resident's name. DCE should be stored in the bathroom, the bedpans would be covered with a plastic bag, and basins should be placed on the shower area, clean and dry.</p> <p>During a review of the facility's policy and procedure titled Cleaning Environmental dated 1/14/24, indicated . the [name of the facility] will ensure a safe, sanitary, orderly and comfortable interior environment . Disposable items such as urinals, bedpans .are labeled with the projected discard date . and labeled with the resident's name .</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** 36406</p> <p>Based on observation, interview, and record review the facility failed to ensure one of 34 sampled residents (Resident 10) activities of daily living (ADL) care plan was revised and updated based on his needs.</p> <p>This failure had the potential for the facility to not meet Resident 10's ADL needs.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 3/18/24 at 12:44 p.m. with Resident 10 in the dining room, Resident 10 was sitting in his wheelchair and he stated that he had a history of falls and had recently fallen from his wheelchair.</p> <p>During a review of Resident 10's face sheet (demographic data) indicated Resident 10 was admitted to the facility on [DATE], with diagnoses including Atherosclerosis Heart Disease (ASHD- type of vascular disease where the blood vessels carrying oxygen away from the heart becomes damaged) and Chronic Kidney Disease (CKD-a condition in which the kidneys are damaged and cannot filter blood as well as they should).</p> <p>During a concurrent interview and record review on 3/20/24 at 10:15 a.m. with the Minimum Data Set (MDS-an assessment tool) Registered Nurse (MDSRN), the MDSRN stated Resident 10 had a significant change of condition (SCOC) due to decline in activities of daily living on 10/30/23 related to weakness and falls. Quarterly MDS dated [DATE] indicated, Resident 10 required limited assist for transfers, independent for eating, limited assistance with one person assist for bed mobility. MDSRN stated, Resident 10 was able to ambulate prior to SCOC. There were documented fall incidents on 8/20/23, 10/15/23, and 10/17/23. SCOC assessment dated [DATE], indicated Resident 10 required extensive assist for transfers, maximum assist for bed mobility and a set up with one person assist for eating. Further review of Resident 10's medical record indicated that on 9/27/23 to 10/16/23, Resident 10 was placed on physical therapy (PT) and occupational therapy (OT) (PT and OT- treatment services to restore functional movements including standing, walking and moving different body parts). Interdisciplinary (IDT-group of healthcare professionals who worked together toward the goal of the resident) Team Care Conference dated 10/30/23, indicated Resident noted with a decline in ADL functions and requires maximal assistance with most of his ADLs .has not ambulated due to weakness and fall.</p> <p>During a review of Resident 10's IDT Progress Note dated 10/26/23 indicated, Received a referral for ADL decline from nursing staff and noted a decline for past two weeks .resident was started on antibiotics for UTI (urinary tract infection) and will re-assess resident next week after the completion of antibiotics.</p> <p>During an interview on 3/20/24, at 2:05 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated Resident 10 required extensive assistance on transfers. CNA 2 stated Resident 10 was not able to ambulate at this time.</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>During a concurrent interview and record review on 3/20/24 at 10:56 a.m. with OT, OT stated Resident 10 was screened on 10/30/23 for the SCOC and would be re-evaluated after completing antibiotic therapy. IDT Progress Note dated on 11/2/23 indicated Resident 10 was not able to tolerate PT and OT at this time.</p> <p>During a follow up interview on 3/20/24 at 2:22 p.m. with Resident 10, Resident 10 stated, I wanted to go back walking again.</p> <p>During a review of the At risk for self care deficit and further decline in ADL initial care plan dated 8/24/21 the care plan was reviewed on 11/3/23 and 2/6/24. The care plan indicated rehabilitation therapy was discontinued on 10/29/23. There was no documentation of interventions on how Resident 10 would be able to maintain or improve his ADLs after the discontinuation of the rehabilitation therapy or to prevent further decline in range of motion and mobility.</p> <p>During a review of the facility's policy and procedure titled Care Plans dated 2/13/2024, indicated, (name of the facility) will develop and implement a person-centered care plan for each resident . will include the Resident's preference, goals, and address the Resident's medical, physical, mental, and psychosocial needs.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36406</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 34 sampled residents (Resident 10) was re-evaluated to maintain or improve his activities of daily living (ADL).</p> <p>This failure had the potential for Resident 10 to not receive appropriate treatment and services to prevent further decline in range of motion and mobility.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 3/18/24 at 12:44 p.m. with Resident 10 in the dining room, Resident 10 was sitting in his wheelchair and he stated, that he had a history of falls and had recently fallen from his wheelchair.</p> <p>During a review of Resident 10's face sheet (demographic data) indicated Resident 10 was admitted to the facility on [DATE], with diagnoses including Atherosclerosis Heart Disease (ASHD- type of vascular disease where the blood vessels carrying oxygen away from the heart becomes damaged) and Chronic Kidney Disease (CKD-a condition in which the kidneys are damaged and cannot filter blood as well as they should).</p> <p>During a concurrent interview and record review on 3/20/24 at 10:06 a.m. with the Minimum Data Set (MDS-clinical assessment tool to guide care) Registered Nurse (MDSRN), MDSRN stated Resident 10 had a Brief Interview for Mental Status (BIMS) score on 1/26/24 of 30. (BIMS score of 24 to 30 indicated no cognitive impairment). MDSRN stated, Resident 10 is alert and able to make decisions. Quarterly MDS dated [DATE] indicated Resident 10 required limited assist for transfers, independent for eating, limited assistance with one person assist for bed mobility. MDSRN stated, Resident 10 had a significant change of condition (SCOC) due to decline in ADL on 10/30/23 related to weakness and falls. SCOC assessment indicated Resident 10 required extensive assist for transfers, maximum assist on bed mobility and a set up with one person assist on eating. Resident 10 was able to ambulate prior to SCOC. Resident 10 had fall incidents on 8/20/23, 10/15/23, and 10/17/23. In addition, MDSRN stated the quarterly MDS conducted on 1/26/24, indicated Resident 10 remained on same level of assistance in his ADL. Further review of Resident 10's medical record indicated that on 9/27/23 to 10/16/23, Resident 10 was placed on physical therapy (PT) and occupational therapy (PT and OT- treatment services to restore functional movements including standing, walking and moving different body parts). Interdisciplinary (IDT-group of healthcare professionals who worked together toward the goal of the resident) Team Care Conference dated 10/30/23, indicated Resident noted with a decline in ADL functions and requires maximal assistance with most of his ADLs .has not ambulated due to weakness and fall.</p> <p>During a concurrent interview and record review on 3/20/24 at 10:56 a.m. with OT, OT stated Resident 10 was screened on 1/18/24 and 1/23/24. The OT/PT screen form indicated PT and OT evaluation is not indicated.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/20/24, at 2:05 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated Resident 10 required extensive assistance on transfers and he was not able to ambulate at this time.</p> <p>During a follow up interview on 3/20/24 at 2:22 p.m. with Resident 10, Resident 10 was sitting in his wheelchair in the dining room and he stated, I wanted to go back walking again and I know I was in the therapy before but I am willing to try and participate again.</p> <p>During an interview on 3/20/24, at 3:06 p.m. with Chief Restorative Care (CRC) and MDSRN, CRC stated the nursing staff was responsible for referring residents to the facility's Restorative Nursing Program (a program actively focuses on achieving and maintaining optimal physical, mental and psychosocial functioning). The CRC also stated the nursing staff should have communicated to the rehabilitation department what residents would benefit from the restorative nursing program. The MDSRN stated Resident 10 was not re-evaluated and was not placed on restorative nursing program after the PT and OT was discontinued.</p> <p>During a review of the undated facility's policy and procedure titled Restorative Nursing Program indicated, A. Residents who no longer require specialized rehabilitation therapy services .may be referred to Restorative Nursing Program to maintain functional levels of independence gained through the therapy.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>47844</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate pain management for one of 34 sampled residents (Resident 88) when the physician progress notes were not followed up on and the comprehensive care plan was not updated.</p> <p>This failure had the potential to negatively impact the resident's physical and psychosocial well-being.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 3/18/24 at 9:55 a.m. with Resident 88 in Resident 88's room, Resident 88 was lying in bed positioned on his right side while guarding his right arm. Resident 88 stated that he had bad pain in his right arm that had not been treated as well as pain from a hernia (a bulging of an organ or tissue through an abdominal opening). Resident 88 stated no doctor had been in to see him, he would have liked the doctor to see him so he could get treated and not be in pain anymore.</p> <p>During a review of Resident 88's Facesheet (demographic data), the Facesheet indicated Resident 88 was admitted to the facility originally on 6/16/14, with diagnoses that included: benign prostatic hyperplasia (age associated prostate enlargement), parkinsonism (umbrella term that refers to brain conditions that cause slowed movements, rigidity, and tremors), chronic kidney disease (a condition in which the kidneys are damaged and cannot filter blood as well as they should) and vitamin D deficiency.</p> <p>During a review of Resident 88's MDS (Minimum Data Set - an assessment tool), the MDS indicated Resident 88's BIMS (Brief Interview for Mental Status) was a 15 (score of 15 indicated no cognitive impairment). The MDS Section J - Health Conditions, indicated that Resident 88 did have presence of pain and that the intensity of Resident 88's pain was a 5 (on a 0-10 scale).</p> <p>During an interview on 03/20/24 at 10:56 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that Resident 88 had complained about right shoulder pain and that he got Diclofenac gel (topical gel that eased pain and reduced inflammation) twice a day. LVN 1 stated Resident 88 had an order for Acetaminophen (Tylenol) but that it did not help. LVN 1 stated she was not aware of Resident 88 having pain anywhere else and was not aware that Resident 88 was complaining of hernia-like pain.</p> <p>During an interview on 3/20/24 at 11:21 a.m., with Physician (MD1), MD1 stated that he assessed Resident 88 on 3/18/24. MD1 stated that Resident 88 complained of right elbow and forearm pain and based off of assessment he diagnosed Resident 88 with lateral epicondylitis (an irritation of the tissue connecting the forearm muscle to the elbow) and that he ordered topical Diclofenac gel, no imaging of right arm necessary at this time. MD1 also stated that he assessed Resident 88 for right groin pain and based on assessment ruled out a palpable hernia.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 3/20/24 at 11:33 a.m. with Resident 88 in Resident 88's room, Resident 88 was lying in bed and talking on the phone. Resident 88 stated he recently started getting some salve (ointment used to promote healing of the skin or as protection) rubbed onto his arm and that it helped dull the pain but did not get rid of the pain. Resident 88 stated he was still having hernia pain and that the only medication he had was Tylenol and that did not help his pain so he did not even ask for it.</p> <p>During a concurrent interview and record review on 3/21/24 at 8:55 a.m. with Supervising Registered Nurse (SRN) 1, Physician Progress Notes, dated 3/18/24 was reviewed. The Physician Progress Notes indicated Resident 88 .c/o (complained of) right forearm/elbow pain also pain at right groin. Record also indicated MD performed a physical exam and that Resident 88's right forearm was tender at the lateral epicondyle (the bump on the outer side of the elbow) and that Resident 88's right groin was tender with no palpable hernia. Record further indicated for Resident 88's right groin pain .Request US/CT (ultrasound - a diagnostic procedure that utilizes high-energy sound waves to look at tissues and organs inside the body./computed tomography - a diagnostic imaging procedure that uses combination of x-ray and computer technology to produce images of the inside of the body). SRN1 stated she was unaware of any request and no physician order was found for a US/CT in Resident 88's medical record.</p> <p>During a concurrent interview and record review on 3/21/24 at 9:02 a.m. with SRN1, Resident 88's Comprehensive Plan of Care for .At Risk for Pain ., dated with an updated date of 1/10/2024 was reviewed. The Comprehensive Plan of Care included goals and interventions for right knee and right shoulder pain that was added to care plan on 1/10/24. The Comprehensive Plan of Care also indicated interventions for Resident 88 that included .assess site and severity of pain using pain scale 1-10 . Administer pain medication(s) are ordered. Monitor effectiveness and if ineffective/notify physician SRN1 stated that Resident 88's Comprehensive Plan of Care for pain should have been updated to include right elbow pain and right groin pain.</p> <p>During an interview with SRN1, on 3/21/24 at 9:23 a.m, SRN1 stated that she was wrong about the care plan needing to be updated and that nursing had to wait for physician to provide diagnosis before any updates could be made to Resident 88's plan of care.</p> <p>During an interview with Director of Nursing (DON), on 3/21/24 at 9:50 a.m., DON stated that licensed nurses can update care plans as needed based off of updates in the Physician Progress Notes. DON also stated that licensed nurses do not need a diagnosis from the physician to add a new site of pain to the care plan. DON stated that licensed nurses should be reviewing the Physician Progress Notes daily and making updates to Resident's care plan as necessary. DON also stated licensed nursing should have followed up with the physician regarding the US/CT noted in the Physician Progress Notes.</p> <p>During a review of Nurses Progress Notes, dated 3/17/24, the Nurses Progress Notes indicated that at 11:30 a.m. Resident 88 was assessed by MD1 and a new order was received to apply .Diclofenac gel 1% 2 gram (unit of measurement) TID (Three times a day) q (every) shift for joint pain .</p> <p>During a review of Treatment Administration Record (TAR) for the month of March 2024, the TAR indicated that staff assessed Resident 88's .highest level of pain every shift . as a 0 on a scale of 0-10 every day and every shift. Record indicated that a score of 0 indicated no pain.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Pain Assessment, dated 3/21/24, the Pain Assessment indicated that Resident had pain rated a 5/10 on a 0-10 scale. Record indicated that a score of 4-6 indicated moderate pain.</p> <p>During a review of the policy and procedure (P&P) titled, Care Plans, (undated), indicated, .Comprehensive Care Plan A. The facility must develop and implement a comprehensive person-centered care plan for each resident (consistent) with the Resident rights and measurable objectives and timeframes to meet a Resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment .F. Each discipline will be responsible for the initiation and ongoing follow up for the care plan as related to their area of expertise .</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>36406</p> <p>Based on observation, interview and record review, the facility failed to ensure an opened probiotic medication (medication used to improve digestion) bottle was stored at an appropriate temperature in one of eight medication carts.</p> <p>This failure had the potential for the medication to be less effective.</p> <p>Findings:</p> <p>During a concurrent medication storage inspection and interview on 3/19/24 at 10:40 a.m. in building 5B with Registered Nurse (RN) 3, an opened Acidophilus Probiotic bottle was found inside the medication cart. The medication bottle had a product label which indicated Refrigerated after opening. RN 3 stated, It's never used and there were no resident(s) that had an order for it. RN 3 was not able to determine when the medication was last administered. RN 3 counted the capsules in the bottle and there were 30 capsules left (100 capsules bottle).</p> <p>During an interview on 3/20/24 at 9:05 a.m. with the Pharmacist (Pharm), Pharm stated the opened probiotic medication bottle should have been refrigerated and not stored in the medication cart. The Pharm stated that once the medication bottle was opened and stored at room temperature, it was unusable, had less effectiveness and should be discarded.</p> <p>During a review of the Acidophilus Probiotic manufacturer's (name of the manufacturing company) product information, the product information indicated, Refrigeration required after opening.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Storage of Medications, dated 3/18/24, the P&P indicated, Medications will be stored securely and according to manufacturer's recommendation to maintain their integrity and shelf life promoting safe administration.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>49936</p> <p>Based on observation, interview, and record review, the facility failed to follow the menu for lunch on March 18, 2024 when the pureed cheesecake was served with a #16 scoop (1/4 cup) and the menu indicated it should be served with a #12 scoop (1/3 cup).</p> <p>This failure resulted in residents receiving less dessert and had the potential to affect the nutritional status of the 10 residents who were assigned to receive pureed dessert from the kitchen.</p> <p>Findings:</p> <p>During an observation on 3/18/24 at 11:37 a.m. in Building Five Satellite Kitchen, Food Service Tech I (FST) prepared dessert for residents in Skilled Nursing Building 5A. FST pureed cheesecake slices then dished out the servings using the #16 scoop (1/4 cup) utensil.</p> <p>During a review of the facility's lunch menu, dated 3/18/24, the menu indicated, #12 scoop (1/3 cup) Pureed Chzcake (cheesecake) would be served to residents with a pureed or a finely chopped diet.</p> <p>During a review of the Portion Control Menu Planner (PCMP), (undated), the PCMP indicated the blue #16 scoop utensil had a capacity of 1/4 cup and the green #12 scoop utensil had a capacity of 1/3 cup. The PCMP also indicated, Delivering proper nutrition .demands accurate, repeatable portion sizing.</p> <p>During an interview on 3/19/24 at 11:55 a.m. with the Director of Dietetics (DD), DD stated staff were trained to use the PCMP as their color guide when picking which scoop utensil to use.</p> <p>During an interview on 3/20/24 at 2:22 p.m. with DD, DD stated staff should use the scoop size indicated on the menu.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services - Diet Manual & Menu Guidelines (All Homes), dated 10/31/23, the P&P indicated, Menus will meet the nutritional needs in accordance with established national guidelines . Menus must be prepared in advance and followed.</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>49936</p> <p>Based on observation, interview, and record review, the facility failed to store and prepare food in accordance with professional standards for food service safety when:</p> <ol style="list-style-type: none"> 1. The ice machine in the satellite kitchen in building five and the ice machine in the satellite kitchen in building one had a build-up of a yellow substance and discoloration on their water tubes. This failure had the potential to contaminate the water and the ice after it was formed. 2. Buildup of dirt and debris were found under kitchen appliances and countertops, and crumbs were found behind an ice machine and on the bottom shelf of a reach-in freezer. This failure had the potential for microorganism growth and to attract pests. 3. The bulk sugar was contaminated with a black substance. This failure had the potential to contaminate the residents' food. 4. Dust, grime (dirt stuck to surface), and food residue were found in toolboxes used to store clean utensils. This failure had the potential for microorganism growth and to attract pests. <p>The kitchen served meals for a population of 99 residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on 3/18/24 at 3:38 p.m. with the Plant Operations Chief Engineer (PCOE) in Building 5 Satellite Kitchen, there was black discoloration on the tubing where the water was running through the ice machine. PCOE stated the tubing was supposed to be changed as needed. <p>During an observation on 3/18/24 at 3:46 p.m. in Building Five Satellite Kitchen, there was yellow residue wiped with a paper towel from the ice chute.</p> <p>During an interview on 3/18/24 at 3:54 p.m. with the Director of Dietetics (DD), DD stated ice from the ice machines are used for residents' beverages and ice baths (ice placed under food containers to keep food cold) on the snack cart.</p> <p>During an observation on 3/18/24 at 3:56 p.m. in Building One Satellite Kitchen, there was purple discoloration on the tubing where the water was running through in the ice machine.</p> <p>During a concurrent observation and interview on 3/18/24 at 3:57 p.m. with PCOE in Building One Satellite Kitchen, there was yellow residue wiped with a paper towel from the ice chute. PCOE stated his staff did not usually clean the area of the ice chute where the yellow residue was found.</p> <p>During an interview on 3/20/24 at 2:19 p.m. with DD, DD stated food-contact surfaces should not have any build-up or any discoloration that may be mold (fungus growth on wet surfaces that can look black, blue, red, and/or green) or mildew (white-like growth of fungus on damp 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 an interview on 3/20/24 at 3 p.m. with the Chief of Plant Operations (CPO), CPO stated the ice machine tubing should be replaced if it was discolored. CPO stated anything that might touch the water or ice that the residents consumed should be kept clean.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Cleaning and Sanitizing Ice Machine, dated November 2023, the P&P indicated, Clean all internal and external surfaces of the machine with the disinfecting solution.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services - Sanitation (All Homes), dated 11/5/23, the P&P indicated, Ice used in connection with food or drink will be from a sanitary source and will be handled and discarded in a sanitary manner. Ice machines will be cleaned according to manufacturer's guidelines.</p> <p>During a review of the ice machine manufacturer's guidelines titled, Modular Crescent Cuber Instruction Manual, dated 12/2/13, the manual indicated, The icemaker must be cleaned and sanitized at least once a year. More frequent cleaning and sanitizing may be required in some water conditions.</p> <p>During a review of the Food and Drug Administration's Food Code, dated 2022, Section 4-602.11 indicated, . Ice makers, and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms. In addition, If the manufacturer does not provide cleaning specifications for food-contact surfaces of equipment that are not readily visible, the person in charge should develop a cleaning regimen that is based on the soil that may accumulate in those particular items of equipment.</p> <p>2. During an observation on 3/18/24 at 9:47 a.m. in the Main Kitchen, there were crumbs scattered on the bottom shelf of the reach-in freezer.</p> <p>During a concurrent observation and interview on 3/18/24 at 10:13 a.m. with the Director of Dietetics (DD) in the Main Kitchen, there was a buildup of dirt, food residue, and black grime under the grill and countertops at the food preparation area. DD stated the area under the kitchen equipment like the grill was hard to clean.</p> <p>During an observation on 3/18/24 at 10:27 a.m. in the Main Kitchen, there was a buildup of dirt and grime behind the ice machine.</p> <p>During an interview on 3/20/24 at 2:13 p.m. with DD, DD stated the freezer shelves were supposed to be wiped out daily.</p> <p>During an interview on 3/20/24 at 2:19 p.m. with DD, DD stated it was hard to clean behind or under large equipment.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services - Sanitation (All Homes), dated 11/5/2023, the P&P indicated, All utensils, counters, shelves, and equipment will be kept clean .</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 Food and Drug Administration's Food Code, dated 2022, Section 4-601.11 indicated, Nonfood contact surfaces . shall be kept free of an accumulation of dust, dirt, food residue, and other debris. In addition, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic (able to cause disease) microorganisms will not be allowed to accumulate and insects and rodents will not be attracted.</p> <p>3. During a concurrent observation and interview on 3/18/24 at 9:47 a.m. with the Director of Dietetics (DD) in the Main Kitchen, the bulk sugar was contaminated with a black substance. DD stated staff must discard the contaminated food item, wash and sanitize the bulk food bin, and then refill.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services - Food Storage (All Homes), dated 11/5/2023, the P&P indicated, .Food shall be protected from contamination by storing the food in a clean, dry location . All food should be protected against contamination. Contaminated food shall be discarded immediately upon discovery.</p> <p>During a review of the Food and Drug Administration's Food Code, dated 2022, Section 3-305.11 indicated, Food shall be protected from contamination.</p> <p>4. During an observation on 3/18/24 at 9:35 a.m. in the Main Kitchen, there were two red [brand name] tool cabinets, with chipped paint and a buildup of dust, grime, and food residue, being used as storage for clean utensils.</p> <p>During an interview on 3/20/24 at 2:08 p.m. with the Director of Dietetics (DD), DD stated the [brand name] tool cabinet drawers should have been kept clean with daily cleanings. DD also stated the [brand name] tool cabinets may not have been food-safe equipment, and storage might have to be changed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services - Sanitation (All Homes), dated 11/5/2023, the P&P indicated, All utensils, counters, shelves, and equipment will be kept clean and maintained in good repair (i.e. free from breaks, corrosion, open seams, cracks, and chipped areas).</p> <p>During a review of the Food and Drug Administration's Federal Food Code, dated 2022, Section 4-202.16 indicated, Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance. In addition, Hard-to-clean areas could result in the attraction and harborage of insects and rodents and allow the growth of foodborne pathogenic microorganisms. Well-designed equipment enhances the ability to keep nonfood-contact surfaces clean.</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>49936</p> <p>Based on observation, interview, and record review, the facility failed to maintain kitchen equipment in safe operating condition when there was a leak at the water hose connection site, located under a food preparation table.</p> <p>This failure had the potential to negatively affect the ability of the dietary staff to prepare residents' meals in a safe and sanitary manner.</p> <p>Findings:</p> <p>During an observation on 3/18/24 at 10:11 a.m. in the Main Kitchen, there was water leaking from a water hose at the connection site found under the stainless-steel countertop in the food preparation area.</p> <p>During a review of a work order titled, Work Order: 23_039137, dated 8/17/23, the work order indicated, The water spigot under the prep sink on the back line by the stove is leaking water even in the off position. It is the one that connects to the big red hose. The work order indicated a new part for the water hose had to be bought and installed to fix the leak.</p> <p>During an interview on 3/20/24 at 2:14 p.m. with the Director of Dietetics (DD), DD stated there was a miscommunication and the part needed was not ordered.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services - Equipment (All Homes), dated 11/5/23, the P&P indicated, Equipment will be provided and maintained in good working order.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food & Nutrition Services - Sanitation (All Homes), dated 11/5/23, the P&P indicated, All . equipment will be kept clean and maintained in good repair (i. e. free from breaks .).</p>