

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC accepted 5/6/25
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PRINTED: 04/30/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555854	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/17/2025	
NAME OF PROVIDER OR SUPPLIER MESA GLEN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 638 E COLORADO AVENUE GLEN DORA, CA 91740		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during a first recertification revisit survey conducted on 4/17/2025.</p> <p>Total Resident Census: 84</p> <p>The inspection was limited to the specific first revisit and does not represent the findings of a full inspection of the facility.</p> <p>Four deficiencies were issued for the first revisit (Refer to F552, F755, F758, and F880).</p>	{F 000}		
{F 552} SS=D	<p>Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5)</p> <p>§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	{F 552}	<p>Corrective Action:</p> <p>Resident 77's informed consent for use of Ativan was obtained and verified by a licensed nurse from RP1 on 4/16/25</p> <p>Other Residents Affected Identification:</p> <p>All residents taking Psychotropic Medications are at risk for deficient practice.</p> <p>On 4/17/25, all residents on Psychotropic Medications were reviewed for completion of Informed Consents. No other residents were affected by the deficient practice.</p> <p>Measures and Systemic Changes:</p> <p>On 04/17/2025 DON initiated in-service to Licensed Nurses and SSD to ensure that consents are obtained prior to giving psychotropic medication.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Admin

(X6) DATE

05/05/2025

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.

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{F 552}	<p>Continued From page 1</p> <p>Based on interview and record review, the facility failed to ensure the informed consent was obtained for the use of Ativan (lorazepam-medication used to treat anxiety) for one of two sampled residents (Resident 77) as indicated in the facility's Policy and Procedure (P&P) titled, "Psychoactive Medication Informed Consent."</p> <p>This deficient practice placed Resident 77 and/or Resident 77's responsible party (RP) at risk for being denied the right to an informed consent or refusal, and to fully participate in Resident 77's medical care.</p> <p>Findings:</p> <p>During a review of Resident 77's Admission Record (AR), the AR indicated the facility admitted Resident 77 on 12/23/2024, with diagnoses that included dementia (decline in mental abilities severe enough to interfere with daily life), anxiety disorder (a mental condition characterized by excessive worry or fear), and psychosis (a mental disorder where a person experiences disconnection from reality). The AR indicated Resident 77's responsible party was RP 1.</p> <p>During a review of Resident 77's History and Physical Examination (H&P) dated 12/26/2024, the HP indicated Resident 77 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 77's Minimum Data Set (MDS, a resident assessment tool) dated 3/25/2025, the MDS indicated Resident 77 sometimes understood others, usually was able to communicate some words if prompted or given time, and had severe cognitive impairment</p>	{F 552}	<p>Upon admission any residents receiving psychotropic shall be audited by the Medical Records if the verification of the informed consent has been completed.</p> <p>During weekly Behavior Management Meeting, the IDT shall monitor and audit the compliance of informed consent verification, and the copy of the audit will be provided to the administrator, DON and the IDT. Findings on the audit will be address by the SSD and IDT immediately.</p> <p>MONITORING PERFORMANCE:</p> <p>Medical Records to audit of Psychotropic medications 1 x weekly x 3months or until substantial compliance is achieved for nursing follow up and report any deficits to DON for follow up.</p> <p>Issues and trends and copy of the report will be forwarded to the DON/ Administrator for further review and perform immediate corrective action as necessary.</p> <p>The DON/Designee will present the results to the QA Committee for monthly review for the next 3 months and quarterly thereafter or until substantial compliance is achieved.</p>	05/05/2025

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{F 552}	<p>Continued From page 2</p> <p>(decline in thinking, learning, and reasoning). The MDS indicated Resident 77 received antianxiety medication in the last seven days of assessment.</p> <p>During a review of Resident 77's Physician Order (PO) dated 4/8/2025, the PO indicated Resident 77 had an order for Ativan oral tablet 0.5 milligrams (mg, unit of mass or weight), give one (1) tablet by mouth every eight (8) hours as needed for inconsolable (not able to be comforted) yelling.</p> <p>During a concurrent interview and record review on 4/16/2025 at 3:56 pm with the Social Services Director (SSD), Resident 77's medical record was reviewed. The SSD stated the SSD was unable to find a signed informed consent for the use of Ativan in Resident 77's medical record. The SSD stated the SSD would check her files.</p> <p>During a follow-up interview on 4/16/2025 at 4:31 pm with the SSD, the SSD stated RP 1 was Resident 77's responsible party. The SSD stated there was no documented evidence that staff obtained informed consent for Resident 77's use of the Ativan from RP 1.</p> <p>During an interview on 4/17/2025 at 3:10 pm with the Director of Nursing (DON), the DON stated before the use of any psychotropic medications (any drug that affects behavior, mood, thoughts, or perception), the resident's (in general) physician needed to obtain the informed consent from the resident or the resident's RP and the licensed staff needed to verify the informed consent was obtained. The DON stated the informed consent for the use of psychoactive medications needed to be documented in the resident's informed consent form. The DON</p>	{F 552}			

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{F 552}	Continued From page 3 stated obtaining an informed consent was important to ensure the resident or the resident's RP was aware of the proposed care/treatment and agreed with the care/treatment plan. The DON stated licensed staff could not give psychotropic medications without an informed consent. During a review of the facility's P&P titled, "Psychoactive Medication Informed Consent," dated 3/2024, the P&P indicated, "Prior to the administration of any psychoactive medications ... an informed consent for the specific medication will be obtained by the physician and verified by the nurse." The P&P indicated, "Informed consent will either be noted in the physician order for the psychoactive medication, on the appropriate consent form, or documented elsewhere in the medical records ... If the resident is not capable of giving informed consent, consent will be obtained from resident's representative."	{F 552}			
{F 755} SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	{F 755}	F755: Pharmacy Services/ Procedure/ Pharmacist/ Records CORRECTIVE ACTION: On 4/17/25, Resident 27 was assessed by a licensed nurse and no adverse reaction was noted. Change of Condition for the Medication Error was initiated and MD was made aware with no new order but to continue to monitor resident. Resident was monitored for 3 consecutive days with no adverse reaction noted related to medication error. On 04/17/25, Medication Cart was supplied with Loratidine. LVN 4 is no longer working at the facility.		

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{F 755}	Continued From page 4 §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure loratadine (medication used to treat allergy symptoms) oral tablet was administered as ordered by the physician for one of one sampled resident (Resident 27). This failure resulted in a medication error and had the potential to result in adverse side effects for Resident 27. Findings: During a review of Resident 27's Admission Record (AR), the AR indicated the facility admitted Resident 27 on 3/12/2023 and readmitted on 1/13/2025 with diagnoses that included Type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), acute	{F 755}	OTHER RESIDENTS AFFECTED IDENTIFICATION All Residents had the potential to be affected by the deficient practice. On 04/17/25, an audit of all Medication Carts for availability of over-the-counter medications for residents with orders for it's use was conducted. All over-the-counter medications were available and none were identified to be affected by the deficient practice. MEASURES AND SYSTEMIC CHANGES Inservice was initiated on 04/17/2025 by DON regarding proper medication administration as ordered by MD. On 04/17/2025, DON/Designee initiated a weekly medication administration observation to 2 random nurses to ensure administration of correct medication as ordered by MD. Medical record will include in the daily audit the MAR for any missed dose of medications ordered by MD. MONITORING PERFORMANCE DON/Designee will report findings from weekly medication administration observation and trends to the monthly QAA meeting for further recommendations for 3 months or until substantial compliance is met	05/05/2025	

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{F 755}	<p>Continued From page 5</p> <p>osteomyelitis (bone infection caused by bacteria) of the left ankle and foot, and cellulitis (serious bacterial skin infection) of the left lower limb.</p> <p>During a review of Resident 27's Minimum Data Set (MDS, a resident assessment tool) dated 1/10/2025, the MDS indicated Resident 27 had intact cognition (ability to think, learn, and process information).</p> <p>During a review of Resident 27's Physician Order (PO) dated 3/6/2025, the PO indicated Resident 27 had an order for loratadine oral tablet, give 10 milligrams (mg, unit of mass or weight) by mouth one time a day for skin allergy.</p> <p>During a medication pass observation on 4/17/2025 at 8:10 am with Licensed Vocational Nurse 4 (LVN 4), LVN 4 prepared medications for Resident 27. LVN 4 pulled out a bottle of cetirizine 10 mg and put one tablet in a medication cup for Resident 27. LVN 4 was observed administering cetirizine 10 mg one tablet by mouth to Resident 27.</p> <p>During a review of Resident 27's Order Summary Report (OSR) with active orders as of 4/17/2025, the OSR did not indicate a physician's order for cetirizine (medication used to treat allergy symptoms) 10 mg one tablet for Resident 27.</p> <p>During a concurrent observation and interview on 4/17/2025 at 8:50 am with LVN 4, LVN 4 showed the bottle of cetirizine 10 mg to the surveyor and stated LVN 4 administered cetirizine 10 mg instead of loratadine 10 mg. LVN 4 stated LVN 4 administered cetirizine instead of loratadine because cetirizine was the house supply (stock of medications in the facility) available and that was</p>	{F 755}			

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{F 755}	Continued From page 6 what the pharmacy provided the licensed nurses to administer. During a concurrent interview and record review on 4/17/2025 at 9 am with the Director of Nursing (DON), Resident 27's OSR was reviewed. The DON stated the PO indicated an order for loratadine and not cetirizine. The DON stated if cetirizine was not the PO, then cetirizine should not be given. The DON stated the PO needed to be followed and whatever medication was ordered should be administered. During a follow-up interview on 4/17/2025 at 3:10 pm with the DON, the DON stated licensed nurses administering medications needed to follow the five rights of medication administration- right resident, right medication, right dose, right time, and right route of administration. The DON stated the DON checked the facility's house supply of medications and the facility had loratadine available for administration. During a review of the facility's Policy and Procedure (P&P) titled, "Administering Medications," revised 4/2019, the P&P indicated, "Medications are administered in a safe and timely manner, and as prescribed." The P&P indicated, "The individual administering the medication checks the label three (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication."	{F 755}		
{F 758} SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that	{F 758}	F758: Free from Unnecessary Psychotropic Meds/ PRN Use	

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{F 758}	<p>Continued From page 7</p> <p>affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:</p> <p>(i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p>	{F 758}	<p>CORRECTIVE ACTIONS:</p> <p>On 04/16/2025 Resident 77's Ativan Order was followed up with MD and a new Order was obtained with duration of 14 days.</p> <p>OTHER RESIDENTS AFFECTED IDENTIFICATION:</p> <p>On 4/16/2025 All residents with prn orders of psychotropics were audited and no other residents were noted to be affected by the deficient practice. All Other residents with PRN psychotropics are noted with a 14-day stop date.</p> <p>Measures and Systemic Changes:</p> <p>The DON/Designee initiated education to licensed staff on 4/17/25 to ensure that any residents receiving PRN Psychotropics must have a 14- day stop date initially upon ordering and MD has to have a documentation of the rationale on resident's medical records if MD wishes to continue its PRN use.</p> <p>DON/DSD to monitor daily all new orders for PRN psychotropics prescribed to ensure order is limited to 14 days. Then bimonthly X 2 months, then monthly X 3 months then quarterly thereafter.</p> <p>MONITORING PERFORMANCE</p> <p>The DON/ SSD will present the result to the QA Committee for monthly review for the next 3 months and quarterly thereafter or until substantial compliance is achieved.</p>	05/05/2025	

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{F 758}	<p>Continued From page 8</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the Ativan (lorazepam - medication used to treat anxiety) as needed (PRN) order was limited to 14 days for one of two sampled residents (Resident 77) as indicated in the facility's Policy and Procedure (P&P) titled, "Psychotropic (any medication that affects brain activities associated with mental processes and behavior) Medication Use."</p> <p>This deficient practice had the potential to result in unnecessary use and/or overuse of Ativan that could lead to adverse side effects for Resident 77.</p> <p>Findings:</p> <p>During a review of Resident 77's Admission Record (AR), the AR indicated the facility admitted Resident 77 on 12/23/2024, with diagnoses that included dementia (decline in mental abilities severe enough to interfere with daily lief), anxiety disorder (a mental condition characterized by excessive worry or fear), and psychosis (a mental disorder where a person experiences disconnection from reality).</p> <p>During a review of Resident 77's History and Physical Examination (H&P), dated 12/26/2024, the HP indicated Resident 77 did not have the capacity to understand and make decisions.</p>	{F 758}			

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{F 758}	Continued From page 9 During a review of Resident 77's Minimum Data Set (MDS, a resident assessment tool), dated 3/25/2025, the MDS indicated Resident 77 sometimes understood others, usually was able to communicate some words if prompted or given time, and had severe cognitive impairment (decline in thinking, learning, and reasoning). The MDS indicated Resident 77 received antianxiety medication in the last seven days of assessment. During a review of Resident 77's Physician Order (PO) dated 4/8/2025, the PO indicated Resident 77 had an order for Ativan oral tablet 0.5 milligrams (mg, unit of mass or weight), give one (1) tablet by mouth every eight (8) hours as needed (PRN) for inconsolable (not able to be comforted) yelling. During a concurrent interview and record review on 4/16/2025 at 4:38 pm with the Director of Nursing (DON), Resident 77's PO for Ativan was reviewed. The PO indicated for the licensed nurse to administer Ativan 0.5 mg one tablet by mouth every 8 hours PRN for inconsolable yelling. The DON stated the Ativan PRN order needed an end date of 14 days. The DON stated the Ativan PRN order should be limited to 14 days, until 4/22/25. During a review of the facility's P&P titled, "Psychotropic Medication Use," dated 7/2022, the P&P indicated, "PRN orders for psychotropic medications are limited to 14 days." The P&P indicated, "If the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rationale for extending the use and include the duration for the PRN order."	{F 758}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555854	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/17/2025
NAME OF PROVIDER OR SUPPLIER MESA GLEN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 638 E COLORADO AVENUE GLEN DORA, CA 91740		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 880} SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to:</p>	{F 880}	<p>F880: Infection Prevention and Control</p> <p>Corrective Action:</p> <p>On 04/17/25, Resident 27 and Resident 62 were assessed by a licensed nurse. Both residents did not show any adverse reaction or signs of infection caused by the deficient practice.</p> <p>LVN 4 is no longer working in the facility</p> <p>In service initiated on 04/17/2025 by DON regarding infection control with an emphasis of hand hygiene during medication pass and also before and after care with residents.</p> <p>Other Resident Affected Identification</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>On 04/17/25, DON/Designee conducted a random observation of 4 licensed nurses during medication pass. All licensed nurses observed performed hand hygiene appropriately. No other residents were affected by the deficient practice.</p> <p>On 05/02/2025, IP nurse/Designee initiated a weekly random medpass observation to 2 random licensed nurses to ensure proper hand hygiene is performed.</p> <p>PERFORMANCE MONITORING</p> <p>DON/designee will report any findings/trends during monthly QAA meeting for review x90 days or until substantial compliance has been achieved.</p>	05/05/2025	

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{F 880}	<p>Continued From page 11</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure one of two licensed nurses (Licensed Vocational Nurse [LVN] 4) observed during medication pass, performed hand hygiene (cleaning hands by either washing hands with soap and water or by using an alcohol-based sanitizer) according to the facility's Policy and Procedures (P&P) titled, "Handwashing/Hand Hygiene," for two of two sampled residents (Residents 27 and 62).</p>	{F 880}		

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{F 880}	<p>Continued From page 12</p> <p>This deficient practice had the potential to spread infection to residents and staff.</p> <p>Findings:</p> <p>a. During a review of Resident 62'S Admission Record (AR), the AR indicated the facility readmitted Resident 62 on 7/18/2024 with diagnoses that included end stage renal disease (irreversible kidney failure), dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney[s] have failed), and Type 2 diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control).</p> <p>During a review of Resident 62's Minimum Data Set (MDS, a resident assessment tool) dated 3/14/2025, the MDS indicated Resident 62 had intact cognition (ability to think, learn, and process information). The MDS indicated Resident 62 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying assistance as resident completes activity) with showering/bathing self, lower body dressing, putting on/taking off footwear, personal hygiene, and chair/bed-to-chair transfer.</p> <p>b. During a review of Resident 27's Admission Record (AR), the AR indicated the facility admitted Resident 27 on 3/12/2023 and readmitted on 1/13/2025 with diagnoses that included Type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), acute osteomyelitis (bone infection caused by bacteria) of the left ankle and foot, and cellulitis (serious bacterial skin infection) of the left lower limb.</p>	{F 880}			

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{F 880}	<p>Continued From page 13</p> <p>During a review of Resident 27's Minimum Data Set (MDS, a resident assessment tool) dated 1/10/2025, the MDS indicated Resident 27 had intact cognition (ability to think, learn, and process information). The MDS indicated Resident 27 required substantial/maximal assistance (helper does more than half the effort) with toileting hygiene, showering/bathing self, lower body dressing, sitting to lying in the bed, and lying to sitting on the side of the bed.</p> <p>During a medication pass observation on 4/17/2025 at 8:01 am with LVN 4, in Resident 62's room, LVN 4 handed Resident 62 a medication cup with Resident 62's medications, followed by a cup of water for Resident 62 to drink. LVN 4 then stepped out of Resident 62's room, went to the medication cart that was right outside Resident 62's room door, and documented the medication administration on Resident 62's electronic Medication Administration Record (eMAR). LVN 4 did not perform hand hygiene after handling medications and after medication administration.</p> <p>During another medication pass observation on 4/17/2025 at 8:10 am with LVN 4, LVN 4 prepared Resident 27's medications. LVN 4 did not perform hand hygiene before preparing and after handling Resident 27's medications.</p> <p>During an attempted interview on 4/17/2025 at 11:15 am, LVN 4 was no longer in the facility and was not available for an interview.</p> <p>During an interview on 4/17/2025 at 11:25 am with the Infection Preventionist Nurse (IPN, a healthcare professional who specializes in</p>	{F 880}		

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{F 880}	<p>Continued From page 14</p> <p>preventing and controlling the spread of infection in healthcare settings), the IP stated hand hygiene needed to be performed before and after contact with the residents and the residents' environment, before and after giving medications, before preparing medications and after medication administration, and before and after performing tasks. The IP stated LVN 4 last received an in-service regarding hand hygiene in 3/2025.</p> <p>During a follow-up interview on 4/17/2025 at 12:15 pm with the IPN, the IPN stated hand hygiene was important to prevent the spread of infection among the residents and staff in the facility.</p> <p>During an interview on 4/17/2025 at 3:10 pm with the Director of Nursing (DON), the DON stated staff needed to perform hand hygiene before and after medication administration and before and after every patient encounter to prevent the spread of infection.</p> <p>During a review of the facility's P&P titled, "Handwashing/Hand Hygiene," revised 8/2019, the P&P indicated, "This facility considers hand hygiene the primary means to prevent the spread of infections." The P&P indicated, "Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations ...</p> <p>b. Before and after direct contact with residents; c. Before preparing and handing medications ... i. After contact with a resident's intact skin ..."</p>	{F 880}			