

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2022
NAME OF PROVIDER OR SUPPLIER Diversicare of Bessemer		STREET ADDRESS, CITY, STATE, ZIP CODE 820 Golf Course Road Bessemer, AL 35020	

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 - 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>Based on observations, interviews, a copy of Your Resident Rights and Protections Under State and Federal Law, and the facility's Position Description for Maintenance Supervisor, the facility failed to ensure the building was in good repair as evidenced by stained ceiling tiles, loose hand rails, a loose door knob, holes in walls under residents' sinks exposing pipes and adjoining rooms, hole in wall in hallway, broken window with a cut edge open to outside elements/torn window screen, missing sheetrock behind a resident's toilet, toilets leaking/not flushing properly, missing/scraped paint on walls, doors and base boards, detached pieces on residents' doors, black residue under air conditioning (AC) units, sinks and smoke detector, loose baseboards, holes in resident walls, and torn sheetrock under sinks.</p> <p>This affected 3 out of 4 floors of the facility.</p> <p>Findings Include:</p> <p>A review of an undated document titled, Your Resident Rights and Protections Under State and Federal Law, revealed, . A nursing home must care for you in a manner and environment that promotes the maintenance and enhancement of your quality of life.</p> <p>A review of an undated facility's position description for Maintenance Supervisor revealed, . KEY RESPONSIBILITIES: Administrative Functions Supervise, repair, plan, organize, and conduct the day-to-day activities of the physical plan and operations department. Complete routine plant and grounds inspections . Maintenance Functions Maintain/repair/replace-toilets, sinks, faucets, drains . Repair/replace window screens . Repair/replace doors, hinges, handles, and locks . Repair/replace major and minor plumbing systems . Paint walls, ceilings, doors, window and door frames . Replace ceiling and floor tile .</p> <p>The following observations were made regarding Room Locators (RL).</p> <p>RL 1:</p> <p>On 11/29/2022 at 5:14 PM, observed stained area on three ceiling tiles.</p> <p>On 11/30/2022 at 8:27 AM, stained areas remained on three ceiling tiles.</p> <p>On 12/01/2022 at 7:45 AM, stained areas remained on three ceiling tiles.</p> <p>RL 2:</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 - Some</p>	<p>On 11/29/2022 at 11:55 AM, observed pipe access panel not replaced behind the toilet and pipe leaked when flushed.</p> <p>RL 3:</p> <p>On 11/29/2022 at 10:27 AM, observed window pane broken on left window and outside window screen torn on right hand side.</p> <p>On 11/30/2022 at 11:26 AM, observed window pane still broken.</p> <p>RL 4:</p> <p>On 11/30/2022 at 11:39 AM, observed base floor boards covering up a hole located under the fire extinguisher. Tiles above the fire extinguisher and above the AC unit appeared to have water damage around AC pipes.</p> <p>RL 5:</p> <p>On 11/29/2022 at 11:05 AM, Observed sign on bathroom door that read Out of Order and dated 08/23. Toilet did not flush properly.</p> <p>RL 6:</p> <p>On 11/29/2022 at 8:12 AM, observed loose door knob on bathroom door.</p> <p>On 11/30/2022 at 8:42 AM, door knob to bathroom remained loose.</p> <p>On 12/01/2022 at 7:55 AM, door knob on bathroom door remained loose.</p> <p>RL 7:</p> <p>On 11/29/2022 at 4:58 PM, observed the bottom of resident's door with missing pieces of paint. Observed area beneath sink in room with loose sheetrock and pipes exposed.</p> <p>On 11/30/2022 at 8:45 AM, observed same missing pieces of paint on resident's door. Area beneath sink observed with same loose sheetrock and pipes exposed.</p> <p>On 12/01/2022 at 7:57 AM, observed same missing pieces of paint on resident's door. Area beneath sink observed with same loose sheetrock and pipes exposed.</p> <p>RL 8:</p> <p>On 11/29/2022 at 4:23 PM, observed missing pieces of paint beneath the door handle to the resident's room.</p> <p>On 11/30/2022 at 8:49 AM, observed same missing pieces of paint beneath the door handle.</p> <p>On 12/01/2022 at 8:08 AM, observed same missing pieces of paint beneath the door handle.</p> <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>On 11/29/2022 at 9:14 AM, observed hole under sink exposing RL 14 and hanging sink plaster/sheetrock.</p> <p>On 11/30/2022 at 5:16 PM, observed same hole under sink.</p> <p>RL 16:</p> <p>On 11/29/2022 at 9:05 AM, observed plaster torn and hanging under sink.</p> <p>On 11/30/2022 at 5:13 PM, observed same plaster torn and hanging under sink.</p> <p>The following observations were made regarding RL 17:</p> <p>On 11/29/2022 at 8:59 AM, observed scrapes and scratches behind bed.</p> <p>On 11/30/2022 at 5:12 PM, observed same scraped and scratched wall.</p> <p>RL 18:</p> <p>On 11/29/2022 at 8:55 AM, observed scratches and holes in wall behind television.</p> <p>On 11/30/2022 at 5:09 PM, observed same scratches and holes on wall behind television.</p> <p>RL 19:</p> <p>On 11/29/2022 at 8:53 AM, observed black residue under the sink.</p> <p>On 11/30/2022 at 5:07 PM, observed same black residue on plaster under sink.</p> <p>RL 20:</p> <p>On 11/29/2022 at 8:50 AM, observed scratches on wall under bed A light.</p> <p>RL 21:</p> <p>On 11/29/2022 at 8:46 AM, observed water dripping on the floor.</p> <p>On 11/30/2022 at 5:03 PM, water continued dripping on floor where toilet was leaking.</p> <p>RL 22:</p> <p>On 11/29/2022 at 8:44 AM, observed large cut out area under sink exposing plumbing.</p> <p>On 11/30/2022 at 5:01 PM, observed same large cut out area under sink exposing plumbing.</p> <p>On 12/01/2022 at 4:58 PM, observation of the following areas was made with Employee Identifier (EI) # 3, Maintenance Director:</p> <p>RL #1-EI #3 stated he observed water spots on three ceiling tiles.</p> <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>RL #2-EI #3 agreed with the observation of pipe access panel not replaced behind the toilet and pipe leaked when flushed.</p> <p>RL#3-EI #3 stated he observed a broken window pane and torn window screen.</p> <p>RL #4-EI #3 stated he observed the wall caved in behind the base board in the wall under the fire extinguisher and stained ceiling tiles above the fire extinguisher and above the AC unit.</p> <p>RL #5-EI #3 stated he observed the out of order sign. EI #3 stated a diaphragm was needed to address the leaking.</p> <p>RL #6-EI #3 acknowledged the door knob to the bathroom was loose.</p> <p>RL #7-EI #3 stated he saw missing paint at the bottom of the door and loose sheetrock beneath the sink, exposing pipes.</p> <p>RL #8-EI #3 stated he observed missing pieces of paint beneath the door handle.</p> <p>RL #9-EI #3 stated he observed a detached piece of the door and a small circular stain on one ceiling tile</p> <p>RL #10-EI #3 stated he observed the loose hand rail.</p> <p>RL #11-EI #3 stated he observed missing pieces of paint on bottom of door.</p> <p>RL #12-EI #3 stated he observed a stain on one ceiling tile.</p> <p>RL #13-EI #3 stated he saw mildew from the unit, tape holding up the baseboard, mildew under one unit on one side, where the wall needed to be sanded down and painted and mildew by the smoke detector.</p> <p>RL #14-EI #3 stated he observed scrapes on the lower edges of wall on baseboards.</p> <p>RL #15-EI #3 stated he observed a hole under the sink and hanging plaster.</p> <p>RL #16-EI #3 stated he observed torn, hanging plaster under the sink.</p> <p>RL #17-EI #3 stated he observed scrapes on the wall from the bed rail.</p> <p>RL #18-EI #3 stated he observed nail holes on the wall that appeared to be from a previous television rack on the wall.</p> <p>RL #19-EI #3 stated he observed a black resident under the sink that appeared to be from when the plumber made a repair and did not clean it.</p> <p>RL #20-EI #3 stated he observed scratches on the wall under the light.</p> <p>RL #21-EI #3 stated he observed the toilet cut off leaking.</p> <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>RL #22-EI #3 stated he observed a cut out area under the sink exposing plumbing. EI #3 stated it was an old building and the cast iron was cracking so the plumbing was being replaced. EI #3 stated replacing plumbing stated before he took that position. EI #3 stated he repaired part of the hole on 12/01/2022. He stated he would fill the rest of the hole with foam and cut to shape.</p> <p>In an interview on 12/01/2022 at 4:58 PM, EI #3 stated he had worked at the facility for three months. He stated his responsibilities included general upkeep of the building and repairs. EI #3 stated the building was older and he tried to keep it clean and in good repair but he had only been in his position a short time.</p> <p>In an interview on 12/02/2022 at 11:50 AM EI #1, Administrator, stated she and Maintenance were responsible to ensure the building was clean and in good repair. EI #1 stated housekeeping and team members were expected to report anything they saw that needed repairs. EI #1 stated that utilized the TELS system for reporting issues and Maintenance was expected to check TELS and make the repairs. EI #1 stated she made rounds throughout the facility weekly. EI #1 stated the items identified by the surveyors and Maintenance were things EI #3 was addressing. EI #1 stated the building that had issues and they were getting things repaired one by one or in groups if they are connected. EI #1 stated they had major plumbing repairs because of the galvanized pipes.</p> <p>This deficiency was written as a result of the investigate on of AL00042272.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, observations, and review of Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User ' s Manual, the facility failed to ensure Resident Identifier (RI) 120's Minimum Data Set (MDS), with an Annual Assessment Reference Date (ARD) of 09/07/2022 was accurately coded to reflect RI #120 did not have an indwelling catheter.</p> <p>This deficient practice affected RI #120, one of twenty-six sampled resident's whose MDS's were reviewed.</p> <p>Findings Include:</p> <p>The Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User ' s Manual, dated October 2019, revealed:</p> <p>. SECTION H: BLADDER AND BOWEL</p> <p>Intent: The intent of the items in this section is to gather information on the use of bowel and bladder appliances, the use of and response to urinary toileting programs, urinary and bowel continence, bowel training programs, and bowel patterns. Each resident who is incontinent or at risk of developing incontinence should be identified, assessed, and provided with individualized treatment (medications, non-medicinal treatments and/or devices) and services to achieve or maintain as normal elimination function as possible .</p> <p>RI #120 was admitted on [DATE] with no diagnosis that would require RI #120 to have an indwelling catheter.</p> <p>RI #120 Physician's Orders dated 08/31/2021 - 11/30/2022 did not identify an order for an indwelling catheter.</p> <p>RI #120 annual MDS with an Assessment Reference Date of 09/07/2022, Section H .H0100. Appliances. A. Indwelling catheter (including suprapubic catheter and nephrostomy tube) . is coded for an indwelling catheter.</p> <p>On 11/29/2022 at 11:16 AM and 11/30/22 at 02:59 PM, RI #120 lying in bed in a supine position. RI #120 was observed not to have an indwelling catheter.</p> <p>On 12/01/2022 at 8:48 AM, an interview was conducted with Employee Identifier (EI) #6, Licensed Practical Nurse (LPN), who stated RI #120 has never had an indwelling catheter.</p> <p>On 12/01/2022 at 8:55 AM, an interview was conducted with Employee Identifier (EI) #7, MDS Coordinator. He stated that RI #120 being coded for an indwelling catheter was an error. EI #7 stated RI #120 should not have been coded for an indwelling catheter.</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** Based on interviews, record review, and review of the Resident Assessment Instrument (RAI) Manual Chapter 4, the facility failed to ensure:</p> <p>1) a nutritional care plan was implemented for Resident Identifier (RI) #76; and</p> <p>2) an at risk and actual pressure ulcer care plan was implemented for RI #74. RI #74 developed a pressure ulcer to the sacrum 07/20/2022, which has since healed, however; the facility did not implement an at risk or the actual pressure ulcer care plan.</p> <p>This deficient practice affected RI #74 and 76, two of twenty-six sampled resident's whose plans of care were reviewed.</p> <p>Findings include:</p> <p>A review of the RAI Manual Chapter 4 October 2019 revealed . Chapter 4 Care Area Assessment Process and Care Planning . 4.7 . The care plan is driven not only by identified resident issues and/or conditions but also by a resident's unique characteristics, strengths and needs. Develops and implements a intradisciplinary care lan based on the assessment information gathered throughout the RAI process, with necessary monitoring and follow up .Provides information regarding how the causes and risks associated with issues and or conditions can be addressed to provide for a resident's highest practicable level of well-being (care planning).</p> <p>1) RI #76 was admitted to the facility on [DATE] and readmitted on [DATE], with a diagnosis of Obesity.</p> <p>A review of RI #76's admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 07/22/2022, Section V: Care Assessment (CAA) Summary, revealed under Nutritional Status RI #76 triggered for a Care Planning Decision. Further review of the CAA worksheet revealed: Care Plan Considerations</p> <p>Will Nutritional Status - Functional Status be addressed in the care plan? Yes</p> <p>If care planning for this problem, what is the overall objective . Avoid complications . Minimize risk (were checked) .</p> <p>On 12/01/2022 at 11:54 AM, the surveyor conducted an interview with Employee Identifier (EI) # 7, the MDS Coordinator. When asked to locate a nutritional care plan for RI #76, EI #7 said he did not see one. The surveyor asked EI #7 how would it be determined if RI #76 needed a nutritional care plan. EI #7 said RI #76's CAAs would indicate that. EI #7 said according to RI #76's CAAs, RI #76 should have a nutritional care plan. When asked what was the rationale for implementing a nutritional care plan for RI #76, EI #7 said you would not want any adverse outcomes and you would want to make sure all of RI #76's nutritional needs were met. The surveyor asked EI #7 who would be responsible for ensuring RI #76's nutritional care plan was implemented. EI #7 said he and the care plan coordinator work together in creating care plans.</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>2) RI #74 was admitted to the facility on [DATE].</p> <p>A review of a Quarterly Minimum Data Set with an Assessment Reference Date of 10/28/2022 indicated RI #74 was at risk for pressure ulcers and also coded RI #74 had a Stage 3 Pressure Ulcer.</p> <p>A review of RI #74's care plans did not reveal any pressure ulcer care plans.</p> <p>On 11/29/2022 at 3:55 PM, a body audit was conducted on RI #74 which revealed no open areas.</p> <p>On 11/30/2022 at 5:28 PM, an interview was conducted with EI #16, a Registered Nurse (RN). EI #16 was asked if there was a care plan for RI #74 for pressure ulcer; she said there was not. EI #16 was asked, what type care plan should RI #74 have. EI #16 said RI #74 should have an at risk and actual pressure ulcer care plan. EI #16 was asked when should a care plan for pressure have been done. EI #16 said typically when the problem was identified. EI #16 was asked, what was the policy for developing care plans. EI #16 said to follow the RAI manual. EI #16 was asked, why was a care plan not done for pressure ulcers for RI #74. EI #16 said, human error. EI #16 was asked, what was the harm in not having a care plan for a pressure ulcer. EI #16 said, not knowing the resident has a pressure ulcer and not knowing how to care for it.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review and review of the Unit Managers Duties and Responsibilities, the facility failed to ensure Resident Identifier (RI) #65's nebulizer mask was dated and labeled; and the nebulizer mask was stored in a bag on three of five days of the survey.</p> <p>This deficient practice affected RI #65, one of one resident observed with nebulizer equipment at the bedside.</p> <p>Findings include:</p> <p>Review of an undated UNIT MANAGER DUTIES AND RESPONSIBILITIES, revealed the following:</p> <p>. MONDAY</p> <p>&bull;</p> <p>check rooms for correct dates and storage of O2 and nebulizer tubing. These are changed out, bagged, and dated weekly on Sunday night by night shift .</p> <p>RI #65 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses to include Chronic Obstructive Pulmonary Disease, Acute and Chronic Respiratory Failure and Dyspnea.</p> <p>A review of RI #65's November 2022 Order Summary Report (Physician Orders) revealed RI #65 had an order to receive Ipratropium-Albuterol Solution 0.5 -2.5 (3) MG (milligrams)/3 ML (millimeters) 3 ml inhale orally via (by way of) nebulizer every 6 hours related to Acute and Chronic Respiratory Failure with Hypercapnia.</p> <p>On 11/29/2022 at 12:58 PM, RI #65's nebulizer mask was observed on top of the nebulizer machine not in a bag. There was also no date on the nebulizer tubing.</p> <p>On 11/30/2022 at 8:54 AM, RI #65's nebulizer mask remained on top of the nebulizer machine not in a bag.</p> <p>A review of RI #65's November 2022 eMAR revealed RI #65 had received his/her nebulizer treatments as ordered.</p> <p>On 12/01/2022 at 8:25 AM, the nebulizer mask remained on top of the nebulizer machine not in a covering. RI #65 stated he/she had a breathing treatment that morning.</p> <p>A review of RI #65's December 2022 eMAR revealed RI #65 had received his/her nebulizer treatment as ordered that morning.</p> <p>On 12/01/2022 at 10:53 AM, an interview with Employee Identifier (EI) #18, a LPN (Licensed Practical Nurse). EI #18 said RI #65 received breathing treatments ever six hours. When asked where should RI #65's nebulizer mask be stored, EI #18 said at the bedside in a plastic bag. When asked when not stored in this manner what was that considered, EI #18 said an infection control issue because anything could get on the mask.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/01/2022 at 10:59 AM, the surveyor entered RI #65's room with EI #18. RI #65's nebulizer mask remained on top of the nebulizer machine not in a covering.</p> <p>On 12/02/2022 at 11:35 AM, the surveyor conducted an interview with EI #2, the Director of Nursing (DON). EI #2 said the resident's nebulizer mask should be stored in a plastic bag at the bedside when not in use. EI #2 said this would prevent contamination. When asked who was responsive for ensuring the mask was stored properly, EI #2 said the nurse.</p> <p>On 12/02/2022 at 12:57 PM, in a follow-up interview with EI #2, the surveyor asked what did the U-SA on RI #65's eMAR for the breathing treatments mean. EI #2 said that meant RI #65 self administers his/her breathing treatments. EI #2 said the nurse is still responsible for putting the nebulize mask in a plastic bag when a resident self administers a breathing treatment.</p> <p>On 12/02/2022 at 2:05 PM, the surveyor conducted an interview with EI #19, the RN (Registered Nurse) Unit manager. EI #19 said the resident's nebulizer should be stored in a plastic Ziploc bag when not is use. EI #19 said when not stored in this manner there was a potential for infection control. EI #19 said the nurse that is giving the treatment is responsible for ensuring this is done. When asked how she as the Unit Manager ensured this was being done by the nurses, EI #19 said the nebulizer mask are changed out on Sunday night; and she as the Unit manger do walking rounds on Monday to make sure this was done. EI #19 said when she made her walking rounds on Monday she did not recall if RI #65's nebulizer mask was stored in a bag or dated.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observations, interviews and review of the facility's RESIDENT CENSUS AND CONDITIONS OF RESIDENTS form, the facility failed to ensure the DAILY NURSE STAFFING FORM reflected the census on one of five days of the survey; and reflected the number of staff working on two of five days of the survey.</p> <p>This deficient practice had the potential to affect all 138 residents residing in the facility.</p> <p>Findings Include:</p> <p>A review of the facility's RESIDENT CENSUS AND CONDITIONS OF RESIDENTS form dated 11/29/2022 revealed there were 138 residents residing in the facility during the survey.</p> <p>On 11/28/2022 at 6:10 PM, the surveyor observed the DAILY NURSE STAFFING FORM posted. The census was missing from the form.</p> <p>On 11/30/2022 at 8:29 AM, the surveyor observed the same DAILY NURSE STAFFING FORM from the following day (11/29/2022) posted. There was no number of staff and hours worked for the 3 PM - 11 PM and 11 PM - 7 AM shifts.</p> <p>On 11/30/2022 at 8:33 AM, Employee Identifier (EI) #20, the Work Force Manager removed the DAILY NURSE STAFFING FORM from the holder and stated she was getting ready to put up a new form for that day.</p> <p>On 12/01/2022 at 5:11 PM, the surveyor conducted an interview with EI #20. EI #20 said one of her job responsibilities was to post nurse staffing. When asked what was some of the information that should be listed on the DAILY NURSE STAFFING FORM, EI #20 said the date, the census, how many resident were in the facility, the name of the facility and how many RNs (Registered Nurses), CNAs (Certified Nursing Assistants) and LPNs (Licensed Practical Nurses) were working. The surveyor asked EI #20 what information was missing from the 11/28/2022 DAILY NURSE STAFFING FORM. EI #20 said the census, and the 11-7 staff information. When asked what information was missing from the 11/29/2022 DAILY NURSE STAFFING FORM, EI #20 said the staff for the 3 PM - 11 PM and 11 PM - 7 AM shifts. The surveyor asked EI #20 why was it important to ensure all information was on the DAILY NURSE STAFFING FORM. EI #20 said it helped facility staff to know how many residents and staff were in the building. EI #20 said it would also let the State know if there was enough staff.</p> <p>On 12/02/2022 at 11:32 AM, the surveyor conducted an interview with EI #2, the Director of Nursing (DON). When asked what type information should be listed on the DAILY NURSE STAFFING FORM, EI #2 said the census and the staffing per shift. EI #2 said it was EI #20's responsible for ensuring the information was on the form. EI #2 said it was important to ensure the correct information was on the form to ensure the facility had appropriate staffing.</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>Based on observation, interviews, record reviews and review of a facility policy titled Storage and Expiration Dating of Medications, Biologicals, the facility to store controlled refrigerated Ativan/Lorazepam in a secured non removable box in the medication room.</p> <p>Findings Include:</p> <p>A review of a facility policy titled Storage and Expiration Dating of Medications, Biologicals with a revision date of 7/21/2022, revealed . Procedure .3.1.1 Store all drugs and biologicals in locked compartments including Schedule II-V medications in a separately, permanently affixed compartments .</p> <p>On 12/01/2022 at 9:05 AM, an observation was made of the medication room with Employee Identifier (EI) #17, Licensed Practical Nurse (LPN). The refrigerator had a clear secured box on bottom shelf with nothing in the box, two vials of injectable Ativan belonging to a resident was not in any box only in plastic bag on the shelf and in the locked refrigerator. A green box was on the top shelf with a combination lock. EI #17 was asked what was in the green box; she said an oral Ativan and an injectable Ativan. EI #17 was asked how should Ativan be stored in the medication room refrigerator. EI #17 said in a locked box with the refrigerator locked and the medication room locked. EI #17 was asked if the ativan box was secured properly to the refrigerator; she said if the green box was to be secured it was not.</p> <p>On 12/01/2022 at 9:17 AM, an interview was conducted with EI #2, Registered Nurse, Director of Nursing. EI #2 was asked what did she see; she said the green box on the shelf with a combination lock and a green pharmacy tag with according to packing slip concentrate ativan and ativan injection. EI #2 was asked what were the two vials on the shelf, she said two vials of Ativan two milligrams each, EI #2 opened the green box and was asked what was in the box. EI #2 said one liquid Ativan and one two milliliter vial of injectable Ativan. EI #2 was asked if they were stored properly; she said no they were on the shelf. EI #2 was asked, where should they have been stored. EI #2 said, in the secured non removable box. EI #2 was asked, how should controlled ativan be secured. EI #2 said in a box that cannot be removed, it should be attached to the refrigerator. When asked if the Ativan was secured properly she said no it was not secured to the refrigerator. EI #2 was asked what was the harm in the Ativan not stored properly. EI #2 said the possibility of diversion, the box was double locked, however, not secured to the refrigerator. EI #2 was asked, what was policy for storing the Ativan. EI #2 said in the refrigerator in a secured box attached or non removable box.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview; document review; the Rules of the Alabama State Board of Health, Alabama Department of Public Health (ADPH), Chapter 420-5-10, Nursing Facilities; and the facility's job description for Dining Services Director/Account Manager; the facility failed to ensure the full time Dietary Manager, Employee Identifier (EI) #11, met the definition of a Dietary Manager per the rules of the State of Alabama.</p> <p>This had the potential to affect 130 of 130 residents receiving meals from the facility kitchen.</p> <p>Findings Include:</p> <p>The Rules of the Alabama State Board of Health, ADPH, Chapter 420-5-10, Nursing Facilities, original rules effective 8/23/1996 and last amendments effective 7/30/2016 included the following:</p> <p>. 420-5-10-.01 Definitions.</p> <p>(1) Definitions - (a list of selected terms often used in connection with these rules): .</p> <p>(b) These Rules - Rules 420-5-10-.01 through 420-5-10-.11, Chapter 420-5-10, Nursing Facilities, Alabama Administrative Code.</p> <p>(l) Director of Food Services/Dietary Manager - . who is a full-time employee, and if not a qualified dietitian, is one who: (1) is a graduate of a dietary manager's training program, approved by the Dietary Manager's Association (name changed to Association of Nutrition & Foodservice Professionals in 2012), or (2) is a graduate of a dietetic technician program approved by the American Dietetic Association (name changed to Academy of Nutrition and Dietetics in 2012), or (3) is a graduate from a college or university who has received a B.S. (Bachelor of Science) degree in the field of dietetics, food and nutrition or food service management which included course work in diet therapy and quantity food production.</p> <p>The facility's job description for Dining Services Director/Account Manager, undated, included the following:</p> <p>. Must hold state . required credential .</p> <p>On 11/29/2022 at 5:10 PM, Employee Identifier (EI) #10, the Registered Dietitian (RD), provided requested documents for Food and Nutrition Services (FNS). EI #10 said the facility's FNS management was recently contracted out to a healthcare foodservice management company. EI #10 said she normally worked about three days per week. EI #10's credentials included the Alabama Board of Dietetics & Nutritionists License, expiring 9/30/2023, and the Commission on Dietetic Registration credential verification, expiring 8/31/2023. EI #11 was identified by the RD (EI #10) as the full-time Dietary Manager (DM). EI #11's credentials included a ServSafe Certification, expiring 5/25/2024, and a Food Safety Education certification from the [NAME] County Department of Health, expiring 5/25/2024. EI #10 was asked if EI #11 had Dietary Manager's training as approved by the Association of Nutrition & Foodservice Professionals (ANFP), formerly named the Dietary Manager's Association. EI #10 said no. When asked if EI #11 was a Dietetic Technician as approved by the Academy of Nutrition and Dietetics, formerly named the American Dietetic Association; EI #10 said no. Upon being asked if EI #11 had a B.S.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>degree in Dietetics, Food and Nutrition, or Food Service Management; EI #10 said no. EI #10 was asked if EI #11 was currently enrolled in a dietary manager's training program. EI #10 said she did not think so. Also, EI #10 was asked about EI #12's position and credentials. EI #12 was identified by the RD (EI #10) as the Regional Dietary Manager who periodically visits the facility. EI #12's credentials included certification of completing an AFNP approved dietary manager's training program by the University of Florida, dated 1/8/2020; Certified Dietary Manager and Certified Food Protection Professional examination documentation from the Certifying Board for Dietary Managers (CBDM), dated 7/14/2020, and verification of current certification from the CBDM, dated 11/29/2022. When asked if EI #12 was at the facility full time, EI #10 said no.</p> <p>On 11/30/2022 at 8:35 AM, the RD (EI #10) and DM (EI #11) were interviewed in the kitchen. EI #11 was performing AM [NAME] duties today. EI #11 was asked how long she had worked at the facility. EI #11 said she had worked here as a DM for 12 years with another DM; she said there were two since the place was so large. EI #11 said she then left for a year and came back on 1/18/2022 as an Assistant DM and Relief Cook. At 8:45 AM, EI #10 said the previous DM had been gone about two months and that EI #11 was then promoted to DM. EI #10 further said the healthcare foodservice management company started at the facility about February or March of 2022. The RD (EI #10) has been working at the facility for about a year since Oct. 2021; primarily as clinical and, when needed, as an operational consultant.</p> <p>An interview on 11/30/2022 at 3:38 PM, EI #11 said, she had started a dietary manager's training course with the University of North Dakota about a year ago. EI #11 said this was started while she was working at a different nursing home. In addition, EI #11 said her RD proctor was unavailable for health reasons and did not want to come into the building because of COVID so this threw her behind. EI #11 said she was halfway through the training, but her expiration date for her course expired. EI #11 stated she still had the books and contact information for the University of North Dakota. EI #11 confirmed she was not a dietetic technician and she did not have a Bachelor of Science degree.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, the Resident Council Meeting on 11/30/2022, and a test tray on 12/01/2022; the facility failed to ensure scrambled eggs were served warm, palatable, and appetizing in appearance.</p> <p>This had the potential to affect 130 of 130 residents receiving meals from the kitchen.</p> <p>Findings Include:</p> <p>A Resident Council Meeting was conducted on 11/30/2022 at 11:00 AM with fourteen residents attending. During this meeting, the residents attending complained that hot foods were being served cold and the food did not taste good.</p> <p>On 12/01/2022 at 6:40 AM, the steamtable was observed to be setup with breakfast food items. The plate warmer not turned on. Employee Identifier (EI) #13, a Dietary Aide, turned on the plate warmer twenty minutes before the start of trayline.</p> <p>At 6:50 AM, the food thermometer was calibrated to 32 degrees Fahrenheit in an ice water slush by Dietary staff.</p> <p>At 6:55 AM, the Scrambled Eggs were 174 degrees Fahrenheit on the steamtable.</p> <p>At 7:00 AM, the Breakfast trayline started. EI #13, a Dietary Aide, was at the starter position, EI #15, a Dietary Aide, was serving from the steamtable, EI #14, a Dietary Aide, was loading trays onto the carts, and EI #11, the DM, was acting AM Cook/Runner/Cart Deliverer. The Regular Diet breakfast had two pancakes, two strips bacon, scrambled eggs, grits, juice, 2% Milk, and a syrup cup. The plates were covered with an insulated lid; but no insulated plate underliners were used, although 74 insulated plate underliners were observed on carts in the kitchen. When a low-profile 4-ounce (oz.) bowl was used directly on the meal plate, the insulated lid covered the plate fully. When a fluted, high-profile 4-oz. bowl was used, as seen for Oatmeal, the insulated lid was tilted askew; causing a gap that allowed heat to escape.</p> <p>At 8:03 AM, the next to last cart was being loaded with breakfast trays, dietary staff started to use insulated plate underliners as plate covers.</p> <p>At 8:10 AM, the surveyor asked for a Regular Diet test tray as the last trays was about to be placed on the last cart.</p> <p>At 8:13 AM, the loading of the last cart began.</p> <p>At 8:25 AM, the plate for the test tray was prepared.</p> <p>At 8:28 AM, the last cart was placed in the elevator for delivery to the 2nd floor. There were 22 trays on the cart, including the test tray.</p> <p>At 8:29 AM, the last cart was removed from the elevator on the 2nd floor by two staff waiting for the cart at the elevator.</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 - Many</p>	<p>At 8:29 AM, the first tray was served. Three staff were serving trays from the cart to residents in their rooms.</p> <p>At 8:40 AM, the last resident tray had been served and the test tray was sampled. The Scrambled Eggs had a slight green tinge and air holes on surface. The appearance of the eggs was not attractive. The eggs tasted overcooked and had a slightly rubbery texture. The eggs were not hot.</p> <p>12/01/2022 09:00 AM Results of the test tray findings were shared with the Dietary Manager, EI #11. EI #11 said there was an issue obtaining insulated plate lids, insulated plate underliners, and 4-oz. low profile bowls.</p> <p>This deficiency was written as a result of the investigate on of AL00042272.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, the facility's Customer Concern / Grievance Communication Form, the facility's Resident Council Meeting minutes, the facility's Food Preference policy, and the facility's former Daily Alternate List; the facility failed to provide Resident Identifier (RI) #65's long-standing request for Chef Salad at supper on Monday nights and Cottage Cheese with Fruit at supper on Wednesday nights, which she had received for years.</p> <p>This affected RI #65, one of 130 residents receiving meals from the kitchen.</p> <p>Findings Include:</p> <p>The facility's Food Preferences policy, dated May 2014, included the following:</p> <p>Policy Statement</p> <p>It is the center policy that individual food preferences are identified for all residents . food and fluid preferences will be entered into the resident profile in menu management software system.</p> <p>Resident Identifier (RI) #65 was originally admitted to the facility on [DATE] and was last readmitted on [DATE]. RI #65's diagnoses included Anxiety Disorder, Type 2 Diabetes Mellitus Without Complications, and Difficulty in Walking.</p> <p>RI #65's Quarterly Minimum Data Set (MDS) Assessment with an ARD (Assessment Reference Date) of 9/13/2022 included a BIMS (Brief Interview for Mental Status) score of 15; indicating the resident was cognitively intact. This MDS also revealed the resident had adequate hearing, clear speech, adequate vision, the ability to make oneself understood, and the ability to understand others. The MDS also revealed RI #65 was independent for eating and only required setup assistance.</p> <p>RI #65's Physician Orders for November 2022 and December 2022 each included the following:</p> <p>. No Salt Packet (NSP) diet Regular Texture . 04/05/2022 .</p> <p>RI #65's RD (Registered Dietitian) Nutritional Assessment's Annual Summary, dated 3/3/2022, included the following:</p> <p>. h/o (history of) moderate protein calorie malnutrition . often requests specific foods and has a limited range of foods . stating . unable to chew due to poor dental status. Continue to provide preferences and requests as able.</p> <p>RI #65's RD Nutritional Assessment's Summary, dated 4/13/2022, included the following:</p> <p>. Resident recently hospitalized . had a significant loss of 6.5% . Wt. (Weight) loss likely r/t (related to) hospitalization. Due to resident's poor dentition, . doesn't eat certain foods. prefers soft foods and soup, but does not want a mechanically altered diet. Continue with plan of care and honor preferences/dislikes.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RI #65's RD Nutritional Assessment's Summary, dated 5/16/2022, included the following:</p> <p>. Diabetes mellitus Type 2 diet controlled. h/o chewing problems r/t poor dentition. recently saw a dentist. has multiple food preferences . enjoys soups, hot tea . Continue to honor preferences as facility is able.</p> <p>Customer Concern / Grievance Communication Form, dated 11/28/2022, included the following summary statement for RI #65's expressed concern:</p> <p>Food Preferences not provided - (RI #65) contacted Admin. (Administrator) . regarding the unavailability of salads for several days a week. Resident reports (she/he) has special dental issues and can only tolerate certain foods.</p> <p>During an interview with RI #65 on 11/29/2022 at 12:40 PM, RI #65 said he /she spoke with the Administrator (EI #1) on Tuesday morning (11/29/2022) about not being able to get a Chef Salad like she had been getting. The Administrator was supposed to be following up to see why RI #65 was not getting the Chef Salad.</p> <p>On 11/30/2022 at 3:38 PM, Employee Identifier (EI) #11, the Dietary Manager, was interviewed. EI #11 was asked why were residents no longer able to receive Chef Salads. EI #11 said the facility told us that we were not to do that anymore. My boss, (name of EI #12), told me that about a month ago. When asked why, EI #11 said I am just going on what I was told to do.</p> <p>On 11/30/2022 at 4:06 PM, EI #12, the Regional Dietary Manager for the healthcare foodservice management company contracted by the facility, was interviewed. When asked why were residents told they would no longer be able to receive Chef Salad, EI #12 said because that is not on the always available menu; it is not on the menu that the facility gave us to follow. EI #12 further said it was not on their order guide.</p> <p>On 12/01/2022 at 4:45 PM, RI #65 was interviewed. When asked about the follow up to the concern voiced to the Administrator (EI #1) on 11/29/2022, RI #65 said he/she received a Chef Salad for lunch and it was wonderful. The resident said he/she was used to receiving Cottage Cheese with Fruit every Wednesday evening and Chef Salad every Monday evening. RI #65 said I don't understand the high-handedness of just stopping it and not allowing something simple like this. The resident further said he/she was fearful that he/she would not be able to get Chef Salad and Cottage Cheese with Fruit after the survey. When asked who told you they were going to stop the Chef Salad and Cottage Cheese with Fruit, RI #65 said no one; they just stopped sending it. RI #65 said when the Aides (CNAs) went down to find out, they were told it was being stopped by Dietary. RI #65 futher said that when the people who now own Dietary, not (the name of the facility), first came; they tried to stop my Chef Salads and Cottage Cheese with Fruit, but the Administrator was able to fix it for a few months. RI #65 said she/he had been at the facility for eight years and had received Chef Salad on Monday nights and Cottage Cheese with Fruit on Wednesday nights for years.</p> <p>On 12/01/2022 at 6:00 PM, EI #11, the Dietary Manager, was interviewed. EI #11 was asked when was the last time she visited RI #65 about food preferences. EI #11 said about three weeks ago. When asked how long RI #65 had been receiving Chef Salad on Monday nights and Cottage Cheese and Fruit on Wednesday Nights; EI #11 said for quite a while, probably years. Upon being asked how and when RI #65 was informed that he/she would no longer be receiving Chef Salad on Monday nights and Cottage Cheese and Fruit on Wednesday Nights; EI #11 said she did not remember telling the resident. When asked if</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>it was unreasonable for a resident to request a Chef Salad or a dish of Cottage Cheese and fruit as a food preference, EI #11 said no. EI #11 was asked if it was possible for the kitchen to provide those items. EI #11 said we can, but it is not my call; (name of EI #12) is my boss.</p> <p>On 12/01/2022, immediately following the 6:00 PM interview with the Dietary Manager; the Registered Dietitian (RD), EI #10, was interviewed. Upon being asked how and when RI #65 was informed that she/he would no longer be receiving Chef Salad on Monday nights and Cottage Cheese and Fruit on Wednesday nights, EI #10 said I do not know. When asked if it was it unreasonable for a resident to request a Chef Salad or a dish of Cottage Cheese and fruit as a food preference; EI #10 said I don't think it is unreasonable to request that. EI #10 was asked if it was possible for the kitchen to provide those items. EI #10 said Cottage Cheese would have to be a special purchase because it is no longer on our menu or order guide anymore.</p> <p>On 12/01/2022 at 7:03 PM, EI #12, the Regional Dietary Manager was interviewed.</p> <p>When asked if it was unreasonable for a resident to request a Chef Salad or a dish of Cottage Cheese and fruit as a food preference; EI #12 said no, it is not unreasonable, but we do not always have it on hand. EI #12 was asked if it was possible for the kitchen to provide those items. EI #12 said if we could get it approved by (name of the facility's company) as one one of their always available menu options, we could do that. EI #12 further said I not sure who wrote the menu or who would be able to change the menu options, but I would take it to my Director of Operations and she would coordinate it.</p> <p>On 12/02/2022 at 9:00 AM, EI #11, the Dietary Manager, was asked when were the residents told about the new menu and what were they told. EI #11 said the residents were told at Resident Council. EI #11 further said Activity had record of the meeting date. EI #11 said she told the residents that the menu was to be changed. There would no longer be a Everyday Meal option (Daily Alternate List), which included items to be offered on designated days; such as Chef Salad on Mondays, Cottage Cheese and Fruit on Wednesdays, Hot Dogs on Fridays, and Hamburgers on Sundays. There would be the Regular menu, an alternate menu choice, and a health care alternate choice; but the Everyday Meal/Daily Alternate List was being discontinued.</p> <p>On 12/02/2022 at 12:10 PM, EI #4, the Activity Supervisor, provided a copy of the Resident Council minutes when the Dietary Manager (EI #11) announced new menus on 10/17/2022. The minutes documented that 20 residents attended the meeting. RI #65 was not listed as attending the meeting. EI #4 said she posts the date and time for the Resident Council Meeting on the facility's hall calendars and goes around to invite the residents to attend the meeting. When asked if information or minutes from the meeting are given to the residents who did not or could not attend; EI #4 said no.</p> <p>On 12/02/2022 at 12:47 PM, the Administrator, EI #1, was interviewed. EI #1 said (name of RI #65) did talk with her on Tuesday, 11/29/22, about not getting Chef Salad and said the resident also talked about Cottage Cheese and Fruit. EI #1 said the resident (RI #65) wanted to file a grievance. EI #1 also said the resident (RI #65) had explained that the Chef Salad with Boiled Eggs and the Cottage Cheese with Fruit was easier to chew and that the resident liked those things. EI #1 said she told RI #65 that she would go to the kitchen and take a list of what the resident desired: two cartons of milk to mix with Slimfast for lunch and for dinner the Cottage Cheese and Fruit. EI #1 said I went to the kitchen to turn in the request and I talked with the (name of healthcare foodservice contract management company's) Regional Dietary Manager, (name of EI #12). There was some discussion and then there was agreement that they would be getting it. EI #1 was asked if she could speak to RI #65's</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>comment that you, the Administrator, were previously able to hold them (the healthcare foodservice contract management company) off from stopping the Chef Salad and Cottage Cheese with Fruit for a few months. EI #1 said their system is that they have a set menu and an alternate that they serve at lunch and at dinner. EI #1 was told that the Regional Dietary Manager, EI #12, had said they were bound to serving the menu, which (the name of the facility's company) had given them to follow. EI #1 said I am not aware of (name of the facility's company) presenting (name of the healthcare foodservice management company) with a menu for them to use. That is their work.</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>Based on observation, interview, the facility's policy for Food Storage: Cold Foods, and the 2017 Food Code of the United States (U.S.) Public Health Service and U.S. Food and Drug Administration (FDA); the facility failed to ensure:</p> <ol style="list-style-type: none"> 1.) the dishmachine drain did not extend down into the floor drain, thereby creating the potential for backflow; 2.) food in the Walk-in Cooler was not stored on shelves that were less than six inches from the floor and with accumulated debris on the floor beneath the shelves; and 3.) the surfaces of the dishmachine wall, the shelf beneath the dishtable, and the interior of two food delivery carts were clean. <p>This had the potential to affect 130 of 130 residents receiving meals from the kitchen.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1.) The 2017 Food Code of the U.S. Public Health Service and the FDA included the following: <ul style="list-style-type: none"> . 5-402.11 BackflowPrevention. <p>(A) . a direct conection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed.</p> <p>On 11/30/2022 at 9:10 AM, Employee Identifier (EI) #10, the Registered Dietitian (RD), and EI #11, the Dietary Manager (DM), were present during the observation of the Dishwashing Machine area. The drain pipe from the dishwashing machine was observed to be extending into the floor drain. EI #10 agreed there should be an air-gap to prevent potential back-flow from the sewer into the dishmachine.</p> <p>On 11/30/2022 at 9:21 AM, EI #3, the Maintenance Director, measured the distance that the dishwashing machine drainpipe extended into floor drain. It was three inches from the floor level to the end of the drainpipe. On the same day 2:55 PM, EI #3 said he had checked his book and found that to avoid backflow, there needed to be at least a one inch gap between the drain and floor.</p> <ol style="list-style-type: none"> 2.) The 2017 Food Code of the U.S. Public Health Service and the FDA included the following: <ul style="list-style-type: none"> . 3-305.11 Food Storage. <p>(A) . FOOD shall be protected from contamination by storing the FOOD:</p> <ol style="list-style-type: none"> (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm [centimeters] (6 inches) above the floor. <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>The facility's policy for Food Storage: Cold Foods, dated April 20, 2018, included the following:</p> <p>. Policy Statement</p> <p>All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code.</p> <p>Procedures</p> <p>1. All food items will be stored 6 inches above the floor .</p> <p>On 11/30/2022 at 12:48 PM, five shelving units in the Walk-in Cooler had bottom shelves at a level that was less than 6 inches from floor. In addition, built-up debris was on the floor underneath the shelving units. At 4:38 PM, EI #12, the Regional Dietary Manager, measured the distance from the Walk-in Cooler floor to the bottom shelving as 2 1/2 inches.</p> <p>3.) The 2017 Food Code of the U.S. Public Health Service and the FDA included the following:</p> <p>. 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils.</p> <p>. (C) NONFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an acculumulation of dust, dirt, FOOD residue, and other debris.</p> <p>On 11/30/2022 at 9:10 AM, EI #10, the RD, and EI #11, the DM, were present in the Dishwashing Machine area during an observation. There was a dark build-up on the wall and sink behind spray/scrap sink. When EI #11 was asked what the dark build-up was, EI #11 said mildew and further said it needed to be cleaned. The shelf beneath the dishtable on the dirty side of the dishwashing machine had a build-up of grime. EI #11 said this area also needed to be cleaned as the grime could attract roaches.</p> <p>On 11/30/2022 at 12:34 PM, during the lunch trayline, the interior of a food delivery cart was observed to have food particles on the bottom of the far left tray holding section and midway up on the door.</p> <p>On 12/01/2022 at 7:50 AM, during the breakfast trayline, four food delivery carts were checked. Some of the carts had stains, but only one had food particles. There were three particles/flakes of an apparent bread product on the inside floor of the cart.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, interview, and the 2017 Food Code of the United States (U.S.) Public Health Service and U.S. Food and Drug Administration (FDA); the facility failed to ensure the dumpster area was not littered with unneeded or discarded equipment, which could provide harborage for vermin.</p> <p>This had the potential to affect 138 of 138 residents in the facility.</p> <p>Findings Include:</p> <p>The 2017 Food Code of the U.S. Public Health Service and FDA included the following:</p> <p>. 6-501.114 Maintaining Premises, Unnecessary Items and Litter.</p> <p>The PREMISES shall be free of:</p> <p>(A) Items that are unnecessary to the operation or maintenance of the establishment such as EQUIPMENT that is nonfunctional or no longer used; .</p> <p>On 11/30/2022 at 8:50 AM, the dumpster area was observed with Employee Identifier (EI) #10, the Registered Dietitian (RD). There were nine wooden pallets stacked up by the facility building across from dumpster area. A hospital-style bed frame and mattress were observed beside the garbage dumpsters. A wooden door was observed leaning against the retaining wall behind the dumpsters.</p> <p>EI #10 was asked if the pallets, bed frame, mattress, and door should be there. EI #10 said, No. When asked why those items should not be there, EI #10 said there would be the potential for unwanted critters.</p> <p>On 11/30/2022 at 9:31 AM, EI #3, the Maintenance Supervisor was interviewed. EI #3 said the bed frame, pallets, door, and mattress should not be out by the dumpsters. EI #3 said they were a hazard. EI #3 also agreed pests could harbor in those items.</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record reviews and facility policies titled Resident Screening Guidelines and Evaluations, the facility failed to initiate an evaluation for Physical Therapy as indicated by a screening for Resident Identifier (RI) #139.</p> <p>This affected one of one resident sampled for Physical Therapy.</p> <p>Findings Include:</p> <p>A Policy titled, Resident Screening Guidelines with a revision date of 03/14/2018, documented, Policy . that screenings be completed . on all new admission, readmissions, or upon referral by the medical and/or nursing department of a facility .This is done to: .2. Help identify indications of functional loss or aptitude that may require the need for a rehabilitation referral to evaluate for additional skilled services .6. The screening process concludes with one of these possible recommendations: referral for evaluation .</p> <p>A policy titled Evaluations with a revision date of 09/05/2017, documented, Policy . all patients identified as needing an assessment of functional status and potential to benefit from rehabilitation services be evaluated in order to determine an appropriate plan of care. Procedure Evaluations will be initiated within a reasonable amount of time of receipt of physician's order or authorization .</p> <p>RI #139 was admitted to the facility on [DATE] with a diagnosis to include Fibromyalgia.</p> <p>RI #139 was ordered PT eval and treat as indicated on 10/25/2022</p> <p>RI #139's Interdisciplinary Rehabilitation Screening Form dated 11/01/2022, documented, Screening . 3. Recommendations: Request Evaluations (select all that apply) . PT .</p> <p>An interview was conducted with RI #139 on 11/29/2022. RI #139 stated he/she has been at the facility for a month and still had not received therapy.</p> <p>An interview was conducted with Employee Identifier (EI) # 8, Physical Therapist on 12/01/2022. EI #8 stated she conducted a screening for RI #139 on 11/01/2022. EI #8 stated she recommended Physical Therapy indicated to get a baseline. EI #8 stated therapy department must wait on authorization for evaluation to determine frequency of therapy.</p> <p>An interview was conducted with EI #9, Director of Physical Therapy on 12/01/2022. EI #9 stated once screening was completed, and it was determined that Physical Therapy was a need. She completed a Payer Verification Form and sent to administrator for approval. EI #9 stated administrator approves Medicaid residents off her determination. EI #9 stated she is not sure where RI #139's evaluation fell through. EI #9 stated the concern of not receiving therapy when needed is decrease mobility, decrease independence and decrease range of motion.</p> <p>An interview was conducted with EI #2, Director of Nursing (DON) on 12/02/2022. EI #2 stated she was not involved in the evaluation decision that was between the therapist and the administrator. EI #2 stated the concern of a resident not receiving therapy when needed is them not getting better and resident not reaching their maximum potential.</p> <p>(continued on next page)</p>		

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F 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted with EI #1, Administrator on 12/02/2022. EI #1 stated the process of Payer Verification Form is resident comes in and are screened and its determined what is needed. EI #1 stated that RI #139's Payer Verification Form was submitted, and she didn't respond to it. EI #1 stated that was her oversight. EI #1 stated the concern of a resident not receiving therapy when needed is a service the facility did not complete.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on an observation, interviews and review of [NAME] and Perry's FUNDAMENTALS OF NURSING, the facility failed to ensure a wound bandage was disposed of in a manner to prevent cross contamination.</p> <p>On 12/12/2022, a wound bandage was observed in one of the shower rooms at the facility.</p> <p>This deficient practice has the potential to affect all residents using one of two shower rooms on one of three floors at the facility.</p> <p>Findings include:</p> <p>A review of [NAME] and Perry's FUNDAMENTALS OF NURSING with a copyright date of 2017, Chapter 48 Skin Integrity and Wound Care, page 1221, revealed the following:</p> <p>SAFETY GUIDELINES FOR NURSING SKILLS . Keep a plastic bag within reach to discard dressings and prevent cross contamination .</p> <p>On 11/30/2022 at 12:27 PM, a blood tinged dressing was observed laying on the shower grab bar in a shower room at the facility. At this time an interview was conducted with Employee Identifier (EI) #19, the RN (Registered Nurse) Unit Manager. When asked what was on the shower bar, EI #19 said it looked like a bandage that might have come off in the shower. EI #19 said when dressing are removed from a resident they are usually put in a bag in the soiled utility room in the red barrel. When asked what type concern it would be when dressing are not place in the appropriate receptacle, EI #19 said infection.</p> <p>On 12/02/2022 at 11:28 AM, an interview with the Director of Nursing, EI #2 who said, when a dressing comes off of a resident it should be disposed of in the trash. EI #2 said when not disposed of in that manner, it would be an infection control issue.</p>