

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER LAKEPOINT EL DORADO, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1313 S HIGH STREET EL DORADO, KS 67042		
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F 000	INITIAL COMMENTS	F 000			
F 625 SS=D	<p>The following citations represent the findings of a Health resurvey.</p> <p>The 2567 was electronically sent to the facility on 12/19/19.</p> <p>Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced</p>	F 625			

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

TITLE

(X6) DATE

12/19/2019

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 625	<p>Continued From page 1</p> <p>by:</p> <p>The facility reported a census of 57 residents with 15 residents selected for review, including one resident reviewed for hospitalization. Based on observation, record review, and interview, the facility failed to provide evidence of a bed hold notification when Resident (R) 15, transferred to a hospital for in-patient treatment.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The signed physician order sheet, dated 12/05/19, of Resident (R) 15, documented the resident admitted to the facility on 07/21/17, with the following diagnoses including chronic obstructive pulmonary disease (progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing) and pneumonia (inflammation of the lungs). <p>The "Minimum Data Set" (MDS) tracking, revealed the resident discharged to an acute hospital from 11/12/19 to 11/20/19.</p> <p>The significant change assessment "MDS," dated 11/20/19, revealed the resident had a Brief Interview for Mental Status (BIMS) score of three, indicating he had impaired cognition. He had a diagnosis of pneumonia.</p> <p>Review of the electronic medical record (EMR) revealed on 11/12/19 the resident transferred to the hospital related to the resident had a change in his level of consciousness and a low oxygen saturation rate of 84 percent. He admitted to an acute care hospital. The resident's clinical records lacked evidenced of a bed hold notification sent with the resident upon transfer to</p>	F 625			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 625	<p>Continued From page 2 the acute hospital.</p> <p>Review of the hospital discharge summary, located in the resident's medical records, revealed the resident admitted to the acute hospital for pneumonia and chronic obstructive pulmonary disease.</p> <p>Review of the facility's admission agreement evidenced the facility would provide the resident or responsible person a notice of the bed-hold option at the time of admission, and upon hospitalization or therapeutic leave.</p> <p>On 12/05/19 at 11:22 AM, and unidentified family member reported she was the Durable Power of Attorney (DPOA). She was unaware of a notice of a bed hold when facility staff sent the resident to the hospital.</p> <p>On 12/11/19 at 10:16 AM, Social Services X reported the resident/representative signs the resident's bed-hold when the resident admitted to the facility. When a resident admits to an acute hospital, a bed hold form is not signed, and she verified the resident's medical records lacked evidence of the facility providing the resident with a notice of bed hold. Nurses are to include the notice of the bed hold in the transfer paperwork.</p> <p>On 12/11/19 at 10:21 AM, Consultant GG reported staff should provide the resident with a notice of bed hold, and the electronic medical record should have documentation that staff provided the bed hold notification to the resident/representative.</p> <p>On 12/11/19 at 10:31 AM, Administrative staff B reported staff should initiate a bed hold when the</p>	F 625		

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F 625	<p>Continued From page 3</p> <p>resident transferred to a hospital. Staff should document in the electronic medical record that a notice of bed hold provided to the resident or the resident's representative.</p> <p>On 12/11/19 at 03:32 PM, Licensed Nurse (LN) G reported staff should provide the resident a notice of bed hol, when transferring the resident to the hospital, and staff should document in the electronic medical record that the resident or their representative received the notice of bed hold. Staff does not have the resident/representative sign any notice of bed hold.</p> <p>The facility's policy for "Bed Hold", dated 01/03/19, documented any information provided to a resident and/or representative required a signature of receipt of the policy by the resident and/or representative including bed hold information provided at the time of admission and at the time of discharge/transfer related to hospitalization and/or therapeutic leave. If a resident transferred on an emergency basis, staff would provide the bed-hold policy to the resident' representative at the first opportunity either in person or by registered mail, return receipt requested. Staff should keep a record of verbal confirmation of bed hold policy if unable to get the bed hold signed upon discharge.</p> <p>The facility failed to provide a notice of bed hold for this resident/representative, when the resident required hospitalization for in-patient treatment.</p>	F 625			
F 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary</p>	F 677			

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F 677	<p>Continued From page 4</p> <p>services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility reported a census of 57 residents with 15 residents selected for review, including three residents reviewed for activities of daily living. Based on observation, record review, and interview, the facility failed to provide personal cares for one of the three residents reviewed, including Resident (R) 4 related to failure to shave the resident who required assistance with his personal hygiene.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident (R) 4's electronic medical record (EMR), documented the resident admitted to the facility on 08/26/19, with the following diagnoses including osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain) and cerebral infarction (an area of necrotic tissue in the brain resulting from a blockage or narrowing in the arteries supplying blood and oxygen to the brain). <p>The admission "Minimum Data Set" (MDS), dated 09/02/19, revealed the resident had moderately impaired cognition, and required extensive assistance of staff for his activities of daily living (ADL's).</p> <p>The "ADL Functional/ Rehabilitation Potential Care Area Assessment" (CAA), dated 09/05/19, documented the resident required assistance with his ADL's. He was dependent on staff for shaves.</p> <p>The ADL care plan, dated 11/07/19, revealed staff would assist the resident with personal cares.</p>	F 677			

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F 677	<p>Continued From page 5</p> <p>The Certified Nurse Aide (CNA) "Hall Audit Sheets," revised 12/10/19, lacked guidance for the resident's facial hair removal.</p> <p>On 12/05/19 at 01:01 PM, the resident had long, unshaven facial hair. He was unable to communicate.</p> <p>On 12/10/19 at 11:49 AM, the resident's had unshaven facial hair.</p> <p>On 12/11/19 at 08:15 AM, the resident's facial hair remained unshaven.</p> <p>On 12/10/19 at 03:09 PM, CNA P, reported the resident required assistance with his ADL's. Staff shave the resident when he looks "Shaggy." She verified staff should shave the resident daily, because the resident had a fast-facial growth, but there was no specific schedule for the staff to shave the resident.</p> <p>On 12/10/19 at 03:34 PM, CNA N, reported staff should probably shave the resident twice weekly, with his showers.</p> <p>On 12/11/19 at 03:32 PM, Licensed Nurse (LN) G, reported staff assist the resident with his personal cares, including shaving of his facial hair. The resident has an electric razor and staff should shave the resident daily.</p> <p>On 12/12/19 at 09:23 AM, Administrative nurse D, reported staff should shave the resident, not just on his shower days, because some residents require additional facial hair removal, daily.</p> <p>On 12/12/19 at 10:48 AM, Administrative nurse E, reported staff should shave the resident daily.</p>	F 677			

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F 677	Continued From page 6 The facility's policy for "Activities of Daily Living," dated 01/03/19, documented the facility would provide each resident with care, treatment and services and included grooming. The facility failed to provide personal cares that included removal of facial hair growth, for this resident that required staff assistance with his personal hygiene.	F 677			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: The facility reported a census of 57 residents with 15 residents selected for review, including two residents reviewed for respiratory care. Based on observation, record review, and interview, the facility failed to provide necessary respiratory care and services for the two residents reviewed, including Resident (R) 15 related to failure to administer the nebulizer treatment, failure to properly store and care for the resident's nebulizer tubing and chambers, and failure to cleanse the nebulizer chamber between inhalation treatments and R45, related to failure to properly store the resident's respiratory equipment.	F 695			

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F 695	<p>Continued From page 7</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The signed physician order sheet, dated 12/05/19, of Resident (R) 15 documented the resident admitted to the facility on 07/21/17 with the following diagnoses including chronic obstructive pulmonary disease ([COPD] a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing) and pneumonia (inflammation of the lungs). <p>The significant change "Minimum Data Set" (MDS), dated 11/20/19, revealed the resident had a Brief Interview for Mental Status (BIMS) score of three, indicating he had severely impaired cognition. The resident required assistance of staff for his activities of daily living (ADL's). The resident had shortness of breath and pneumonia. The resident required oxygen.</p> <p>The "Psychosocial Well-Being Care Area Assessment" (CAA), dated 12/05/19, revealed the resident had shortness of breath when he laid down, laid flat, with activity or at rest. He required continuous oxygen.</p> <p>The care plan for oxygen, dated 10/01/19, documented staff should administer the resident's oxygen and breathing treatments as ordered.</p> <p>The physician's orders included:</p> <p>Albuterol (Ipratropium-Albuterol) Sulfate (respiratory medication), one ampule, four times daily, for COPD, ordered 11/23/19.</p> <p>Budesonide (respiratory medication), twice a day,</p>	F 695			

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F 695	<p>Continued From page 8 for COPD, ordered 11/23/19.</p> <p>Oxygen at four liters per minute, 10/01/19.</p> <p>Change bubbler (humidifier bottle) and Oxygen tubing twice monthly, ordered 10/01/19.</p> <p>Replace nebulizer mask/unit and tubing monthly, ordered 10/01/19.</p> <p>On 12/05/19 at 11:25 AM, the resident was in his bed, with oxygen on. The oxygen tubing, oxygen humidifier and nebulizer tubing lacked a date.</p> <p>On 12/10/19 at 10:36 AM, Certified Medication Aide (CMA) M, placed a nebulizer mouth piece into the resident's mouth, turned on the nebulizer, and left the room. At 10:39 AM, three minutes later, the resident coughed, and the nebulizer chamber, with medication, fell to his chest. At 11:02 AM, 23 minutes after the chamber laid on the resident's chest, Ward Aide LL, entered the room, and placed the resident's nebulizer directly on the resident's side table, without a barrier.</p> <p>On 12/10/19 at 11:33 AM, The nebulizer laid directly on the resident's side table, without a barrier. CMAM, entered the resident's room, and placed a liquid medication, identified as ipratropium, directly into the soiled, unrinsed nebulizer chamber. CMA M reported the resident was awake when she placed the mouthpiece into his mouth and began the breathing treatment. She left the room, and when she returned, she failed to rinse the medication chamber between medications. Staff should rinse the chamber between medications. Oxygen tubing, Oxygen humidifiers, and nebulizer tubing should be changed monthly, and staff should date the</p>	F 695			

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F 695	<p>Continued From page 9</p> <p>tubing. Staff verified the respiratory tubing and humidifier bottle lacked a date.</p> <p>On 12/10/19 at 03:16 PM, revealed the nebulizer chamber rested directly on the resident's floor. The oxygen tubing, humidifier bottle, and the nebulizer tubing remained undated.</p> <p>On 12/11/19 at 08:15 AM, revealed the nebulizer chamber was directly on the side table, without a barrier. The humidifier and tubing remained undated.</p> <p>On 12/11/19 at 09:54 AM, revealed the resident in the bed, with the nebulizer treatment on. No staff available.</p> <p>On 12/12/19 at 08:15 AM, revealed the resident was in his bed. The nebulizer tubing stretched out, directly on the floor. The nebulizer chamber/pieces in a paper towel lined container, on a television stand.</p> <p>On 12/10/19 at 03:23 PM, Certified Nurse Aide (CNA) N, verified the resident's nebulizer tubing was directly on the floor. She reported CNA's do not do anything with the nebulizers and was unaware how the nebulizers should be stored.</p> <p>On 12/11/19 at 09:59 AM, Administrative Nurse D, reported staff should change the Oxygen tubing twice a month.</p> <p>On 12/11/19 at 03:32 PM, Licensed Nurse (LN) G, reported staff should store nebulizer chambers in a clear lidded container after use. Oxygen tubing, humidifier bottles, and nebulizer tubing should be dated. Staff should stay with the resident when he received his nebulizer</p>	F 695			

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F 695	<p>Continued From page 10</p> <p>treatment, because his condition had declined, and he is unable at times to hold onto his mouthpiece.</p> <p>The facility's policy for "Care and Cleaning of Respiratory Treatment Supplies", dated 06/10/19, documented treatment supplies would be cleansed and stored in a manner to extend the life of the equipment and prevent the spread of infection. Nebulizers would be disassembled and rinsed under hot running water after each use. Furthermore, the facility's undated policy for "Administration of Oxygen", documented humidifiers would be labeled with the date and time the humidifier opened and change the humidifier twice monthly.</p> <p>The facility failed to ensure the resident received the entire respiratory treatment as ordered, failed to store and ensure respiratory equipment was cleansed after use, and failed to ensure respiratory equipment was changed out as planned to prevent cross contamination and potential development of respiratory infections.</p> <p>- Review of Resident (R) 45's "Physician Orders," dated 11/06/19, documentation included diagnoses chronic obstructive pulmonary disease (COPD-progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), chronic respiratory failure, cough, and obstructive sleep apnea.</p> <p>The significant change in status "Minimum Data Set" (MDS) dated 11/18/19, documentation with the "Brief Interview for Mental Status" (BIMS) score of 15, which indicated the resident as</p>	F 695			

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F 695	<p>Continued From page 11</p> <p>cognitively intact. The resident did not reject care. He required supervision of staff with walking, toilet use and personal, otherwise independent with activities of daily living (ADLs). He received antibiotics for two days of the look back period and used oxygen.</p> <p>The "ADL Functional/Rehabilitation Potential Care Area Assessment" (CAA), dated 11/21/19, documentation included the resident up ad lib and able to ambulate all throughout building independently using walker. Significant change because of mood decline, worsening of COPD. His alteration in airway clearance possibly affected his cognitive function.</p> <p>The care plan (CP), dated 11/06/19, directed staff the resident received continuous oxygen and antibiotics for an upper respiratory infection. Provide breathing treatments as ordered, clean nebulizer machine/equipment routinely as ordered. The pulmonologist ordered for me to use a non-invasive ventilation breathing device at night when sleeping, Oxygen via nasal cannula as ordered, staff will provide maintenance and cleanliness of oxygen equipment.</p> <p>On 12/05/19 at 08:51 AM, Certified Medication Aide (CMA) R administered a breathing treatment by a nebulizer. Upon completion of the breathing treatment CMA R disconnected the mask for cleaning and left the tubing wrapped around a fan base directly on the counter top. The resident's Trilogy ventilation mask was inside the resident's tennis shoe, without a storage bag present. The portable e-tank cannula was wrapped around the handle of the carrier, no storage bag present. The resident had the concentrator nasal cannula in place, but there was not a bag for storing the</p>	F 695			

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F 695	<p>Continued From page 12 nasal cannula when not in use.</p> <p>On 12/05/19 at 08:51 AM, CMA R verified the above findings and reported she did not work with the Trilogy machine, night staff was responsible for cleaning it and all oxygen equipment. She stated oxygen tubing and masks should be stored when not in use to prevent infection.</p> <p>On 12/10/19 at 11:37 AM, the resident was sleeping in his recliner with the nasal cannula from the oxygen concentrator in place. The portable e-tank nasal cannula was on the floor, there was not a bag present for storage.</p> <p>On 12/10/19 at 12:23 PM, Licensed Nurse (LN) OO reported the resident had declined since Sunday. She stated the resident's oxygen saturations were low and he was dependent on staff for care. LN OO verified the above findings and stated oxygen cannulas should be covered when not in use to prevent cross contamination.</p> <p>On 12/12/19 at 12:44 PM, LN L reported she put out a respiratory storage bag for each resident that received oxygen about nine months. She did provide a bag for each piece of respiratory equipment. The LN stated staff should store tubing and masks for respiratory equipment when not in use to prevent cross contamination to prevent infections.</p> <p>On 12/12/19 at 02:18 PM, Administrative nurse D, stated staff should store oxygen and respiratory equipment tubing, cannulas, and masks in plastic bags to prevent cross contamination and infections.</p> <p>The facility policy for "Administration of Oxygen"</p>	F 695			

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

PRINTED: 12/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 695	Continued From page 13 documentation included oxygen concentrators, cylinders, and equipment will be kept and maintained in such a way as to be compliant with all relevant health and safety guidelines. Observe standard precautions or other infection control standards as approved by infection control committee. Store all cannulas in bags when not in use. The facility failed to provide the necessary respiratory care and services in accordance with professional standards of practice to prevent respiratory infections for this resident.	F 695			
F 755 SS=D	Pharmacy Srvc/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(g). 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. §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.	F 755			

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

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F 755	<p>Continued From page 14</p> <p>§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</p> <p>§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: The facility reported a census of 57 residents with 15 residents selected for review, including five residents reviewed for unnecessary medications, and 5 residents observed for medication administration. Based on observation, record review, and interview, the facility failed to administer medications as ordered by the physician to one of five residents reviewed for unnecessary medications Residents (R) R 15 and one of five residents observed for medication administration R49.</p> <p>Finding included:</p> <ul style="list-style-type: none"> - The signed physician order sheet, dated 10/28/19, of resident (R) 53, documented the resident admitted to the facility on 07/12/18, with the following diagnoses including constipation (difficulty passing stool), vitamin D deficiency, and hypokalemia (low level of potassium in the blood). <p>The physician's orders included:</p> <p>Colace clear (medication used to treat constipation), 50 milligrams, twice a day, for constipation, ordered 04/23/19.</p> <p>Vitamin D (medication used to treat vitamin D</p>	F 755			

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

PRINTED: 12/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 755	<p>Continued From page 15 deficiency), weekly, for vitamin D deficiency, ordered 09/17/19.</p> <p>Potassium 20 milliequivalent, twice a day, for hypokalemia, ordered 07/17/18.</p> <p>Review of the medication administration record, documented on 10/21/19, staff were unable to administer the Colace clear medication because the medication was unavailable in the facility.</p> <p>On 10/21/19, staff was unable to administer the Potassium medication, related to the medication was unavailable in the facility.</p> <p>On 11/06/19, staff was unable to administer the Vitamin D medication, related to the medication was unavailable in the facility. Staff failed to administer the weekly medication until 11/13/19.</p> <p>On 12/11/19 at 03:32 PM, Licensed Nurse (LN) G, reported staff should reorder medication before the medication was gone. The Colace clear was a medication not stocked at the facility. The Potassium should have been available in the emergency medication kit, and verified staff failed to administer the resident's vitamin D for 14 days.</p> <p>On 12/12/19 at 09:23 AM, Administrative Nurse D, reported staff should notify the charge nurse when a resident's medication should be re-filled from the pharmacy. Staff should check the emergency drug kit for some medications, because staff could sometimes retrieve the medication out of the emergency kit for medication administration.</p> <p>The facility's policy for "Medication Ordering and Receiving from Pharmacy Provider," dated</p>	F 755			

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

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F 755	<p>Continued From page 16</p> <p>01/03/19, documented if a medication was not available for administration, nursing staff would notify the charge nurse and/or Director of Nursing, who would immediately notify the ordering physician for orders pertaining to the medication.</p> <p>The facility failed to administer medications to the resident, related to her constipation, Vitamin D deficiency, and hypokalemia, as ordered by the physician.</p> <p>- Observation of the medication administration pass, on 12/05/19 at 09:47 AM, with Licensed Nurse (LN) H, revealed Resident (R) 49, had a physician's order for Thera M, 9 milligrams, iron 400 micrograms, daily. LN H verified staff failed to re-order the medication, and it was unavailable, in the facility, to administer to the resident.</p> <p>On 12/12/19 at 09:23 AM, Administrative Nurse D, reported staff should notify the charge nurse when a resident's medication should be re-filled from the pharmacy. Staff should check the emergency drug kit for some medications, because staff could sometimes retrieve the medication out of the emergency kit for medication administration.</p> <p>The facility's policy for "Medication Ordering and Receiving from Pharmacy Provider," dated 01/03/19, documented if a medication was not available for administration, nursing staff would notify the charge nurse and/or Director of Nursing, who would immediately notify the ordering physician for orders pertaining to the medication.</p>	F 755			

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

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F 755	Continued From page 17	F 755			
F 756	The facility failed to administer this medication to the resident, as ordered by the physician.				
SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)	F 756			
	<p>§483.45(c) Drug Regimen Review.</p> <p>§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>§483.45(c)(2) This review must include a review of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.</p> <p>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not</p>				

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

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F 756	<p>Continued From page 18</p> <p>limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>The facility reported a census of 57 residents with 15 residents sampled which included five residents reviewed for unnecessary medications. Based on observation, interview, and record review the pharmacist failed to identify and report irregularities to the facility medical director and director of nursing the facility's failure to obtain ordered annual laboratory tests including a Fasting Lipid Profile and a Prostrate Specific Antigen for Resident (R) 1.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R) 1's "Physician Orders," dated 11/05/19, documentation included diagnoses, benign prostatic hyperplasia (BPH-non-cancerous enlargement of the prostate which can lead to interference with urine flow, urinary frequency and urinary tract infections without lower urinary tract symptoms) and hyperlipidemia (condition of elevated blood lipid levels). <p>The significant change in status "Minimum Data Set" (MDS), dated 03/12/19, documented the resident with the "Brief Interview for Mental Status" (BIMS) score of 14, which indicated cognitively intact. He was occasionally incontinent of bladder and frequently incontinent of bowel. He received diuretics, and for 7 days of the look back period and antibiotics for 4 days.</p> <p>The quarterly MDS, dated 10/30/19, revealed changes which included he did not receive</p>	F 756			

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F 756	<p>Continued From page 19</p> <p>antibiotics during the look back period. .</p> <p>The "Urinary Incontinence and Indwelling Catheter Care Area Assessment" (CAA), dated 03/12/19, documentation included "Usually continent of urine. In the past had reported occasional difficulty beginning stream, but this has improved since starting Tamsulosin.</p> <p>The care plan (CP), dated 11/04/19, directed staff administer medication as ordered and monitor lab work as ordered</p> <p>Review of the resident's "Physician Orders," dated 11/05/19, included:</p> <p>Simvastatin, 20 milligrams (mg), by mouth, daily, for hyperlipidemia, ordered 04/27/19.</p> <p>Tamsulosin HCL, 0.4 mg, by mouth, at bedtime for BPH, ordered 04/27/19.</p> <p>Laboratory (Lab) Tests for FLP (fasting lipid profile)/PSA (prostate specific antigen) annually in May, ordered 04/2019.</p> <p>Review of the resident's medical record lacked lab work for an annual FLP and PSA.</p> <p>Review of the pharmacy recommendations for 05/31/19 through 11/30/19, revealed the pharmacist did not identify the facility had failed to obtain FLP/PSA.</p> <p>On 12/12/19 at 09:15 AM, Licensed Nurse (LN) K verified the lack of lab work for FLP and PSA. She checked the log for May and verified the lab for FLP/PSA was not drawn. LN K stated she would contact the lab.</p>	F 756			

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

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F 756	<p>Continued From page 20</p> <p>On 12/12/19 at 02:13 PM, Licensed Nursing Staff L verified the resident had an order for FLP/PSA annually and the lab work was not in the medical chart. She then verified annual lab had not been drawn for PSA/FLP.</p> <p>On 12/12/19 at 02: 22 PM, Administrative Nurse D verified the above findings and reported the lab had been called and the labs would be obtained today. She stated she would expect the pharmacist to identify the facility's failure to obtain ordered lab work.</p> <p>On 12/16/19 at 03:10 PM, Consultant HH reported that she conducted monthly medication regimen reviews and would periodically check the lab work to ensure it was drawn as ordered. She did not review lab work every month and she missed the annual lab not being done.</p> <p>The facility policy and procedure for "Diagnostic Service," dated 01/03/19, documentation included all diagnostic testing will be performed as ordered by the physician. The Health Information Manager will conduct ongoing review of clinical records at the point of care based on the presence, timeliness, and completeness of data and information.</p> <p>The pharmacist failed to identify and report irregularities to the facility medical director and director of nursing of the facility's failure to obtain ordered annual labs for the resident related to FLP and PSA to ensure the therapeutic effectiveness of the medications as ordered by the physician.</p>	F 756			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)	F 757			

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F 757	<p>Continued From page 21</p> <p>§483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility reported a census of 57 residents with 15 residents sampled which included five residents reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to ensure one of the five residents reviewed remained free of unnecessary medications, including Resident (R) 1 for failure to obtain ordered laboratory work to monitor the effectiveness of medications to treat hyperlipidemia and benign prostrate hyperplasia.</p> <p>Findings included:</p> <p>- Review of Resident (R) 1's "Physician Orders,"</p>	F 757			

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F 757	<p>Continued From page 22</p> <p>dated 11/05/19, documentation included diagnoses, benign prostatic hyperplasia (BPH-non-cancerous enlargement of the prostate which can lead to interference with urine flow, urinary frequency and urinary tract infections without lower urinary tract symptoms) and hyperlipidemia (condition of elevated blood lipid levels).</p> <p>The significant change in status "Minimum Data Set" (MDS), dated 03/12/19, documented the resident with the Brief Interview for Mental Status (BIMS) score of 14, which indicated cognitively intact. He was occasionally incontinent of bladder and frequently incontinent of bowel. He received diuretics, and for 7 days of the look back period and antibiotics for 4 days.</p> <p>The quarterly "MDS," dated 10/30/19, revealed changes which included he did not receive antibiotics during the look back period.</p> <p>The "Urinary Incontinence and Indwelling Catheter Care Area Assessment" (CAA), dated 03/12/19, documentation included Usually continent of urine. In the past had reported occasional difficulty beginning stream, but this has improved since starting Tamsulosin.</p> <p>The care plan (CP), dated 11/04/19, directed staff to administer medication as ordered and monitor laboratory (lab) work as ordered</p> <p>Review of the resident's "Physician Orders," dated 11/05/19, included:</p> <p>Simvastatin, 20 milligrams (mg), by mouth, daily, for hyperlipidemia, ordered 04/27/19.</p> <p>Tamsulosin HCL, 0.4 mg, by mouth, at bedtime</p>	F 757			

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F 757	<p>Continued From page 23 for BPH, ordered , 04/27/19.</p> <p>Labs for FLP (fasting lipid profile)/PSA (prostate specific antigen) annually in May. ordered 04/2019.</p> <p>Review of the resident's medical record lacked lab work for an annual FLP and PSA.</p> <p>On 12/12/19 at 09:15 AM, Licensed Nurse (LN) K verified the lack of lab work for FLP and PSA. She checked the log for May and verified the lab for FLP/PSA was not drawn. LN K stated she would contact the lab.</p> <p>On 12/12/19 at 02:13 PM, Licensed Nursing Staff L verified the resident had an order for FLP/PSA annually and the lab work was not in the medical chart. She then verified annual lab had not been drawn for PSA/FLP.</p> <p>On 12/12/19 at 02: 22 PM, Administrative Nurse D verified the above findings and reported the lab had been called and the labs would be obtained today.</p> <p>The facility for "Diagnostic Service," dated 01/03/19, documentation included all diagnostic testing will be performed as ordered by the physician. The Health Information Manager will conduct ongoing review of clinical records at the point of care based on the presence, timeliness, and completeness of data and information.</p> <p>The facility failed to ensure the resident remained free of unnecessary medications related to the failure to obtain ordered lab work to monitor the effectiveness of the medications to treat BPH and hyperlipidemia.</p>	F 757			

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

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F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility reported a census of 57 residents. Based on observation, interview and record review the facility failed to provide sanitary food storage for the residents on the east wing where 28 residents resided.</p> <p>Findings included:</p> <p>- On 12/04/19 at 02:29 PM, observation of the east wing medication room had a refrigerator which the staff used for resident's food and beverages, revealed the following concerns:</p> <p>An undated opened pack of bologna.</p> <p>An undated bowl of tomato soup.</p>	F 812			

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F 812	<p>Continued From page 25</p> <p>An undated plate of three chicken strips and bacon.</p> <p>A plastic container of lemon jello, dated 11/24/19.</p> <p>An undated plate with a cheeseburger and french fries.</p> <p>A eggcrate of jumbo white eggs that documented "Good by 09/13/19."</p> <p>An undated cup of chicken noodle soup.</p> <p>On 12/04/19 at 02:39 PM, licensed nurse (LN) I stated staff use the refrigerator for the storage of resident's food and all food should be marked to identify the date placed in the refrigerator. She stated the food, as listed above, needed to be thrown away.</p> <p>On 12/12/19 at 02:20 PM, Administrative Nurse D, confirmed the refrigerator held food used for the resident and staff should label each item to indicate the date staff placed it in the refrigerator and label it with the identification of the resident to receive the food.</p> <p>The undated facility policy for "Resident Personal Food" documentation included the facility requires that all food items be stored in manner using proper sanitation. Staff should ensure are clearly labeled with the resident's name and the contents of the packaging, and the date the item was delivered. If the item is labeled by the food producer with an expiration date, the nurse will confirm the current date is within the labeled time line.</p>	F 812			

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F 812	Continued From page 26 The facility failed to provide sanitary food storage for the 28 residents who resided on the east wing.	F 812			
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §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: §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 §483.70(e) and following accepted national standards; §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;	F 880			

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F 880	<p>Continued From page 27</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</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: The facility reported a census of 57 residents. Based on observation and interview, the facility failed to handle, store, and process linens so as to prevent cross contamination and the spread of infection including failure to implement standard precautions to prevent the spread of infection in the laundry and to ensure soiled linens remained</p>	F 880			

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F 880	<p>Continued From page 28 off of the floor in one resident's room.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 12/12/19 at 12:25 PM, the laundry tour with maintenance staff V and housekeeping staff W identified the following concerns: <p>A linen barrel with soiled linen without a cover to prevent cross contamination.</p> <p>Two rusty wired baskets with torn rubber gaskets around the top, used for clean linen, which created a surface that was unsanitizable.</p> <p>The wood shelving unit, used for resident's clothing, had exposed bare wood which created a surface that was unsanitizable.</p> <p>On 12/12/19 at 12:25 PM, maintenance staff V and housekeeping staff W, verified the above findings.</p> <p>The facility policy for "Laundry Protocols," dated 01/03/19, documentation included It is the policy of this facility to prevent the spread of infection by appropriate separation, collection, laundry and storage of laundry. Facility staff will handle store, process and transport linens in a method to prevent the spread of infection. The soiled linen will be stored and transported in closed and covered containers.</p> <p>The facility failed to handle, store, and process linens so as to prevent cross contamination and the spread of infection for the residents of the facility.</p>	F 880			

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F 880	<p>Continued From page 29</p> <p>- On 12/05/19 at 09:04 AM, observation revealed soiled linens laid directly on an unidentified resident's floor. At that time, Housekeeping Staff U, was in the room making the bed with clean linens. Housekeeping U reported another staff member placed the soiled linens on the resident's floor, and she was unaware if soiled linens could be placed directly on the floor.</p> <p>On 12/11/19 at 09:59 AM, Administrative Nurse D reported staff should not place soiled linens on the floor, for infection control reasons and staff should place soiled linens into a plastic bag and place them in the dirty cart.</p> <p>On 12/11/19 03:32 PM, Licensed Nurse (LN) G reported staff should place soiled linens into a bag and staff should not place soiled items directly on the resident's floor.</p> <p>The facility's undated policy for "Infection Control", revealed standard precautions which included universal precautions would be used in the care of all residents.</p> <p>The facility failed to maintain an infection control program, to the extent possible, to prevent cross contamination and the spread of infection within the facility, by failing to properly handle soiled linens.</p>	F 880			
F 883 SS=E	<p>Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)</p> <p>§483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the influenza immunization,</p>	F 883			

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F 883	<p>Continued From page 30</p> <p>each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the</p>	F 883			

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F 883	<p>Continued From page 31</p> <p>following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility reported a census of 57 with five residents selected for review of pneumococcal and influenza vaccines. Based on record review and interview, the facility failed to ensure three residents Resident (R) 12, R1, R2 of the five residents reviewed received annual educational information to make an informed decision to receive immunizations and failed to provide influenza/pneumococcal vaccines respectively requested by two residents R 21 and R 4.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R) 12, R1, and R2's "Immunization Records" revealed the facility failed to provide these resident's with annual influenza and pneumococcal education to make an informed decision regarding the administration of the vaccines. <p>Review of R21's "Immunization Records" revealed the resident's representative requested the influenza vaccine on 10/09/19, and the resident lacked receipt of the vaccine as of 12/12/19.</p> <p>Review of R45's "Immunization Record" revealed the resident requested a pneumococcal vaccine</p>	F 883			

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F 883	<p>Continued From page 32</p> <p>on 10/09/19, and lacked receipt of the vaccine as of 12/12/19.</p> <p>On 12/12/19 at 01:50 PM, Licensed Nursing Staff L verified the above findings and stated the facility did not provide annual education regarding the flu vaccine for those residents in the facility prior to the current flu season. Staff provided residents/responsible party's educational information on admission.</p> <p>On 12/12/19 at 02:15 PM, Administrative Nurse D, verified the above findings.</p> <p>The facility lacked a policy to address the provision of educational material to the resident or representative. The Influenza "Vaccine Information Sheet," dated 08/15/19, documentation included the Centers for Disease Control and Prevention (CDC) recommends everyone over six months old get vaccinated each flu season. There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. The pneumococcal "Vaccine Information Sheet" documentation included pneumococcal vaccine was recommended for all adults 65 years or older.</p> <p>The facility failed to provide annual educational information to the residents and/or representatives to facilitate an informed decision regarding the influenza and pneumococcal vaccines for the residents. The facility failed to provide Influenza and/or pneumococcal vaccines for the residents as requested by the resident and/or representatives.</p>	F 883			

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F 921 F 921 SS=E	Continued From page 33 Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: The facility reported a census of 57 residents. Based on observation, interview, and record review, the facility failed to provide maintenance services to ensure a safe, functional, sanitary, and comfortable environment for the residents and staff. Findings included: - On 12/12/19 at 12:25 PM, the laundry tour with maintenance staff V and housekeeping staff W revealed the following concerns: The concrete floor had missing paint and/or sealer throughout the laundry. The baseboard in the linen/clothing wash area was missing exposing bare sheet rock and with the sheet rock paper peeled away from sheet rock board. The folding area had a rusty ceiling vent and the surrounding ceiling had water stains. On 12/12/19 at 12:25 PM, maintenance staff V and housekeeping staff W, verified the above findings and reported the laundry's planned renovations had stopped for unknown reasons. They both agreed the identified concerns were in need of repair.	F 921 F 921			

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F 921	<p>Continued From page 34</p> <p>The facility policy for "Laundry Protocols," dated 01/03/19, documentation included the laundry room will be well ventilated, constructed of materials impervious to odors and moisture and easily cleaned. The floors, walls and ceilings will be non-absorbing and easily cleaned.</p> <p>The facility failed to provide maintenance services to ensure a safe, functional, sanitary, and comfortable environment for residents and staff related to the facility laundry.</p>	F 921		