

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>365453</b>	(X2) MULTIPLE CONSTRUCTION a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED  <b>03/05/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OREGON HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3953 NAVARRE AVE OREGON OH, 43616</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL BY FULL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETION
F 0000	<p>INITIAL COMMENTS</p> <p>ANNUAL SURVEY</p> <p>ADMINISTRATOR: Ramzieh Shousher, #6770</p> <p>CERTIFIED BED CAPACITY: 125</p> <p>CENSUS IN HOUSE: 69</p> <p>The following deficiencies are based on the annual survey completed 03/05/20.</p>	F 0000		

laboratory director's or provider/supplier representative's signature	title <b>VGLASSFO</b>	(x6) date 04/09/2020
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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 0550 F 0550 SS=D	Continued From page 1  483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.  §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.  §483.10(b)(1) The facility must ensure that	F 0550 F 0550	The Statements made in this plan of correction are not an admission to and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date(s) indicated.  Resident #35 & #36 had no adverse outcomes from this practice.  No other residents were influenced by this identified practice.  The DON or designee will provide in-service education to the STNA's on treating residents in a dignified manner when assisting with meals at eye level.  The DON or designee will perform an audit of mealtimes three times a week for four weeks to ensure staff are providing meal assistance to residents in a dignified manner at eye level.  The results of the audit will be reviewed monthly by the facility QAPI Committee for compliance for three months and quarterly thereafter.  Education will be completed on 4/8/20	04/20/2020

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F 0550	<p>Continued From page 2</p> <p>the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to treat residents in a dignified manner when assisting during meal time by standing over residents when assisting the resident to eat. This affected two (#35 and #36) out of eight residents that needed assistance with eating. The facility census was 69.</p> <p>Finding include:</p> <p>Observation on 03/02/20 at 12:27 P.M. revealed State Tested Nurse Aide (STNA) #410 assisting Resident #35 and Resident #36 eat lunch. STNA #410 alternated assisting Resident #35 and Resident #36 with eating spoonfuls of the meal, alternating between residents and standing over them. Resident #36 was sitting in a taller Broda chair and STNA #410 was nearly eye level with the resident.</p>	F 0550		
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F 0550	<p>Continued From page 3</p> <p>Resident #35 was sitting in a low wheelchair which was slightly reclined and STNA #410 was not at eye level.</p> <p>Observation on 03/02/20 at 12:30 P.M. revealed STNA #420 had began to assist Resident #36 with eating, offering spoonfuls of food to the resident. STNA #420 stood above the resident while assisting him with his meal.</p> <p>Interview on 03/02/20 at 12:41 P.M. with STNA #420 revealed staff both sit and stand while assisting residents with lunch. STNA #420 stated there was no space to sit, which was the reason for standing while assisting Resident #36.</p> <p>Interview on 03/02/20 at 12:46 P.M. with STNA #410 verified the STNA stood while assisting Resident #35 and Resident #36 eat lunch. STNA #410 stated Resident #35's chair is much taller and to assist her staff needed to stand.</p> <p>Review of the facility policy titled "Resident Rights," revised December 2016, verified residents have the right to be treated with dignity.</p>	F 0550		
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F 0676 F 0676 SS=D	<p>Continued From page 4</p> <p>483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p>	F 0676 F 0676	<p>The bathing audit was completed on 4/8/2020 for all residents.</p> <p>Resident #55 had no adverse effects from this practice.</p> <p>No other residents were influenced by this identified practice</p> <p>The DON or designee will audit the bathing schedules to ensure they are correct.</p> <p>The DON or designee will in-service the STNA's and nurses on policy and procedures of "Activities of Daily Living" as it relates to assisting residents with appropriate support and assistance with bathing as well as completing and documenting showers.</p> <p>The DON or designee will complete an audit three times a week for four weeks on five residents per week to ensure showers were delivered per policy.</p> <p>The results of the audit will be reviewed at the monthly facility QAPI meeting for compliance for three months and quarterly thereafter.</p> <p>Bathing schedule audit will be completed 7/22/20 STNA's and nurses education will be completed on 4/8/20</p>	04/20/2020

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F 0676	<p>Continued From page 5</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review, observation, review of the bathing record, resident interview, staff interview, and review of the facility policy, the facility failed to provide a shower or bath for one (#55) of one residents reviewed for Activities of Daily Living (ADL) care. The facility census was 69.</p> <p>Findings include:</p> <p>Review of Resident #55's medical record revealed an initial admission date of 12/09/13 and re-entry date of 12/19/18. Diagnoses included unspecified acute appendicitis, type 2 diabetes mellitus without complications, chronic obstructive pulmonary disease, chest pain, hypertension, hyperlipidemia, edema, major depressive disorder, and shortness of breath.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 01/23/20, revealed Resident #55 was cognitively intact. The assessment revealed Resident #55 required extensive assistance of one person with personal hygiene and physical</p>	F 0676		
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F 0676	<p>Continued From page 6</p> <p>help in part of bathing with one person physical assist.</p> <p>Interview on 03/02/20 at 2:35 P.M. with Resident #55 revealed the resident was scheduled to receive a shower on second shift Wednesdays and Saturdays. Resident #55 reported she has gone 30 days without a shower.</p> <p>Interview on 03/04/20 at 9:40 A.M. with Resident #55 revealed the resident in bed wearing a hospital gown appearing slightly disheveled with unkempt hair. Resident #55 stated she would receive a shower tonight. Resident #55 stated an aide reminded her last night that her shower was on Wednesday and the resident reportedly asked the aide to ensure the shower room would be warmed up before she went in.</p> <p>Observation on 03/05/20 at 10:00 A.M. with Resident #55 revealed the resident appeared to be unkempt and have greasy hair.</p> <p>Interview on 03/05/20 at 10:01 A.M. with Resident #55 revealed the resident was not offered and did not receive a shower or bath.</p> <p>Review of the bathing record revealed Resident #55's shower days were Wednesday and Saturday between 2:30 P.M. and 10:30 P.M. Review of the</p>	F 0676		
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F 0676	<p>Continued From page 7</p> <p>bathing record revealed Resident #55 was provided a shower on 02/01/20 and 02/19/20. On 02/12/20, "NA" (not applicable) was documented for the task completed and the type of bathing.</p> <p>Interview on 03/05/20 at 10:25 A.M. with Registered Nurse (RN) #350 verified she could not confirm if Resident #55 received or was offered a shower or bed bath on 02/05/20, 02/08/20, 02/12/20, 02/15/20, 02/26/20, 02/29/20, and 03/04/20.</p> <p>Interview on 03/05/20 at approximately 11:00 A.M. with RN #350 verified when Resident #55 changed rooms the shower scheduled should have changed effective 02/10/20 from Wednesday and Saturday to Tuesday and Saturday. RN #350 verified it was not changed in the system.</p> <p>Review of facility policy titled "Activities of Daily Living," revised March 2018, verified appropriate care and services will be provided for residents who are unable to care out ADL's independently, with the consent of the resident and in accordance with the plan of care. This includes appropriate support and assistance with hygiene including bathing, dressing, grooming, and oral care.</p>	F 0676		



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F 0692 F 0692 SS=D	<p>Continued From page 8</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This STANDARD is not met as evidenced by:</p> <p>Based on observation, staff interview, medical record review, and review of a facility policy, the facility failed to provide a nutritional supplement as ordered by the</p>	F 0692 F 0692	<p>The initial audit was completed on 4/9/2020.</p> <p>Resident #51 had no adverse effects from this practice</p> <p>No other residents were adversely affected by this practice.</p> <p>An audit will be completed to identify all residents who have a physician ordered supplement.</p> <p>The DON or designee will in-service the dietary department on the policy and procedure for providing supplements per facility policy and per physician order.</p> <p>The DON or designee will perform an audit three times a week for four weeks on five residents per week to ensure supplements are provided per facility policy and physician order.</p> <p>The audit will be reviewed monthly by the facility QAPI committee for compliance for three months and quarterly thereafter.</p> <p>Initial audit will be completed on 5/1/20 Education will be complete on 4/8/20</p>	04/20/2020
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F 0692	<p>Continued From page 9</p> <p>physician. This affected one (#51) of three residents reviewed for nutrition. The facility identified 10 residents with physician orders for nutritional supplements. The census was 69.</p> <p>Findings include:</p> <p>Review of Resident #51's medical record revealed an admission date of 07/15/19. Diagnoses included end stage renal disease, hypertension, major depression, dementia without behavioral disturbances, chronic obstructive pulmonary disease, anemia, and neuromuscular dysfunction of the bladder.</p> <p>Review of the most recently completed Minimum Data Set (MDS) assessment, dated 02/14/20, revealed Resident #51 had severely impaired cognition and was prescribed a therapeutic diet with no nutritional concerns assessed.</p> <p>Review of a physician order dated 07/18/19 revealed Resident #51 was ordered a Magic Cup nutritional supplement to be provided daily at lunch.</p> <p>Review of Resident #51's weights obtained between September 2019 and March 2020 revealed no significant weight loss with weights consistently in the between 130 pounds and 135 pounds.</p> <p>Observation on 03/02/20 at approximately</p>	F 0692		

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F 0692	<p>Continued From page 10</p> <p>12:15 P.M. revealed Resident #51 sitting in his room awaiting his lunch. Resident #51 received his lunch tray from a State Tested Nurse Aide (STNA) who remained in the room to assist Resident #51 with eating. Observation of Resident #51's meal tray revealed no nutritional supplement was provided from the dietary department as part of his lunch meal. Subsequent observation on 03/02/20 between 12:15 P.M. and 1:07 P.M. revealed Resident #51 was not provided a nutritional supplement from the dietary or nursing departments.</p> <p>Observation on 03/04/20 at 12:06 P.M. revealed Resident #51 was once again served his lunch meal in his room by STNA #440, who remained in the room to assist him with eating. Observation of Resident #51's meal tray revealed no nutritional supplement was provided from the dietary department. Additional observation of the meal tray revealed Resident #51's meal ticket contained a notation under special instructions for Resident #51 to receive a Magic Cup nutritional supplement.</p> <p>Interview on 03/04/20 at 12:06 P.M., STNA #440 stated she assisted Resident #51 with all of his meals when she worked and confirmed he did not receive his ordered nutritional supplement with his lunch on 03/02/20 or 03/04/20. STNA #440 stated the nutritional supplement was supposed to come from the kitchen with his lunch</p>	F 0692		

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F 0692	<p>Continued From page 11</p> <p>and was usually in the form of a frozen ice cream-like dessert. STNA #440 stated Resident #51 often did not receive his nutritional supplement stating he was provided the nutritional supplement maybe one or two times weekly.</p> <p>Interview on 03/04/20 at 12:16 P.M. with Licensed Practical Nurse (LPN) #390 verified the nursing staff did not provided Resident #51 his nutritional supplement, and stated Resident #51's Magic Cup nutritional supplement came from the dietary department.</p> <p>Interview on 03/04/20 at 3:20 P.M. with Dietary Technician #800 verified Resident #51's nutritional supplement was to be supplied by the dietary department, and verified Resident #51 had no significant weight loss over the last several months.</p> <p>Review of a facility policy titled "Food and Nutrition Services," revised October 2017, revealed meals and/or nutritional supplements will be provided within 45 minutes of either resident request or scheduled meal time, and in accordance with resident's medication requirements.</p>	F 0692		

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F 0760 F 0760 SS=D	<p>Continued From page 12</p> <p>483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This STANDARD is not met as evidenced by: Based on medical record review, staff interview, and review of facility policy, the facility failed to ensure insulin was held per physician's orders. This affected one (#53) of 20 residents who receive insulin. The facility census was 69.</p> <p>Findings include:</p> <p>Review of Resident #53's medical record revealed an admission date of 11/22/13. Diagnoses included chronic obstructive pulmonary disease, difficulty walking, anxiety, edema, chronic kidney disease, depressive disorder, heart failure, hypertension, diabetes, and dementia without behavioral disturbance.</p> <p>Review of Resident #53's monthly physician orders dated February 2020 revealed an order for Levemir insulin 42 units subcutaneously in the morning. Hold if blood sugar is less than 110.</p> <p>Review of Resident #53's Medication Administration Record (MAR) dated February 2020 revealed on 02/07/20 the resident's blood sugar was 91 and insulin was administered. Again on 02/10/20 the</p>	F 0760 F 0760	<p>The audit will include all residents receiving insulin.</p> <p>Resident #53 did not have any negative effects from this practice.</p> <p>No other residents were affected by this practice.</p> <p>The DON or designee will in-service the nursing staff on the importance of following the facility policy for physician orders related to the administration of insulin when parameters for administration are present.</p> <p>The DON or designee will complete an audit three times a week for four weeks on five residents per week with physician ordered insulin.</p> <p>The results of the audit will be reviewed monthly at the facility QAPI committee meeting for compliance for three months and quarterly thereafter.</p> <p>This resident is the only resident with long acting insulin with parameters. Education will be completed on 4/8/20. Physician's CNP notified day surveyor noted.</p>	04/20/2020

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F 0760	<p>Continued From page 13</p> <p>resident's blood sugar was 78 and insulin was administered.</p> <p>Interview on 03/05/20 at 11:19 A.M., the Director of Nursing (DON) verified Resident #53 had received insulin on 02/07/20 and 02/10/20. DON verified the insulin should have been held due to the resident's blood sugars were less than 110.</p> <p>Review of facility policy titled "Administering Medications," dated December 2012, revealed medications must be administered in accordance with the orders.</p>	F 0760		
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F 0800 F 0800 SS=E	Continued From page 14  483.60 Provided Diet Meets Needs of Each Resident §483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. This STANDARD is not met as evidenced by:  Based on observation, review of the dietary spreadsheet, and staff interview, the facility failed to provide proper food portions for mechanically altered diets. This affected eight residents (#12, #18, #36, #37, #48, #60, 362, #369) who receive a mechanical soft diet. The facility census was 69.  Findings include:  Review of the dietary spreadsheet for dinner on 03/04/20 or the mechanical soft diets revealed the protein to be offered was three ounces of corned beef.  Observation on 03/04/20 at 4:57 P.M. revealed dietary staff to be using a size 16 scoop, or two ounce portion, for the mechanical soft corned beef.  Interview on 03/04/20 at 5:00 P.M. with Kitchen Manager #450 verified a two ounce scoop size was used for the mechanical soft corned beef.	F 0800 F 0800	Resident #12, #18, #36, #37, #48, #60, #362 & #369 did not have any negative effects from this practice.  No other residents were affected by this practice.  The DON or designee provided the dietary supervisor and dietary staff with an in-service on following menus and portion size related to scoop size.  The dietary supervisor will perform an audit three times a week for four weeks on five residents per week with mechanical soft diet orders to ensure scoop size matches the menu recommendation for portions.  The audit will be reviewed monthly at the facility QAPI committee meeting for compliance for three months and quarterly thereafter.  Education will be complete 4/8/20	04/20/2020

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F 0800	Continued From page 15	F 0800		
F 0808 SS=D	<p>The facility identified eight residents (#12, #18, #36, #37, #48, #60, 362, and #369) who receive a mechanical soft diet.</p> <p>483.60(e)(1)(2) Therapeutic Diet Prescribed by Physician §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.</p> <p>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This STANDARD is not met as evidenced by:</p> <p>Based on observation, staff interview, medical record review, review of a facility menu, and review of a facility policy, the facility failed to provide therapeutic diets as ordered by the physician. This affected one (#51) of three residents reviewed for nutrition. The facility identified four residents with physician orders for high protein renal diets. The census was 69.</p> <p>Findings include:</p> <p>Review of Resident #51's medical record revealed an admission date of 07/15/19. Diagnoses included end stage renal disease, hypertension, major depression,</p>	F 0808	<p>The initial audit was completed on 4/9/2020.</p> <p>Resident #51 did not have any negative effects from this practice.</p> <p>No other residents were affected by the practice.</p> <p>The DON will conduct an audit to confirm residents with physician orders for high protein renal diets.</p> <p>The DON or designee will in-service dietary staff on high protein renal diets and the need for additional protein to meet the needs of the residents.</p> <p>The DON or designee will complete an audit three times a week for four weeks on residents who have physician ordered high protein renal diets to ensure meals are served according to physician orders and facility policy.</p> <p>The audit will be reviewed monthly at the facility QAPI committee for compliance for three months and quarterly thereafter.</p> <p>Audit will be complete on 5/1/20 Education will be complete on 4/8/20</p>	04/20/2020



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F 0808	<p>Continued From page 16</p> <p>dementia without behavioral disturbances, chronic obstructive pulmonary disease, anemia, and neuromuscular dysfunction of the bladder.</p> <p>Review of the most recently completed Minimum Data Set (MDS) dated 02/14/20 revealed Resident #51 has severely impaired cognition and was prescribed a therapeutic diet with no nutritional concerns assessed.</p> <p>Review of a physician order dated 10/21/19 revealed Resident #51 was ordered a high protein renal diet with regular texture.</p> <p>Review of a nutritional care plan dated 01/23/20 revealed an intervention to provide and serve Resident #51 his diet as ordered.</p> <p>Review of the most recent dietary assessment dated 02/18/20 revealed Resident #51 received a high protein renal diet which included double protein at each meal.</p> <p>Review of a facility menu for 03/02/20 revealed the scheduled meal was chicken paprika, penne pasta, peas and carrots, dinner roll, and rice pudding.</p> <p>Observation on 03/02/20 at approximately 12:15 P.M. revealed Resident #51 sitting in his room awaiting his lunch. Resident #51 received his lunch tray from a State Tested</p>	F 0808		

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F 0808	<p>Continued From page 17</p> <p>Nurse Aide (STNA) who remained in the room to assist Resident #51 with eating. Observation of Resident #51's meal tray revealed a single chicken breast with a yellow gravy with paprika and no additional protein source on the meal tray.</p> <p>Review of a facility menu for 03/04/20 revealed the scheduled meal was potato crushed fish, seasoned rice, California blend vegetables, and tropical fruit.</p> <p>Observation on 03/04/20 at 12:06 P.M. revealed Resident #51 was once again served his lunch meal in his room by STNA #440 who remained in the room to assist him with eating. Observation of Resident #51's meal tray revealed a single piece of breaded fish, rice, California blend vegetables, and diced peaches and pears. There were no additional protein sources on Resident #51's meal tray.</p> <p>Interview on 03/04/20 at 12:06 P.M. with STNA #440 stated she assisted Resident #51 with all of his meals when she worked and confirmed he did not receive a double protein with lunch on 03/02/20 or 03/04/20.</p> <p>Interview on 03/04/20 at 3:20 P.M., Dietary Technician (DT) #800 stated residents on a high protein renal diet should be given a double portion of the meat or protein source for each meal. DT #800 verified Resident #51 was ordered a high protein renal diet and should have been provided a</p>	F 0808		
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F 0808	Continued From page 18  double portion of chicken with lunch on 03/02/20 and a double portion of fish on 03/04/20 in addition to his ordered nutritional supplement for additional protein.  Review of a facility policy titled "Food and Nutrition Services," revised October 2017, revealed each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident.	F 0808		

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F 0812 F 0812 SS=F	Continued From page 19 483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -  §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.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This STANDARD is not met as evidenced by:  Based on observation, staff interview, and facility policy review, the facility failed to ensure dietary staff serving food change gloves between tasks when plating meals. This had the potential to affect all 67 residents who receive food from the kitchen. The facility identified all residents, with the exception of Resident	F 0812 F 0812	The dietary department was provided in-service education completed on 4/8/2020.  There were no adverse effects to any resident related to this practice.  The DON or designee will in-service dietary staff on the policy and procedure to ensure the prevention of foodborne illness and food handling.  The DON or designee will audit the meal service three times a week for weeks to ensure safe food handling practices are followed to prevent foodborne illnesses.  The audit will be reviewed monthly at the facility QAPI committee for compliance for three months and quarterly thereafter.  Education will be complete on 4/8/20	04/20/2020

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F 0812	<p>Continued From page 20</p> <p>#13 and #271, to receive food from the kitchen. The facility census was 69.</p> <p>Findings include:</p> <p>Observation on 03/04/20 at 4:56 P.M. revealed Cook #430 wore disposable gloves while serving the dinner meal. Cook #430 placed the gloved right hand into an oven mitt, took food out of the oven, removed oven mitt with right hand, and kept the disposable gloves on. Cook #430 picked up a hamburger bun with the gloved right hand. Cook #430 touched the drawer handle to get a spatula and immediately afterwards picked up two cheese slices with the gloved hand. At no time during this observation did Cook #430 wash hands and put on new gloves.</p> <p>Interview on 03/04/20 at 5:01 P.M. with Cook #430 verified he/she did not hand wash or changed disposable gloves between placing gloved hand in oven mitt, opening a drawer, and touching hamburger buns and cheese.</p> <p>Review of the facility policy titled "Preventing Foodborne Illness-Food Handling," revised July 2014, verified food will be stored, prepared, handled, and served so that the risk of foodborne illness is minimized.</p> <p>The facility identified Resident #13 and Resident #271 to receive no food from the</p>	F 0812		
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F 0812	Continued From page 21 kitchen.	F 0812		
F 0880 SS=E	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other</p>	F 0880	<p>The initial audit/identification was completed on 4/9/2020</p> <p>There were no adverse effects for residents #16, #5, #22, #36, #47 related to these practices.</p> <p>No other residents were affected by the practices noted in this citation.</p> <p>The DON or designee will identify all residents with physician ordered transmission-based precautions.</p> <p>The DON or designee will in-service nurses and STNA's on the policy and procedures related to transmission-based precautions and proper storage of urine collections devices.</p> <p>The DON or designee will complete an audit of all identified residents with physician ordered transmission-based precautions three times a week for four weeks to ensure policy and procedures are followed to protect from the spread of illness.</p> <p>The audit will be reviewed monthly at the facility QAPI committee for compliance for three months and quarterly thereafter.</p> <p>Audit will be completed on 5/1/20 Education will be completed on 4/8/20</p>	04/20/2020

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F 0880	<p>Continued From page 22</p> <p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</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.</p>	F 0880		

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F 0880	<p>Continued From page 23</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on medical record review, observation, and staff interview, the facility failed to follow physician ordered isolation precautions for one (#16) of two residents reviewed for transmission-based precautions. The facility identified two residents with orders for transmission-based precaution. In addition, the facility failed to properly store a urine collection device in the bathroom shared by four residents (#5, #22, #36, #47). The facility census was 69.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #16 revealed an admission date of 12/03/09. Diagnoses included major depressive disorder; chronic obstructive pulmonary disease (COPD); benign prostatic hyperplasia without lower urinary tract symptoms; rheumatoid arthritis; obstructive and reflux uropathy, unspecified; and atherosclerotic heart disease.</p> <p>Review of a lab report dated 02/17/20 for Resident #16 revealed a white blood cell count (WBC) of 1.8. The lab report indicated a normal reference range for WBC to be between 4.00 to 11.00.</p>	F 0880		



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F 0880	<p>Continued From page 24</p> <p>Review of physician orders dated 02/18/20 for Resident #16 revealed isolation precautions were ordered to protect the resident due to low white blood cell count.</p> <p>Review of the care plan, dated 03/01/20, for Resident #16 revealed the resident had impaired immunity related to low WBC and was on reverse isolation. Interventions in the care plan indicated Resident #16 was at risk for contracting infections due to impaired immune status and to keep the environment clean and people with infections away.</p> <p>Observation on 03/02/20 at 9:56 A.M. revealed a cart containing personal protective equipment (PPE) outside of Resident #16's room. Signage was located on the door frame instructing visitors to the room to check with nursing staff prior to entering the room.</p> <p>Interview on 03/02/20 at 9:57 A.M., Licensed Practical Nurse (LPN) #300 revealed Resident #16 was on transmission-based precautions due to extremely low white blood cell counts, placing him at risk for infection. She stated staff were instructed to wear PPE, including gloves, gowns, and masks when entering the resident's room.</p> <p>Observation on 03/02/20 at 3:00 P.M. revealed State Tested Nurse Aide (STNA)</p>	F 0880		

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F 0880	<p>Continued From page 25</p> <p>#400 entered Resident #16's room. STNA #400 did not don PPE prior to entering Resident #16's room.</p> <p>Interview on 03/02/20 at 3:03 P.M., STNA #400 confirmed she entered Resident #16's room without PPE. She stated she did not need to wear it because she was not touching the resident's urine. STNA #400 stated staff are made aware of transmission-based precautions by the nurse during shift change and she was unaware she should have worn PPE when entering the resident's room.</p> <p>Interview on 03/04/20 at 8:05 A.M., Registered Nurse (RN) #350 revealed when a resident was placed on transmission-based precautions, a cart with the needed PPE was placed outside of the resident's room. A sign was also placed on the door. The nurse who received the physician order to implement transmission-based precautions was responsible for writing what PPE is required before entering the room on the back of the sign, prior to placing the sign on the door.</p> <p>Observation on 03/04/20 at 12:08 PM of the transmission-based precautions signage placed on the door frame for Resident #16 revealed gown, gloves, and face mask should be worn.</p> <p>2. Review of Resident #22's medical record</p>	F 0880		

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F 0880	<p>Continued From page 26</p> <p>revealed an admission date of 07/16/14. Diagnoses included hypertension, diabetes, neuromuscular dysfunction of bladder, anxiety disorder, kidney failure, depressive disorder, suicidal ideations, and heart failure.</p> <p>Observation on 03/03/20 at 1:45 P.M. of Resident #22's bathroom revealed a urinary collection device, used for emptying the resident's catheter bag sitting on the back of the toilet. The urine collection device was sitting on the toilet uncovered and without a barrier on the bottom of the container. Resident #22 shared this bathroom with three additional residents (#5, #36, #47).</p> <p>Interview on 03/03/20 at 1:47 P.M. with Director of Nursing (DON) verified the Resident #22's urine collection device was improperly stored. DON stated the urine collection device should be placed in a bag or in a bedside stand.</p>	F 0880		
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