

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

PRINTED: 08/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/10/2020
NAME OF PROVIDER OR SUPPLIER THE CITADEL AT WINSTON SALEM			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 W 1ST STREET WINSTON-SALEM, NC 27104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 000	An unannounced COVID19 focused survey was conducted on 6/29/20 through 7/10/20. The facility was found in compliance with CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# XEEN11 INITIAL COMMENTS	F 000			
F 584 SS=E	The survey team entered the facility on 06/29/20 to conduct an on-site complaint investigation, focused infection control and revisit survey and exited on 07/02/20. Additional information was obtained on 07/06/20 through 07/10/20. Therefore, the exit date was changed to 07/10/20. Tags F 0561 and F 0623 were corrected as of 07/10/20. Repeat tag F 880 was cited as a result of the complaint investigation survey that was conducted at the same time as the revisit. The facility is still out of compliance. 16 of 72 complaint allegations were substantiated. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can	F 584		8/28/20	

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

TITLE

(X6) DATE

Electronically Signed

07/31/2020

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 584	<p>Continued From page 1</p> <p>receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, and staff interviews the facility failed to (1) maintain flooring, furniture (bedside cabinets/dresser cabinets), elevators, heating and air-conditioning units, and shower rooms in good repair. (2) The facility failed to maintain the 5th floor linen closet and handrails throughout the 5th floor in a clean manner. (3) the facility failed to maintain clean resident room floors and bathroom floors. This was evident in 3 of 4 resident care units. (Unit 500, Unit 400 and</p>	F 584	<p>F 584 Safe/Clean/Comfortable/Homelike Environment " Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Elevator number 1, and 2 tracks were cleaned on 07/09/2020 the holes in the cove base repaired on 07/22/2020 peeling</p>		

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F 584	Continued From page 2 Unit 300) Findings included: 1. Observations during the survey revealed the following housekeeping and maintenance issues: a. Observation on 6/29/20 at 1:25 PM revealed the corner of the floor behind Room 506 A bed had a built up and accumulation of a dark brown colored substance. Observation on 6/30/20 at 9:22 AM of room 506 revealed no change. b. Observation on 6/29/20 at 1:30 PM revealed the bathroom floor tiles in Room #507 had an accumulation of a dried brown colored substance. c. Observation on 6/29/20 at 1:50 PM in Room 518 revealed 3 floor tiles had red colored dried stains. The floor tiles under the bed had rust colored stains. The toilet seat had brown colored stains. The corners of the floor tiles on entrance to the bathroom had a dried brown colored substance. Observation on 6/30/20 at 9:12 AM and 1:45 PM revealed no change in the observations of the floor. d. Observation on 6/30/20 at 9:17 AM revealed the bathroom floor corners in Room #505 an accumulation of a brown colored substance. Observation on 7/1/20 at 10:00 am revealed no change in Room #505. e. Observation on 6/29/20 at 1:17 PM revealed in Room #503- A bed a broken and missing dresser drawer. Attempted interview with the resident was unsuccessful. Observation on 6/30/20 starting at 9:15 AM revealed no changes in room 503-A. f. Observation on 6/29/20 at 1:20 PM in room 504 revealed broken and missing dresser drawers. Observation on 6/30/20 starting at 9:15 AM	F 584	paint upon entrance to elevators removed on 07/22/2020 and repainted by Maintenance Director on 7-24-20 Elevator number 1 and 2 floor was replaced on 7-17-20 by Maintenance Director . Based on observations, and staff interviews the facility failed to maintain flooring, furniture (bedside cabinets/dresser cabinets), elevators, heating and air-conditioning units, and shower rooms in good repair. (2) The facility failed to maintain the 5th floor linen closet and handrails throughout the 5th floor in a clean manner. (3) the facility failed to maintain clean resident room floors and bathroom floors. This was evident in 3 of 4 resident care units. (Unit 500, Unit 400 and Unit 300) Observation on 6/29/20 at 1:17 PM revealed in Room #503- A bed a broken and missing dresser drawer.The bed was repaired and the dresser drawers were repaired and placed back in the dresser by Maintenance Director on 7-24-20. Observation on 6/29/20 at 1:20 PM in room 504 revealed broken and missing dresser drawers. The dresser drawers were repaired and placed back in the dresser by Maintenance Director on 7-24-20. Observation on 6/29/20 at 1:30 PM revealed in room #517 had 2 missing and broken dresser drawers. The parts of the		

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F 584	Continued From page 3 revealed no changes in room 504 g. Observation on 6/29/20 at 1:30 PM revealed in room #517 had 2 missing and broken dresser drawers. The parts of the dresser drawers were noted on the floor positioned under hanging clothes. Interview with Resident #34 during the observation on 6/29/20 at 1:32 PM stated he was transferred to this room (unsure of the exact date) and he recalled the dresser drawers were broken at that time. Observation on 6/30/20 at starting at 9:15 AM revealed no changes in room 517. h. Observation on 6/29/20 at 1:44 PM of the 5th floor dining room revealed the corners of the floor tiles on entrance into the dining room had an accumulation of a dark brown colored substance. The white colored floor cove molding had numerous chipped areas throughout. Two (2) of the 2 front panels of the heating and air conditioning unit (HAVC) front panels were cracked and partially detached from the wall. There was an accumulation of brown colored particles like dirt and dust were noted in the crevices of the control panel. The wall had a panel behind this that was warped and partially detached from the wall. i. Observation on 6/30/20 starting at 9:05 AM of the 3rd floor dining room revealed 2 (two) HAVC units. One HAVC unit had a front panel partially detached. The door to the panel was detached and laying on the window edge. The filter had an accumulation of gray and white colored substance like dust. Observation on 6/30/20 starting at 9:05 AM of the 3rd floor dining room revealed the second unit was partially detached from the wall. The HAVC filter had an accumulation of gray and white colored substance like dust. Interview on 6/30/20 at 3:35 PM with the maintenance manager stated the filters were due	F 584	dresser drawers were noted on the floor positioned under hanging clothes. The dresser drawers were repaired and placed back in the dresser by Maintenance Director on 7-24-20. Observation on 6/29/20 at 1:17 PM revealed in Room #503- A bed a broken and missing dresser drawer. The bed was repaired and the dresser drawers were repaired and placed back in the dresser by Maintenance Director on 7-24-20. Observation on 6/30/20 at 9:17 AM revealed a broken toilet paper holder in the bathroom of Room 505. The toilet paper holder was replaced on 7-24-20 by Maintenance Director on 7-24-20 Observation on 6/29/20 at 1:25 PM revealed the corner of the floor behind Room 506 A bed had a built up and accumulation of a dark brown colored substance. the floor in room 506A has been stripped and waxed by enviromental services on 7-27-20 Observation on 6/29/20 at 1:30 PM revealed the bathroom floor tiles in Room #507 had an accumulation of a dried brown colored substance. the bathroom floor in room 507 has been stripped and waxed by enviromental services on 7-27-20 Observation on 6/29/20 at 1:50 PM in Room 518 revealed 3 floor tiles had red		

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F 584	Continued From page 4 to be cleaned. j. Observation on 6/29/20 starting at 1:05 PM revealed the facility had 2 separate elevators. There were chipped and missing floor tiles in the service elevator. The tracks of the service elevator had an accumulation of dark brown particles. Observation on 6/30/20 at 12:27 PM revealed no change in the status of the elevator or elevator tracks. k. Observation on 6/29/20 starting at 1:05 PM revealed the elevator tracks of the second elevator had an accumulation of a dark brown substance along with an empty candy wrapper. The corners of the second elevator floor had an accumulation of a dried brown colored substance. Observation on 6/30/20 at 12:27 PM revealed no change in the status of the elevator or elevator tracks. Interview on 7/1/20 on 10:46 AM with floor technician stated he was responsible for the elevators being clean every day and was unsure why the tracks had an accumulation of trash and dirt. l. Observation on 6/30/20 at 9:17 AM revealed a broken toilet paper holder in the bathroom of Room 505. The floor corners in the bathroom had an accumulation of a brown colored substance. Observation on 7/1/20 at 10:00 am revealed no change in Room #505. m. Observations on 6/29/20 starting at 2:20 PM throughout the 5th floor revealed the space in between the wall and the handrails had paper and an accumulation of dust and dirt in the corners. Observation on 7/1/20 at 10:30 am revealed no change. n. Observation on 6/29/20 at 1:27 PM revealed the bathroom sink water faucet knobs in Room	F 584	colored dried stains. the floor in room 518 has been stripped and waxed by enviromental services on 7-27-20 The floor tiles under the bed had rust colored stains.the floor in room 505 has been stripped and waxed by enviromental services on 7-27-20. The toilet seat had brown colored stains.The toilet seat was cleaned and sanitized by enviromental services on 7-27-20. The corners of the floor tiles on entrance to the bathroom had a dried brown colored substance. the floor in room 505 has been stripped and waxed by enviromental services on 7-27-20 Observation on 6/30/20 at 9:17 AM revealed the bathroom floor corners in Room #505 an accumulation of a brown colored substance.the floor in room 505 has been stripped and waxed by enviromental services on 7-27-20. Observation on 6/29/20 at 1:44 PM of the 5th floor dining room revealed the corners of the floor tiles on entrance into the dining room had an accumulation of a dark brown colored substance. The white colored floor cove molding had numerous chipped areas throughout. The molding was cleaned and repainted on 7-24-20 by the Maintenance Two (2) of the 2 front panels of the heating and air conditioning unit (HAVC) front panels were cracked and partially detached from		

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F 584	<p>Continued From page 5</p> <p>#506 were in a turn off position but continued to drip.</p> <p>Observation on 6/30/20 at 9:30 AM revealed no change.</p> <p>o. Observation on 7/1/20 at 12:35 PM of the 4th floor bathing/shower room revealed water leaked from the pipes under the sink. A gray basin was noted under the sink which collected the water. The vent had an accumulation of dust and dirt in the vent grate. The toilet seat had a yellow colored stained.</p> <p>p. Observation on 6/29/20 at 1:50 PM in Room 518 the toilet seat had brown colored stains. Observation of Room #518 on 6/30/20 at 9:12 AM and 1:45 PM revealed the toilet seat continued with a brown colored stain and red colored smears were noted.</p> <p>q. Observation on 6/29/20 at 1:56 PM of the 5th floor linen closet revealed multiple floor tiles had dried areas of a brown colored substance similar to dirt. The corners of the floor had an accumulation of a brown colored substance. A purple colored disposable glove was on the floor. On the floor behind the linen cart was a cloth brief, wash cloths and an unwrapped white colored unwrapped rolled gauze covered with dust.</p> <p>An interview on 6/29/20 at 2:00 PM with House Keeper (HK) #20 stated she was not sure who was responsible for cleaning the linen closet.</p> <p>Observation on 6/30/20 at 9:02 AM revealed no change in the 5th floor linen closet.</p> <p>r. Observation of 6/30/20 at 12:30 PM of the mechanical lift located on the 5th floor was conducted. The handle bar of the lift was covered with a blue colored sponge like material. This covering had an accumulation of a black colored substance. When touched part of the substance fell off.</p>	F 584	<p>the wall. There was an accumulation of brown colored particles like dirt and dust were noted in the crevices of the control panel. The wall had a panel behind this that was warped and partially detached from the wall. The Maintenance director cleaned the Hvac units, repaired their panels and the wall behind the air conditioner was patched and painted, The maintenance director also reattached the units securely to the wall on 7-24-2020.</p> <p>The floor in room 506A has been stripped and waxed by enviromental services on 7-27-20</p> <p>Observation on 6/29/20 starting at 1:05 PM revealed the elevator tracks of the second elevator had an accumulation of a dark brown substance along with an empty candy wrapper, both of The elevator floors and tracks were cleaned on 7-3-2020 by enviromental services, they have since been put on a daily cleaning service schedule.</p> <p>Observations on 6/29/20 starting at 2:20 PM throughout the 5th floor revealed the space in between the wall and the handrails had paper and an accumulation of dust and dirt in the corners. The enviromental services regional did an inservice with the housekeeping staff to ensure they are including the hand rails and the area between the wall and the handrails in their daily cleaning schedule on The cleaning of all handrails was completed on 7-3-20 by enviromental services and daily from that date.</p>		

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F 584	<p>Continued From page 6</p> <p>Interview on 7/1/20 at 10:57 AM with the Housekeeping manager (HK manager) stated there was no routine schedule for cleaning the lift.</p> <p>s. Observation of 6/30/20 at 12:40 PM of the base of the stand used to store the blood pressure equipment had an accumulation of black colored particles like dirt.</p> <p>t. Observation on 6/29/20 at 1:15 PM revealed the blue colored mattress on bed B in Room #503 had turned a gray color, bottomed out and sagged in the middle.</p> <p>Interview on 6/29/20 at 2:22 PM with HK manager stated the daily routine for the housekeepers included the cleaning of the linen room. We were short of staff for a while, but I have hired enough staff as of last week (referring to week of 6/22/20).</p> <p>Interview on 6/30/20 at 12:50 PM with 3 corporate representatives and the administrator via phone was conducted. The administrator stated the contracted housekeeping company had not followed up on identified housekeeping problems and action plan and she always expected the facility to be clean and sanitary.</p> <p>Interview on 6/30/20 at 3:35 PM with the HK manager, 2 corporate representatives, maintenance director and the housekeeping corporate representative was held. The HK manager stated the facility had many resident room transfers and was unable to keep up with the routine HK work. The maintenance director stated he had not received any work orders for the identified concerns.</p>	F 584	<p>Observation on 6/29/20 at 1:27 PM revealed the bathroom sink water faucet knobs in Room #506 were in a turn off position but continued to drip. The water faucet knobs were repaired by the maintenance director on 7-24-20.</p> <p>Observation on 7/1/20 at 12:35 PM of the 4th floor bathing/shower room revealed water leaked from the pipes under the sink. A gray basin was noted under the sink which collected the water. The leaky pipe was repaired and the grey basin was removed by the maintenance director, on 7-14-20.</p> <p>The vent and the toilet seat were both cleaned by enviromental services had on 7-14-20.</p> <p>Observation on 6/29/20 at 1:50 PM in Room 518 the toilet seat had brown colored stains. The toilet seat was cleaned and disinfected by enviromental services on 7-27-2020.</p> <p>Observation on 6/29/20 at 1:56 PM of the 5th floor linen closet revealed multiple floor tiles had dried areas of a brown colored substance similar to dirt. The corners of the floor had an accumulation of a brown colored substance. A purple colored disposable glove was on the floor. On the floor behind the linen cart was a cloth brief, wash cloths and an unwrapped</p>		

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F 584	Continued From page 7	F 584	<p>white colored unwrapped rolled gauze covered with dust. The enviromental services regional did an inservice with the housekeeping staff to ensure they are including the linen closets and the area between the wall and behind the linen cart in their daily cleaning schedule. The cleaning of all linen closets was completed on 7-27-20 by enviromental services and daily from that date.</p> <p>Observation of 6/30/20 at 12:30 PM of the mechanical lift located on the 5th floor was conducted. The handlebar of the lift was covered with a blue colored sponge like material. This covering had an accumulation of a black colored substance. When touched part of the substance fell off. The lift was cleaned and disinfected by enviromental services on 7-24-2020.</p> <p>Observation of 6/30/20 at 12:40 PM of the base of the stand used to store the blood pressure equipment had an accumulation of black colored particles like dirt. The blood pressure equipment stand was cleaned and disinfected by enviromental services on 7-24-2020.</p> <p>Observation on 6/29/20 at 1:15 PM revealed the blue colored mattress on bed B in Room #503 had turned a gray color, bottomed out and sagged in the middle. The mattress was discarded and replaced by the maintenance director on</p>		

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F 584	Continued From page 8	F 584	<p>6-29-20.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>1. A 100% audit of current resident rooms and common areas was completed by the Administrator on 07/22/2020 . Any areas of concern were placed in the work order book for the Maintenance team or housekeeping team to address timely.The administrator and maintenance director desighned a weekly schedule for each floor to include each room for inspection and repairs done monthly along with daily routine maintenance and work orders.</p> <p>" The monitoring processes and systemic changes to ensure plan of correction is effective</p> <p>1.The Maintenance Director and Maintenance Assistants were educated by the administrator on 07/27/2020 about the importance of Maintenance services to maintain a sanitary, orderly, and comfortable interior.</p> <p>The Housekeeping supervisor was re-educated by the district housekeeping supervisor on 07/27/20 about the expectation of daily cleaning and deep cleaning task.The housekeeping staff were inserviced on infection control, handwashing, and donning and doffing ppe correctly,they were also inserviced on when and how to write a work order,</p>		

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F 584	Continued From page 9	F 584	<p>Current facility staff will be educated by 07/27/2020 on the importance of writing work orders in the maintenance books daily for Maintenance to address each day any safety concerns or needed repairs.</p> <p>The monitoring processes and systemic changes to ensure plan of correction is effective.</p> <p>" Indicate how the facility plans to monitor its performance to make sure that solutions are sustained</p> <ol style="list-style-type: none"> 1. A Facility Environmental Rounds Tool was implemented on 7-28-20 and will be used by the assigned department heads to include maintenance director, nursing managers, housekeeping supervisor and activity personal to monitor resident rooms in addition to hallways and dining rooms, linen closets, storage areas to ensure all areas of the facility especially resident rooms and hallways are kept clean along with completing repairs timely. These rounds will be completed 5 times a week for 12 weeks, then once weekly for 6 months 2. The director of nursing will visually inspect feeding pumps, lv pumps and stands on 7-28-20 and then weekly x 12 weeks to ensure equipment is cleaned and shows no visible debris. 3. Deep cleaning schedules were created by the Enviromental services director in conjunction with The Facility administrator and Director of Nursing on 7-28-20. The process will eliminate rooms being 		

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NAME OF PROVIDER OR SUPPLIER THE CITADEL AT WINSTON SALEM			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 W 1ST STREET WINSTON-SALEM, NC 27104		
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F 584	Continued From page 10	F 584	<p>left off the monthly deep clean schedule. The schedule will be a uniformed rotation through out the building.</p> <p>The new schedule starts 8-1-20 to ensure all Second floor rooms are deep cleaned the first week in august, the Third floor rooms will be done the second week in august, the fourth floor will be done on the third week in August and the fifth floor will be the last week of the month, and will rotate each month. All patient rooms, common areas, linen cosets are included in the weekly deep cleaning schedule for their floors, all rooms will be deep cleaned and repairs completed by 08/28/2020. Environmental services has replaced the enviromental supervisor and added an additional supervisor and second shift enviromental staff.</p> <p>Schedules were created by the Maintenance director in conjunction with The Facility administrator and Director of Nursing on 7-28-20.</p> <p>The process will eliminate room repairs not being addressed by workorders, The inspection and repair schedule will be a uniformed rotation through out the building.</p> <p>The new schedule starts 8-1-20 to ensure all fifth floor rooms are inspected and repaired the first week in august, the fourth floor rooms will be done the second week in august, the third floor will be done on the third week in August and the second floor will be the last week of the month, and will rotate each month. All patient rooms, common areas, linen cosets are included</p>		

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F 584	Continued From page 11	F 584	in the weekly schedule for their floors.All patient rooms and common areas will be completed 08/28/2020.		
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to accurately code significant weight gain on the minimum data set (MDS) assessment for 1 of 3 residents reviewed for nutrition (Resident #17).</p> <p>Findings Included:</p> <p>Resident #17 was admitted to the facility on 5/6/20 and diagnoses included dementia, malignant neuroleptic syndrome and fracture of the right femur.</p>	F 641	<p>5. The administrator will audit and review the results weekly and present the results of the audit tools to the Monthly Quality Assurance Performance Committee monthly for 3 months and they will determine the need for recommendations or modification. The regional environmental services consultant will visit and round with the administrator and environmental services supervisor weekly x 6 weeks and then bi-monthly times 6 months to ensure that the facility remains clean.</p> <p>F 641 Accuracy of Assessments</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. residents #17 weigh was verified by admission documentation and weights to follow until discharge to hospital. The Documentation from our electronic documentation system ,the hospital admission weights do not reflect a</p>	8/7/20	

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F 641	<p>Continued From page 12</p> <p>Review of the weight record for Resident #17 revealed a weight was recorded on 5/13/20 at 11:31 am of 127.6 pounds (lbs.). An additional weight recorded on 5/13/20 at 11:53 am was 138.4 lbs. Both weights indicated a wheelchair scale had been used.</p> <p>An admission MDS assessment dated 5/14/20 for Resident #17 identified his weight was 138 pounds (lbs.), he had a significant weight gain and was not on a physician ' s prescribed weight gain plan during the look-back period.</p> <p>An interview on 7/2/20 at 9:45 am with the Registered Dietitian (RD) revealed she had coded Section K (swallowing / nutritional status section) of the admission MDS assessment for Resident # 17. The RD stated she had made an error when she coded the resident for a significant weight gain. She explained she used the weights of 127.6 lbs. and 138.4 lbs. but because these were obtained on the same day the resident had not had a significant weight gain for either a 1 month or 6-month period.</p> <p>An interview on 7/2/20 at 2:00 pm with MDS Nurse #1 revealed the admission MDS for Resident #17 on 5/14/20 should not have been coded for a significant weight gain. She stated the two weights that were available for the resident did not meet the RAI (resident assessment instrument) guidelines for coding significant weight gain. MDS Nurse #1 added she would need to correct this MDS.</p> <p>An interview on 7/9/20 at 1:56 pm with the Administrator revealed the facility had made an error when coding Section K of Resident #17 ' s</p>	F 641	<p>significant weight gain, The registered Dietian did an addendum to her progress note to reflect the correct weight, The Mds coordinator submitted a correction to reflect the correct weight.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice; The facility has put into place a 100 percent audit of all current residents to be done by nursing,the timeframe will be going back 90 days on each resident to identify any weight gains or weight losses that should have been coded as such.</p> <p>The most recently completed Minimum data set assesments for all current residents will be audited by comparing the 90 day weight audits to the last three minimum data set assesments for accuracy by the Director of nursing.The MDS Coordinators will make any needed Modifications and submit the corrections,audits and corections to be completed by 8-7-2020.</p> <p>2.MDS staff, will be re-educated by the Regional MDS consultant on 07/25/2020 regarding the importance of accurately coding the MDS, specifically, section H0100, H0300, G0110, G0120 and N0450</p> <p>" Measures/Systematic changes put in place to ensure that the deficient practice does not reoccur:</p> <p>1. Regional MDS consultant and MDS coordinators will audit section K of 5 Minimum data sets per week x 12 weeks</p>		

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F 641	Continued From page 13 admission MDS. She stated this would need to be corrected.	F 641	to ensure accuracy. After the 12 weeks the regional MDS consultant and MDS coordinators will review section K of random completed MDSs during visits to ensure the facility maintains compliance Indicate how the facility plans to monitor its performance to make sure that solutions are sustained 1. Data obtained during the audit process will be analyzed for patterns and trends and reported to Quality Assurance and Performance Improvement Committee by MDS coordinator monthly x 3 months. At that time, the Quality Assurance and Performance Improvement committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.		
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff and resident interviews the facility failed to honor the	F 806	Facility did not honor food preference of Resident #33 as a result of not obiding by	7/31/20	

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F 806	<p>Continued From page 14</p> <p>food preferences for 1 of 3 residents reviewed for food palatability (Resident # 33).</p> <p>Findings Included:</p> <p>Resident #33 was admitted to the facility on 5/13/19 and diagnoses included diabetes, heart failure, osteomyelitis, pain and schizophrenia.</p> <p>An annual minimum data set (MDS) dated 4/27/20 for Resident #33 identified her cognition was intact, she was on a mechanically altered diet, required extensive one-person assist with eating and had a significant weight loss during the look-back period.</p> <p>A care plan initiated 5/11/19 for Resident #33 stated she was at nutritional risk with a history of diabetes, psychotic disorder, possible altered nutritional status and significant weight loss. Interventions updated 6/20/20 included a low concentrated sweets, finger food diet with double portions.</p> <p>A care plan initiated 5/11/19 for Resident #33 stated she had an activity of daily living self-care deficit related to confusion. Interventions included the resident was able to feed herself with supervision and set-up help.</p> <p>Review of the most recent physician ' s order for Resident #33 identified her diet order was regular with puree texture and the order was dated 7/2/20.</p> <p>An observation of breakfast meal service on 6/30/20 at 9:15 am revealed Resident #33 ' s breakfast meal plate contained oatmeal, pureed eggs and pureed sausage. The meal ticket was</p>	F 806	<p>the resident's food card nor updating the food card with additional dislikes i.e., oatmeal. On 6/30/20, Resident #33 card was updated/ revised to include resident's likes and dislikes.</p> <p>By 7/24/20, Dietary Manager and/or Dietician will audit resident meal cards to assure most updated information reflects residents likes and dislikes. By 7/24/18, Dietary and Nursing staff will be educated to assure that resident meal cards are reviewed for accuracy with meal services by Dietary Manager and Director of Nursing.</p> <p>Newly hired staff members will also be educated to this process upon hire by Dietary Manager, Director of Nursing and or Staff Development Coordinator, education will be added to the new hire packets.</p> <p>III. On 7/24/20, Dietary Manager began randomly auditing (10) residents weekly x 3 months then monthly x 3 months to assure accuracy to likes and dislikes.</p> <p>VI. Dietary Manager, Dietician, and Administrator will be responsible for overall compliance. Data results will be reviewed and analyzed at the centers monthly QAPI meeting with a subsequent POC as needed.</p>		

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F 806	<p>Continued From page 15</p> <p>present on the meal tray and identified her diet as Finger Food, Double Portions, LCS (low concentrated sweets) and oatmeal was identified as a dislike. Nursing Assistant (NA) #1 was observed to bring Resident #33 her meal tray and prepare the resident to eat. NA #1 placed a spoon in the resident ' s hand to begin eating. The NA did not identify the resident had been served oatmeal which was listed as a dislike. Resident #33 was asked by this surveyor if she wanted to eat the oatmeal and she stated she didn ' t like oatmeal and would like to have 2 bowls of frosted flakes.</p> <p>An interview with NA #1 on 6/30/20 at 9:18 am revealed Resident #33 was able to feed herself after meal set-up and her diet had recently been changed to finger foods to help the resident eat more foods on her own. She stated she wasn ' t sure if the resident liked oatmeal and hadn ' t noticed the resident was served the oatmeal for breakfast. NA #1 added she would get the resident a different cereal.</p> <p>An interview on 7/2/20 at 11:19 am with the Dietary Manager (DM) revealed she had been out of the facility from 6/13/20 through 6/30/20. She explained during her absence if a resident ' s diet order was changed the kitchen staff would have handwritten the new diet order on the paper copies of the resident ' s meal tickets. The DM stated Resident #33 ' s current diet order was Finger Food, Double Portions, LCS. She added the resident ' s meal ticket identified oatmeal as a dislike.</p> <p>A follow-up interview on 7/2/20 at 1:15 pm with the DM revealed she had found that Resident #33 ' s diet had been changed to LCS, puree texture</p>	F 806			

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F 806	Continued From page 16 with double portions on 6/25/20 and changed again on 7/2/20 to regular with puree texture. She explained the kitchen staff received the diet order change and had started sending her a puree textured diet but had not changed her meal ticket. The DM stated the resident should not have received the oatmeal because it was identified as a dislike. An interview on 7/7/20 at 1:56 pm with the Administrator revealed she expected resident ' s food preferences to be honored. She stated the resident should have been offered an alternate food item.	F 806			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §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 REQUIREMENT is not met as evidenced by:	F 812		8/7/20	

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F 812	<p>Continued From page 17</p> <p>Based on observation and staff interviews the facility failed to maintain clean nourishment rooms, label and date food items when opened, place a thermometer in the refrigerator and discard outdated foods in the walk in cooler and 2 of 2 nourishment rooms (5th and 3rd floor). The findings included:</p> <p>1.a. An observation of the walk-in cooler on 6/30/20 at 8:25 am revealed two (2) 5-pound containers of cottage cheese had an expiration date of 6/22/20. An interview with Cook #1 revealed the cottage cheese should have been discarded prior to the expiration date. An interview with the Dietary Manager (DM) on 7/2/20 revealed she had been out of the facility from 6/13/20 through 6/30/20. She stated when she returned to work on 6/30/20 she found the expired cottage cheese and discarded it. The DM added the dietary staff should have discarded the cottage cheese by 6/22/20.</p> <p>2. a. Observation on 6/30/20 at 9:20 AM of the 5th floor nourishment room revealed:</p> <ol style="list-style-type: none"> 1. Two (2) open cartons of milk were not dated. 2. A 4-ounce container of yogurt had an expiration date of 6/27/20. 3. a. The floor space between the wall and the ice-machine had an accumulation of a dark substance in the corners and along the wall. There was a lunch box, plastic disposable glove, brown paper towels, and a piece of paper laying on the floor mixed with a dust like substance. b. The floor space between the ice-machine and refrigerator had a disposable glove and 6 floor tiles with a red-brown colored stain like rust. 4. The refrigerator portion did not have a thermometer. 5. a. The back panel of the freezer was stained with a red substance. 	F 812	<p>F812-Food Procurement</p> <p>1)The undated ,non labeled food stored in the nutrition room on the third floor in the refrigerator was discarded 7/1/20.</p> <p>2)A new thermometer was placed in the refrigerator in the nutrition room and the temperature readings were consistent at 38 degrees for a period of 72 hours, daily temperature monitoring will be ongoing by nursing and maintenance.</p> <p>1)The undated ,non labeled food stored in the nutrition room on the fifth floor in the refrigerator was discarded 6/30/20.</p> <p>2)A new thermometer was placed in the refrigerator in the nutrition room and the temperature readings were consistent at 38 degrees for a period of 72 hours, daily temperature monitoring will be ongoing by nursing and maintenance.</p> <p>On 6-30-2020 the Dietary Staff audited all foods stored in the walk in cooler, the freezer and the dry storage area to ensure all foods were with in their expiration dates,dietary staff were in Serviced on procedures for checking dates,labeling food when opened,and when to discard foods.The dietary staff were also inserviced on cleaning spills and stains on the inside of the refridgerators daily, housekeeping was inserviced on cleaning the out side of the refridgorators when they clean the nutrition rooms.</p> <p>The dietary staff,housekeeping staff and nursing staff were also inserviced on</p>		

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F 812	Continued From page 18 b. The outside front of the refrigerator door had a brown-colored substance like dirt. 2 b. Observation of the 3rd floor nourishment room on 7/1/20 at 7:25 AM revealed: 1. In the refrigerator section: a. A container of pineapple chunks was opened and not dated. b. A container of watermelon pieces was not dated when opened or labeled with a resident name. The sell by date was 6/2/20. c. A pureed snack was dated 6/24/20. d. A package of sliced chicken bologna was opened and not dated. e. An 8-ounce carton Lactaid milk was opened and not dated. f. A restaurant-labeled Styrofoam container had a dried brown meat with a plastic fork laying on top. One divided portion of the container was broccoli and the other divided portion contained white colored rice that had dried. This container was undated. g. A 46-ounce container of apple sauce was opened and undated. h. A green colored container of unknown substance that looked like wilted lettuce and salad dressing was not labeled or dated. i. A pizza box containing slices of pizza was not dated. 2. In the freezer section (a) An open box of homestyle waffles was not dated when opened. Six (6) waffles were exposed and had ice crystals. (b) Clam chowder soup sitting in a plastic container was opened and undated. There was no lid to the container. (c). A bag of uncooked shrimp was opened was not dated when opened. The sell by date was 6/30/20. 3. The bottom of the freezer had a dried red	F 812	7-27-20 about the policy for the refrigerators on each floor in the nutrition rooms.They are to be checked daily for expired foods,undated foods,unlabeled foods. 3) The Dietary manager and Director of nursing created an audit tool To be complete on a daily and weekly schedule to ensure that stored,Opened foods are labeled and dated. The IDT team will be completing random Daily observation rounds to ensure staff are labeling and dating all items in the refrigerator using Proper infection control weekly. 4) Dietary manager and Director of Nursing will compile a summery of monitoring efforts And present to the monthly QAPI committee for a period of 3 months, then Quarterly to ensure continued compliance. 5.Administrator and Director of nursing are responsible for the completion and outcomes of this plan of correction. This education will be part of the orientation process for all newly hired dietary employees. Beginning on 07/27/2019 a daily monitoring tool was put into place to monitor the dating and labeling of food in the nutrition room refridgerators.The unit manager or designee on each unit will do a check of the contents each day also to be completed by 8-7-2020. " Indicate how the facility plans to		

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F 812	Continued From page 19 colored spilled. 4. The microwave had dried food debris. 5 The sink was soiled with multiple rust colored and black colored spots. 6. The floor corners had a buildup of a dark substance. 7. The white colored cove molding had a buildup of a black color substance. 8. The paper dispenser was empty, and the paper towel roll was sitting on the counter empty. Interview on 7/1/20 at 7:50 AM with the Housekeeping Manager (HM) and HK #3 was conducted. HM stated housekeeping was responsible for cleaning the nourishment room. HK #3 stated she just cleaned the nourishment room this morning (no specific time provided). Continued interview with HK #3 stated she mopped, swept, pulled trash and wiped the outside of the refrigerator and microwave. HK #3 stated she did not clean the baseboard or try to remove the buildup in the corners and did not notify the supervisor because she thought he already saw the condition of the nourishment room. Interview on 7/1/20 at 8:05 AM with Dietary Aide (DA) #1 stated she was given instructions to clean the refrigerator now but DA #5 usually cleaned the refrigerator out. Interview on 7/1/20 at 10:30 AM with the Dietary Manager stated she did not know who was responsible for maintaining the food items and cleanliness of the nourishment refrigerators. Interview on 7/1/20 at 10:49 AM with DA #5 stated the facility had gone back and forth about whether housekeeping was responsible for cleaning the refrigerator or whether dietary was responsible. She added the facility did not have a policy to identify which department was responsible for cleaning nourishment room	F 812	monitor its performance to make sure that solutions are sustained The daily rounds sheets to be completed by 8-7-2020 will be reviewed by the administrator, regional dietary manager, and/or regional nurse consultant 2 times a week for 12 weeks to ensure all areas remain in compliance. The results of this review will be reported to the Quality assurance Performance improvement committee for any additional monitoring or modifications for three months.		

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F 812	Continued From page 20 refrigerators. Interview on 7/1/20 at approximately 1:00 PM via the phone with the administrator stated dietary was responsible for cleaning the inside of the nourishment refrigerator and housekeeping was responsible for the outside portion of the refrigerator as well as the cleanliness of the nourishment room.	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	F 880		8/7/20	

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F 880	<p>Continued From page 21</p> <p>possible communicable diseases or infections before they can spread to other 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. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, review of the facility's</p>	F 880	1. CNA 1 and 2 were in-serviced by the		

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F 880	<p>Continued From page 22</p> <p>Handwashing/Hand Hygiene policy and procedure, Infection Control policy and procedure and the facility's COVID19 policy and procedures, staff interviews and physician interview the facility failed to (1) implement their policies and procedures when 3 of 3 staff members (NA #2, NA #3 and Housekeeper #7), who were working on the facility's quarantine unit, were observed not wearing PPE including: gloves and/or a gown and not performing hand hygiene when they exited resident rooms or when exiting and entering the quarantine unit. The facility also failed to (2) maintain sanitary conditions in the stairwell used to enter and exit the COVID19 unit and (3) sanitize the mechanical lift between each resident use. These failures occurred during a COVID19 pandemic.</p> <p>Findings include:</p> <p>The facility's COVID19 policy and procedure dated 5-6-20 revealed in part; New onset of symptoms requires that the resident be moved away from a roommate within the room, the curtain pulled between them and the door closed pending a full assessment. A resident under investigation for COVID19 will be kept on "enhanced droplet" precautions.</p> <p>The facility's "Handwashing/Hand Hygiene" policy and procedure dated 8-2015 revealed in part; use an alcohol-based hand rub or soap and water before and after direct contact with residents, after contact with objects in the immediate vicinity of the resident, after removing gloves, before and after entering an isolation precaution setting and before and after assisting a resident with meals.</p> <p>Observations of the quarantine/observation unit</p>	F 880	<p>infection preventionist on 7/28/2020 on proper procedure with hand hygiene when going in and out of rooms especially when delivering meal trays.</p> <p>House keeper#7 was inserviced on 7/27/2020 in a 1:1 educational session by the Infection Preventionist/Staff Development Coordinator on droplet precautions,when to wear ppe,and what type ppe is needed,how to donn and doff ppe,how and when to properly wash your hands correctly, and where to dispose of soiled ppe.</p> <p>2. All facility and agency staff will be in-serviced by 7/27/2020 on hand hygiene including when delivery of meal trays to the room by the Infection Preventionist/Staff Development Coordinator. During the orientation process new hired staff and new agency personnel will be educated and have to demonstrate competency of handwashing hygiene to the Staff Development Coordinator and or designee.</p> <p>The Administrator,Director of Nursing and Staff Development coordinator were inserviced by the Regional nurse consultant on hand washing,PPE,which is part of our DPOC.</p> <p>The Administrator,Director of Nursing and Staff Development coordinator met with senior leadership and conferenced in the medical director to determina the root cause analysis which will be discussed in the DPOC.</p> <p>3.The facility will have the department</p>		

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F 880	<p>Continued From page 23</p> <p>on the 4th floor conducted on 7-1-20 at 12:43pm and 7-2-20 at 10:00am, it was noted the area was separated from the rest of the 4th floor by fire doors that contained 2 droplet precaution signs and isolation carts were placed outside of each resident room with gowns, gloves and foot coverings. The doors to the resident rooms were noted to be open.</p> <p>1. During an observation of the 4th floor quarantine/observation unit on 7-1-20 at 12:45pm, 2 nursing assistants (NA), (NA #2 and NA #3) were passing out lunch trays to the residents. The NA's were noted not to be wearing a gown or gloves when entering resident rooms. The door to each resident room was open with no droplet precaution sign on the resident doors. While in the room, the NA's were observed touching the resident's over the bed table and items on the table in order to place the lunch tray in an appropriate position. NA #2 was observed leaving one resident room and entering another resident room without sanitizing or washing his hands.</p> <p>NA #2 was also observed on 7-1-20 at 12:50pm exiting and re-entering the quarantine/observation unit without washing or sanitizing his hands.</p> <p>NA #2 was interviewed on 7-1-20 at 12:55pm. The NA stated he had received education on the transmission of COVID19, infection control practices and handwashing practices. He stated he was not aware of what precautions the residents were on but he stated "I know if I am providing personal care I have to put on gloves, gown and foot coverings but I think just regular care like passing trays is just standard precautions and we don't have to wear gloves or</p>	F 880	<p>heads and administrative staff complete surveillance rounds using a monitoring tool/audit sheet daily for meal delivery and proper hand hygiene with tray passing, the sanitization of cleaning all equipment before and after every use with the correct disenfetant wipes, the monitoring will be for each meal: breakfast, lunch, and dinner</p> <p>5 times weekly for four(4)weeks and then three time a week for four(4) weeks and then weekly for four (4) weeks and as necessary thereafter. This will start 7/24/2020. During monitoring if there is an incident of improper hand hygiene the department head will immediately educate and demonstrate the proper procedure.</p> <p>4. The director of nursing and staff development coordinator will inservice each employee and all contracted staff on droplet precautions, when to wear ppe, and what type ppe is needed, how to don and doff ppe, how and when to properly wash your hands correctly, and where to dispose of soiled ppe on 7-28-20.</p> <p>The director of nursing and staff development coordinator inserviced each employee and all contracted employees on how to help prevent the spread of covid -19 and to help prevent cross contamination by keeping the residents doors shut when residents are on droplet precautions, The staff also were inserviced on the sanitization of cleaning all equipment before and after every use with the correct disenfetant wipes on 7-28-20.</p> <p>The director of nursing and staff development coordinator will inservice</p>		

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F 880	<p>Continued From page 24</p> <p>a gown." NA #2 also said he was not aware if resident doors needed to be kept closed on the quarantine/observation unit. The NA confirmed he had left and entered the quarantine/observation unit without sanitizing his hands and said, "I got in a hurry and did not think about it." NA #2 acknowledged he touched surfaces such as the over the bed table, that was often touched by the resident and had not sanitized or washed his hands between exiting one resident room and entering another resident room. NA #2 said "I should have sanitized my hands but was focused on delivering the meal trays."</p> <p>The facility Physician was interviewed on 7-6-20 at 9:48am. The physician stated he was not familiar with the quarantine/observation unit because he had been performing Telehealth visits but stated cross contamination can occur when delivering meal trays and that the employees working on the unit should be wearing gloves and sanitizing their hands between each resident. He also stated the resident doors should remain closed to decrease the likelihood of cross contamination.</p> <p>During an interview with the 4th floor unit manager on 7-1-20 at 1:05pm, the unit manager stated the quarantine/observation unit was on droplet precautions when providing direct resident care and standard precautions during routine care such as passing out meal trays or providing a fresh glass of water. She also stated staff should be sanitizing their hands before leaving or entering the unit.</p> <p>The Administrator was interviewed on 7-1-20 at 1:10pm. The Administrator stated the quarantine/observation unit should be a droplet precaution unit, but she had not seen the</p>	F 880	<p>each employee and all contracted employees on how to help prevent the spread of covid-19 and to help prevent cross contamination by ensuring the equipment is disinfected before and after each use,each employee and all contracted employees were inserviced on the removal of trash and linen from the stairwell of the covid unit,if they see any build up of either they are to call the administrator and Director of nursing to ensure housekeeping does an immediate removal between their two hour rotations on 7-28-20.</p> <p>Enviromental services department was inserviced on 7-28-20 by the administrator on 7-28-20 to ensure they follow the 2 hour schedule with audit sheets and signitures to check the stairwell for build up of trash and linen.</p> <p>5.The Administrator and Director of Nursing will review the audit tools daily and make corrections as needed, we will report findings of the monitoring / audits to the Interdisciplinary team during QAPI meeting monthly for three (3) months and make changes to the plan as necessary to maintain compliance with proper hand hygiene and infection control.</p>		

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F 880	<p>Continued From page 25</p> <p>quarantine/observation unit because she had been working the COVID19 unit since her return to work.</p> <p>An interview occurred with the Director of Nursing (DON) on 7-1-20 at 1:12pm. The DON said she believed the quarantine/observation unit was a standard precaution unit and was not aware there were droplet precaution signs posted on the doors leading into the quarantine/observation unit.</p> <p>During an interview with the local health department on 7-1-20 at 1:47pm, the health department stated they had directed the facility, per CDC (Center for Disease Control) guidelines, the quarantine/observation unit needed to be treated the same as the COVID19 unit which included each resident being on droplet precautions.</p> <p>On 7-2-20 at 10:05am, Housekeeper #7, who worked on the quarantine/observation unit was observed to enter and exit Resident #34's room two times without wearing gloves or a gown and not perform hand hygiene.</p> <p>Housekeeper #7 was interviewed on 7-2-20 at 10:07am. The housekeeper stated she had received training on the transmission of COVID19 and what precautions were to be taken when a resident was on droplet precautions. She confirmed Resident #34 was on droplet precautions and stated she was to wear a mask, gown, gloves and foot coverings when cleaning the resident's room. She also acknowledged she had entered and exited Resident #34's room without proper PPE and she stated "I had already finished cleaning the room. I was just moving his</p>	F 880			

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F 880	<p>Continued From page 26</p> <p>table back." The housekeeper was noted to reach into her housekeeping cart and retrieve a ball of blue material and she said "my gowns right here and my gloves are right there" as she pointed to the top of her housekeeping cart. The housekeeper acknowledged she should sanitize her hands between cleaning each resident room.</p> <p>The manager of housekeeping was interviewed on 7-2-20 at 11:05am. The manager stated he had provided education to all housekeeping staff on the transmission of COVID19, proper PPE protection when in a resident room and the required cleaning agents. He stated he would speak with the housekeeping staff about the importance of wearing their PPE when entering a resident room who was on droplet precautions.</p> <p>2. The stairwell used for entering and exiting the COVID19 unit was observed on 6-30-20 at 12:00pm, 7-1-20 at 2:30pm and 7-2-20 at 9:55am. The landing of the stairwell was observed to have 10-15 bags of trash with approximately 5-8 bags not closed and 5-6 boxes closed and sealed marked "biohazard" against the far wall of the landing. Also noted, there were no biohazard bags for employees to discard their PPE once they left the COVID19 unit. There was a foul sour smell and multiple flies around the trash bags.</p> <p>NA #4 escorted this surveyor off the COVID19 unit to the landing of the stairwell on 6-30-20 at 1:40pm. The NA stated, "I know there is a lot of trash here, but it is like this every day." She also stated there was not a biohazard bag for the PPE, and she stated, "we just find an open trash bag and put it in there before we walk out the door."</p>	F 880			

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

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F 880	<p>Continued From page 27</p> <p>The housekeeping manager was interviewed on 7-2-20 at 11:05am. The manager acknowledged the trash build up in the stairwell leading in and out of the COVID19 unit. He stated, "we have had an increase in the amount of trash since all the meals are now served on Styrofoam and it is hard to keep up with." The manager discussed housekeeping being on a 2-hour rotation schedule to collect and dispose of the trash in the stairwell and the responsibility of staff to call housekeeping if they noticed the trash needed collecting.</p> <p>During an interview with the Administrator on 7-6-20 at 11:00am by telephone, the Administrator stated the facility had a NA assigned to keep the stairwell to the COVID19 unit clean, but the NA left. She discussed she placed housekeeping on a 2-hour rotation cleaning and trash pick up cycle. The Administrator acknowledged that trash would "backup" in between the 2-hour housekeeping schedule but that she was trying to keep the area clean. She also stated she was unaware there were not biohazard bags available on the stairwell landing for staff to dispose of their PPE but would have biohazard bags in place.</p> <p>3. During an observation of the 4th floor resident area on 7-2-20 at 10:15am, NA #5 was observed removing a mechanical lift from a resident room, placed the lift in the hallway and walked away. This surveyor waited 5 minutes and noted NA #5 had not returned to clean the mechanical lift. There were no sanitation wipes noted in the area.</p> <p>NA #5 was interviewed at 10:20am on 7-2-20. The NA stated she was supposed to sanitize the lift after each resident use and she said "but we</p>	F 880			

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F 880	<p>Continued From page 28</p> <p>don't have access to the sanitary wipes, only the nurses have them in their medication cart so unless we go get one we cant wipe the lift down." NA #5 said she was educated on how COVID19 was spread and infection control practices.</p> <p>The observation continued 7-2-20 from 10:23am to 10:35am and revealed NA #5 did not return to sanitize the mechanical lift.</p> <p>The 4th floor unit manager was interviewed on 7-2-20 at 10:40am. The unit manager stated the NA's were aware that they needed to sanitize the mechanical lift between each resident use. She also stated the floor had run out of the "Clorox wipes" but she was going to supply to get some more.</p> <p>The Administrator was interviewed on 7-7-20 at 12:42pm by telephone. She stated staff had been in-serviced on the transmission of COVID19, infection control practices, PPE, droplet precautions and proper hand washing. The Administrator also said she was monitoring staff performance each shift and by camera/monitoring systems in the hallways.</p>	F 880			