

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

PRINTED: 09/27/2023  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345115</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>07/28/2023</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SALISBURY REHABILITATION AND NURSING CENTER</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>635 STATESVILLE BOULEVARD</b><br><b>SALISBURY, NC 28144</b>         |   |
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| F 000  | INITIAL COMMENTS   | F 000   |   |   |
| F 584<br>SS=E  | <p>Safe/Clean/Comfortable/Homelike Environment<br/>CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment.<br/>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.</p> <p>The facility must provide-<br/>§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.<br/>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.<br/>(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> | F 584   |   | 8/25/23   |

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

TITLE

(X6) DATE

Electronically Signed

08/22/2023

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>§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:</p> <p>Based on observation, record review and staff interview the facility failed to maintain comfortable temperatures for residents (Resident #5, #6 and #8) who required assistance with dining in 1 of 1 day room (200-hall day room).</p> <p>The findings included:</p> <p>A) The quarterly Minimum Data Set (MDS) dated 7/21/23 revealed Resident #5 had severe cognitive impairment.</p> <p>B) The quarterly MDS dated 7/04/23 revealed Resident #6 had moderate cognitive impaired.</p> <p>C) The quarterly MDS dated 7/12/23 revealed Resident #8 had severe cognitive impairment.</p> <p>Residents #5, #6 and #8 were being assisted with dining in the 200-hall day room.</p> <p>During initial tour of the facility on 7/25/23 at 12:09PM revealed 3 residents being assisted by nursing assistants (NA's) in the 200-hall day room. The 200-hall day room felt warm and stuffy. Flies were observed to land on residents clothing while being assisted with dining.</p> | F 584   | <p>Residents #5, #6, and #8 were moved out of the 200 Hall dining/ day room on 7/26/23 by the certified nursing assistant. The room temperature in the 200-hall day room was checked on 7/26/23 by the Maintenance Director to ensure room temperatures remain between 71F -81F. The 200 Hall day room was checked for flies on 7/26/23 by the Maintenance Director.</p> <p>Current facility residents are at risk for this deficient practice. Current residents will no longer use the 200 Hall day room for dining. All common areas, including dining rooms, were checked on 7/26/23 by the maintenance staff for flies and to ensure room temperatures remain between 71F-81F.</p> <p>On 8/1/23 the Administrator called the pest control vendor related to adding a fly program to the current pest control contract.</p> <p>The Maintenance staff will be educated by 8/24/23 by the Administrator related to ensuring pest to include flies are being addressed with follow up by the pest control vendor and facility temperatures to</p> |                      |   |

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| F 584  | <p>Continued From page 2</p> <p>Residents who smoked were observed to exit from the door in the 200 hall-day room to the smoking area. One tall oscillating fan was observed in the corner of the room and a fan on the floor. The 2 fans were blowing on high speed and blowing hot air. The fans were not directly pointed toward any resident. Staff and residents were observed to use the 2 drink machines and access the smoking area through the door located in the 200-hall day room.</p> <p>During an interview with NA#4 and an observation of the 200-hall day room on 7/25/23 at 12:24PM revealed the thermostat to read a temperature of 82 degrees Fahrenheit (F). Observation further revealed the Thermostat was set at 46 (F). NA# 4 stated the 200-hall day room had been very warm for several weeks due to the hot temperatures outside. NA#4 did not indicate who she told about the temperature in the 200-hall day room but indicated the facility had been aware of the warm temperatures. The temperature outside was 95 (F) according to the National Weather report.</p> <p>An interview with NA# 3 on 7/25/23 at 12:27PM revealed the temperature in the 200-hall day room had been warm for about a week. She was unaware of any interventions put into place. The 2 fans that were placed in the 200-hall day room did not assist with keeping the room cool. NA#3 stated the facility was aware of the warm temperatures in the 200-hall day room.</p> <p>During an interview and observation on 7/26/23 at 8:57AM revealed NA#2 assisting Resident #6 and Resident #5 with dining in the 200-hall day room. In an interview conducted with NA#2 she revealed about 2 days ago the facility had initiated</p> | F 584   | <p>include dining rooms and other common resident areas temperatures remain between 71F – 81F.</p> <p>The facility staff to include nursing, dietary, housekeeping/laundry, therapy, agency, and prn will be educated by 8/24/23 by the Director of Nursing/Administrator/ designee related to reporting warm rooms and pest to include flies to the maintenance staff and concerns are placed in the maintenance log for follow up.</p> <p>The facility staff to include nursing, dietary, housekeeping/laundry, therapy, agency, prn and new hires will not be allowed to work until the education is completed.</p> <p>The Maintenance staff will check the facility to include dining and common area for pest/ flies three times weekly for 12 weeks to ensure pest/flies are being addressed and followed up with pest control.</p> <p>The Maintenance staff/ designee will check the facility to include the dining and other commons areas daily for 12 weeks to ensure temperatures remain between 71F-81F.</p> <p>The Administrator will submit the findings to the Quality Assurance Program Interdisciplinary (QAPI) committee meeting monthly for 3 months for review and follow up with recommendations to ensure the facility's continued compliance.</p> |                      |   |

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| F 584  | <p>Continued From page 3</p> <p>residents who required assistance dine in the 200-hall day room. The thermostat in the 200-hall day room read 78 (F). NA #1 was observed to be swatting flies from Resident #5's food and clothing during the meal. She was unaware if the thermostat in the 200-hall day room was correct but indicated the room was warm.</p> <p>A continuous observation began on 7/26/23 at 9:01AM in conjunction with an interview with the Maintenance Director and revealed the temperature in the room was due to the exit door smoking residents used to gain access to the designated smoking area. He further indicated the exit door had a delay of 15-20 seconds that allowed heat from outside to enter the 200-hall day room. The Maintenance Director stated he had brought tables in the 200-hall day room 1 month ago for residents who required assistance during dining. During an observation of the thermostat, the Maintenance Director stated the temperature was set at 40 degrees to keep the Air Conditioning running. He stated the temperature read higher due to the exit door to the smoking area being continuously used. Maintenance was observed to obtain an ambient room temperature of 76.1 (F). The continuous observation ended at 9:28AM. The Temperature for 7/26/23 was to be as high as 93 (F) according to the National Weather report.</p> <p>Interview with NA# 1 on 7/26/23 at 9:15AM revealed for about a month there were normally up to 7 residents that received assistance with dining in the 200-hall day room. She further stated nursing staff had notified management the temperature of the 200-hall day room was hot. She was unaware of any interventions to prevent</p> | F 584   |   |                      |   |

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| F 584  | <p>Continued From page 4</p> <p>the warm temperatures while residents ate other than the 2 fans that were in the room. She commonly assisted Resident # 5 and further stated the temperature in the 200- hall day room could be as high as 81 degrees. She was unaware if the thermostat in the 200-hall day room was correct.</p> <p>Maintenance requisition reports for July 2023 were reviewed. The reports dated 7/3/23, 7/4/23, 7/7/23 and 7/9/23 revealed no requisition regarding warm temperatures in the 200-hall day room.</p> <p>Interview with Director of Nursing (DON) on 7/26/23 at 9:35AM revealed she was unaware the thermostat in the 200-hall day room was reading as high as 81. The DON stated about 1 month ago the facility had initiated residents that required assistance with meals eat in the 200-hall day room. She indicated the temperatures outside had been hot recently which made the 200-hall day room warmer due to residents constantly using the exit attached to the 200-hall day room. She stated staff should have notified the facility of the warm temperatures so interventions could have been put in place to include relocating assisted dining until temperatures were cooler outside.</p> <p>Interview with the Administrator on 7/28/23 at 3:58PM stated he was not aware of the warm temperatures in the 200-hall day room. He stated if he was aware of the warm temperatures, he would have discontinued the use of the 200-hall day room for residents that require assistance with meals. He could feel the increase in temperature while walking on 200-hall to the 200-hall day room.</p> | F 584   |   |                      |   |

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| F 867<br>SS=D  | <p><b>QAPI/QAA Improvement Activities</b><br/>CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii)</p> <p>§483.75(c) Program feedback, data systems and monitoring.<br/>A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:</p> <p>§483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.</p> <p>§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.</p> <p>§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.</p> <p>§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.</p> | F 867   |   | 8/25/23              |   |

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| F 867  | Continued From page 6<br><br>§483.75(d) Program systematic analysis and systemic action.<br><br>§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.<br><br>§483.75(d)(2) The facility will develop and implement policies addressing:<br>(i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems;<br>(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and<br>(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.<br><br>§483.75(e) Program activities.<br><br>§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.<br><br>§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the | F 867   |   |                      |   |

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| F 867  | <p>Continued From page 7 facility.</p> <p>§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.</p> <p>§483.75(g) Quality assessment and assurance.</p> <p>§483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must:</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;<br/>(iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, record review and staff interview the facility's Quality Assurance and Performance Improvement committee (QAPI) failed to maintain implemented procedures and monitor interventions the committee put into</p> | F 867   | <p>Quality Assessment and Assurance (QAA) Committee will be held by 8/24/23 by the Administrator related to ensuring the facility has effective systems to obtain information and/or feedback from facility</p> |                      |   |



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| F 867  | <p>Continued From page 8</p> <p>place in the following complaint investigation and focused infection control survey of 11/9/21, a recertification survey of 4/6/23 and subsequently cited during the complaint investigation 7/25/23 through 7/28/23. This was for one re-cited deficiency in the area of Safe/Clean/Comfortable/Homelike Environment (F584). The continued failure of deficient practice during two survey of records shows a pattern of the facility's inability to sustain an effective Quality Assurance and Performance Improvement Program.</p> <p>The findings included:</p> <p>This citation is cross referenced to:</p> <p>F-584: Based on observation, record review and staff interview the facility failed to maintain comfortable temperatures for residents (Resident #5, #6 and #8) who required assistance with dining in 1 of 1 day room (200-hall day room).</p> <p>During the complaint investigation and focused infection control survey conducted 11/9/21 the facility failed to provide clean floors in 2 of 5 resident's rooms (Room #327 and Room 129); and failed to provide clean walls in 1 of 5 resident bathrooms (Room #224).</p> <p>During the recertification survey conducted 4/6/23 the failed to maintain a clean safe and homelike environment by the failure to cover fluorescent tube lighting in 1 of 18 rooms (room 102), failed to secure television cable outlet covers and electrical outlet covers in 4 of 33 resident rooms (rooms 107, 320, 326 and 333), failed to maintain window blinds that were in disrepair with missing and bent slats in 2 of 18 rooms (rooms 109 &amp;</p> | F 867   | <p>staff, residents and residents representatives to identify problems and opportunities for improvement.</p> <p>The current residents are at risk related to this deficient practice.</p> <p>The interdisciplinary team will be educated by 8/24/23 by the Chief Nursing Officer related to ensuring the QAA Committee maintain and implement processes to obtain information and/or feedback from facility staff, residents and residents representatives to identify problems and opportunities for improvement.</p> <p>The Administrator will be responsible for monitoring the Quality Assurance Performance Improvement Plan process monthly for 3 months to ensure that the facility remains in compliance for identified deficiencies.</p> <p>The Administrator will report findings of the audits in the monthly Quality Assurance Performance Improvement (QAPI) meeting for at least 3 months for review to ensure compliance.</p> |                      |   |

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| F 867  | Continued From page 9<br>116), failed to provide a window blind in 1 of 18 rooms (room 113), failed to maintain intact sheetrock and clean walls for 1 of 18 rooms (room 109) failed to maintain resident cabinetry in 2 of 18 rooms (room 113 bed 2 & room 115 bed 1), failed to maintain the interior bathroom cabinet where residents' belongings were stored which was rusted and peeling in 1 of 18 rooms (room 115), failed to repair a leaky bathroom sink 1 of 30 rooms (room 123), failed to secure a bathroom handrail 1 of 30 rooms, (room 224), failed to maintain clean filters and clean front grills of Packaged Terminal Air Conditioner units (PTAC - a type of heating and air conditioning system used in a single living space) in 8 of 15 resident rooms and a day room on the 300 hall (rooms 319, 324, 325, 326, 328, 329, 330 and 333), failed to replace burned out light bulbs over the sinks of 5 of 15 resident rooms on the 300 hall (rooms 320, 323, 325, 327 and 330) reviewed for environment.<br><br>Interview with the Administrator on 7/28/23 at 3:58PM indicated the facility should have maintained implemented measures put into place during the last complaint investigation and recertification survey. He was unaware of why the procedures failed. | F 867   |   |                      |   |
| F 925<br>SS=E  | Maintains Effective Pest Control Program<br>CFR(s): 483.90(i)(4)<br><br>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, staff interviews, outside pest control interview the   | F 925   | Residents #5, #6, and #8 were moved out of the 200 Hall dining/ day room on                                     | 8/25/23              |   |

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| F 925  | <p>Continued From page 10</p> <p>facility failed to maintain an effective pest control program that was free of fly activity for 1 of 1 day room in which 3 residents were being assisted with dining and fly activity on 2 of 4 halls.</p> <p>The findings included:</p> <p>During an initial tour of the facility on 7/25/23 at 12:09PM revealed 3 residents (Resident #6, #5, and #8) being assisted by nursing assistants (NAs) in the 200-hall day room. The day room was observed to have several large flies. The flies were observed to land on residents clothing while being assisted with dining. NA's were observed swatting flies from residents and residents food. Residents who smoked were observed to exit from the door in the 200-hall day room to the smoking area. Once the door was opened, flies were observed to enter the 200-hall day room.</p> <p>Observation on 7/25/23 at 3:11PM revealed fly activity in and around the 200-hall day room. Multiple residents were observed to enter and exit the 200-hall day room for the purpose of smoking.</p> <p>During an interview and observation on 7/26/23 at 8:57AM revealed NA#2 assisting Resident #6 and Resident #5 with dining in the 200-hall day room. In an interview conducted with NA#2 revealed the facility had initiated residents who required assistance dine in the 200-hall day room about 2 days before. Resident #6 and Resident #5 were observed to have flies that would land on them. NA#5 assisting with dining were observed to swat flies off of Resident #5 and Resident #6 along with swatting flies off of their food.</p> | F 925   | <p>7/26/23 by the certified nursing assistant. The 200 Hall Day room was checked for flies on 7/26/23 by the Maintenance Director.</p> <p>Current facility residents are at risk for this deficient practice. Current residents will no longer use the 200 Hall day room for dining. All common areas, including dining rooms, were checked on 7/26/23 by the maintenance staff for pests/ flies.</p> <p>On 8/1/23 the Administrator called the pest control vendor related to adding a fly program to the current pest control contract.</p> <p>The Maintenance staff will be educated by 8/24/23 by the Administrator related to ensuring pest to include flies are being addressed with follow up by the pest control vendor.</p> <p>The facility staff to include nursing, dietary, housekeeping/laundry, therapy, agency, and prn will be educated by 8/24/23 by the Director of Nursing/Administrator/ designee related to reporting pest to include flies to the maintenance staff and concerns are placed in the maintenance log for follow up.</p> <p>Facility staff to include nursing, dietary, housekeeping/laundry, therapy, agency, prn and new hires will not be allowed to work until the education is completed.</p> <p>The Maintenance staff will check the facility to include dining and common area for pest/ flies three times weekly for 12 weeks to ensure pest/flies are being addressed and followed up with pest control.</p> <p>The Administrator will submit the findings</p> |                      |   |

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| F 925  | <p>Continued From page 11</p> <p>During the observation NA #1 who was assisting Resident #5 on 7/26/23 at 8:58AM revealed NA# 1 to be swatting flies from Resident #5's food and clothing. NA#1 stated she swatted flies constantly during meals when in the 200-hall day room.</p> <p>Interview with NA#1 on 7/26/23 at 9:15AM revealed when meals were bought into the 200-hall day room the flies would come out. To combat the flies, she stated she would swat flies from the residents and herself. There were normally 7 residents that received assistance with dining in the 200-hall day room for a month. NA#1 stated NAs had expressed their concerns to management that flies were everywhere to include residents and attempt to land on residents food. She was unaware of any interventions to prevent fly activity or the warm temperature in the 200-hall day room.</p> <p>Review of an electrician invoice dated 6/18/23 revealed a description and labor charges that included troubleshoot and repaired the air curtain (a device that creates a barrier of air across the entire opening of a door that separates two environments. Most commonly, the air curtain separates conditioned inside air from outside air, preventing the infiltration of cold or hot air, bugs, fumes, humidity, dust and debris) outside of dayroom on 200-hall.</p> <p>A continuous observation began on 7/26/23 at 9:01AM in conjunction with an interview with the Maintenance Director and revealed flies that were observed in the 200-hall dining room were due to the door residents who smoked used to gain access to the designated smoking area. He further indicated the exit door had a delay that</p> | F 925   | to the Quality Assurance Program Interdisciplinary (QAPI) committee meeting monthly for 3 months for review and follow up with recommendations to ensure the facility's continued compliance. |                      |   |

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| F 925  | <p>Continued From page 12</p> <p>allowed flies to enter the building. The Maintenance Director stated he had brought tables in the 200-hall day room 1 month ago for residents who required assistance during dining. Observation of the 100 and 200-halls revealed fly activity. During the continuous observation of the facility halls with the Maintenance Director, 3 fly lights/traps were not plugged in. The Maintenance Director stated the fly lights might have been unplugged by staff that needed the receptacles for other health care equipment or housekeeping equipment. Observations were further made of the exit and entrance used by staff and fly fan was observed as not functioning when the door was opened. The Maintenance Director stated the door was not functioning and was unsure if the door was serviced when the electrician visited the facility in June. Outside the exit and entrance door used by staff were facility dumpsters. The Maintenance Director stated the dumpsters were used by the facility for trash to include the facilities kitchen. The outside pest control company routinely visited the facility monthly but would be contacted for issues between visits in which pest control would do additional visits for service.</p> <p>Maintenance requisition reports for July 2023 were reviewed. The reports dated 7/3/23, 7/4/23, 7/7/23 and 7/9/23 revealed no requisition regarding flies.</p> <p>Review of outside pest control invoice dated 7/26/23 revealed target pest of flies. The pest activity found was located in hallways and interior of the building. The findings stated large flies noted during service mostly coming from courtyard door being open. The pest control invoice continued, "install a stronger fan to</p> | F 925   |   |                      |   |

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| F 925  | <p>Continued From page 13</p> <p>prevent flies from entering." The action needed/taken stated the area was inspected and serviced. "Performed interior spot treatment for large flies." The action taken further stated pest control performed exterior fly treatment.</p> <p>Interview with Director of Nursing (DON) on 7/26/23 at 9:35AM revealed she became aware of an issue with fly activity on Monday (7/24/23). She further stated she was unaware the lights located on the facility halls were fly zapper/traps. She stated staff should have notified the facility of the issue regarding fly activity so interventions could have been put in place and pest control should have been notified.</p> <p>Interview with the Administrator on 7/28/23 at 3:58PM stated he was not aware of the fly activity in the 200-hall day room. He further indicated he was unaware of fly zappers being unplugged. He stated if he was aware of the fly activity, he would have discontinued the use of the 200-hall day room for residents that require assistance with dining and would have further expected outside pest control be notified so interventions could have been put in place. He was unable to provide the pest control contract and was unaware if the facility had a fly program with outside pest control.</p> | F 925   |   |                      |   |