STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345089	A. BUILDING _____ B. WING _____	11/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT COVE HEALTH AND REHABILITATION CENTER	511 WINDMILL STREET WALNUT COVE, NC 27052

(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
F 250 SS=D	483.40(d) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE (d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to obtain a mental health consult as ordered by the physician for a resident on antipsychotropic medication for 1 of 5 sampled residents reviewed for unnecessary medications (Resident #25). The findings included: Resident #25 was admitted to the facility on 08/15/14 with diagnoses that included anxiety. A physician's order dated 05/12/15 specified Resident #25 was to have 5 milligrams of Buspar (antianxiety) daily. A physician progress note dated 05/10/17 revealed the physician documented that the resident "has no current cognitive, behavioral or psychiatric issues. The physician specified the resident was on Buspar and recommended a mental health consult. A physician's order dated 05/10/17 specified "mental health consult."	F 250	F-25 The Licensed Nurse who noted off the physician's order for Resident #25 to have Mental Health Services started did not follow the facility process. The Morning Clinical Meeting did not follow the facility process for reviewing physician's orders written since the last Morning Clinical Meeting. Resident #25 had Mental Health Services implemented on 11/9/17. . The Social Worker, RN Clinical Supervisor, The Director of Clinical Services and the Executive Director completed Quality Monitoring of the last 3 months of medical provider telephone orders and medical provider visit notes for current residents, completed 11/21/17. . Measures put in place included the following: *Education of the Clinical Stand Up Meeting process of ensuring physician orders are carried out in regards to Medically Necessary Social Services was provided by the Divisional Director of Clinical Services. This education was provided to: the Executive Director, Director of Clinical Services, RN Clinical Supervisor, the Unit Coordinators and the Social Worker on 11/7/17. This education to be provided to any newly hired/promoted Executive Directors, Director of Clinical Services, RN Clinical Supervisor, Unit Coordinators and Social Workers by the Executive Director and/or the Director of Clinical Services. *Medically Related Social Services referrals to be placed on the 24 Hour Report. Physician orders including Medically Related Social Service referrals to be reviewed for being completed as ordered during Clinical Meeting. Re-education was provided to the Interdisciplinary Team Members and Licensed Nurses regarding the 24 Hour Report process by the RN Clinical Supervisor and/or the Director of Nursing Services, completed 11/29/17.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 12-1-17

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 250	Continued From page 1 A physician progress note dated 07/05/17 revealed the physician documented that the resident "has no current cognitive, behavioral or psychiatric issues." The physician specified the resident was on Buspar and recommended a mental health consult. A physician's order dated 07/05/17 specified "mental health consult." Review of the medical record for Resident #25 revealed no documentation of mental health consultations. The most recent Minimum Data Set (MDS) dated 08/29/17 specified the resident's cognition was intact and had reported no mood symptoms, had no behaviors but received antianxiety medication daily. The Care Area Analysis (CAA) dated 08/30/17 for psychotropic drug use specified Resident #25 received antianxiety medication for anxiety but her mood was stable and she had no signs or symptoms of adverse side effects of the medication. A care plan developed for the use of psychotropic medications was updated on 08/30/17 and specified that dose reduction attempts should be made if clinically indicated.	F 250	(F-250 continued) . The Social Worker, or Executive Director in her absence, will present to the Quality Assurance Performance Improvement Committee the results of the Quality Monitoring of Medically Related Social Services orders monthly at the Quality Assurance Performance Improvement Committee. The Quality Monitoring schedule to be modified based on findings.	Completion Date: 12/1/17

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F 250	Continued From page 2 On 11/02/17 at 11:26 AM the Social Worker (SW) was interviewed and explained that she was responsible for communicating referrals for mental health. She described that she was made aware of physician ordered mental health consultations in morning meetings and she used that information to contact mental health services for appointments. The SW stated that she had not been aware the physician had written orders on 05/10/17 or 07/05/17 for Resident #25 to be seen by mental health. The SW stated it was an oversight. On 11/02/17 at 11:47 AM the interim Director of Clinical Services (DCS) was interviewed and explained that she was new in her role but would expect all physician ordered consultations to be completed. An attempt was made to contact the physician.	F 250	F-329 . Resident #25's pharmacy recommendations were reviewed and the physician signed off on, on 11/13/17. . The Licensed Pharmacist on 11/9/17, completed Quality a comprehensive review of current residents providing recommendations as indicated. Physicians were notified of recommendations and follow up completed as indicated. . Measures put into place included *The Director of Clinical Services or designee completed Quality Monitoring of Pharmacy Recommendations for the past 30 days to ensure recommendations had been followed up on per Monthly Drug Regime Review. Follow up based on findings. *A meeting was held on 11/9/17 with the Licensed Pharmacist, the Executive Director and the Divisional Clinical Services Director to review the facility policy and procedure for the Monthly Drug Regimen Review. *A meeting was held with the Medical Director, the Executive Director and the Divisional Clinical Services Director to review the facility policy and procedure for the Monthly Drug Regimen Review on 11/7/17. *The Executive Director educated the Director of Clinical Services, the RN Clinical Supervisor and the Unit Coordinators on the facility policy and procedure for the Monthly Drug Regimen Review on 11/10/17. *A Quality Monitoring tool for ensuring the completion of pharmacy recommendations to be completed by the Director of Clinical Services and or her designee monthly.	
F 329 SS=D	483.45(d)(e)(1)-(2) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or	F 329		

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F 329	Continued From page 3 (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. 483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- (1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; (2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; This REQUIREMENT is not met as evidenced by: Based on pharmacist and staff interviews and record review the facility failed to attempt to reduce a resident's antianxiety medication and the resident had no signs or symptoms of anxiety and continued Benadryl for a resident with no symptoms of anxiety for 2 of 5 sampled residents reviewed for unnecessary medications (Resident #25 and Resident #43). The findings included: 1. Resident #25 was admitted to the facility on 08/15/14 with diagnoses that included anxiety.	F 329	(F-329 continued) *Education was provided to the licensed nurses of the importance of addressing the pharmacy recommendations in a timely manner as related to unnecessary medications by the Director of Clinical Services or the RN Clinical Supervisor. This education will be provided on an ongoing basis to licensed nurses prior to their first day as a charge nurse by a Unit Coordinator, RN Clinical Supervisor or the Director of Clinical Services. . The Director of Clinical Services to report to the Quality Assurance Performance Improvement Committee monthly the results of the Quality Monitoring tool to ensure compliance. Quality Monitoring schedule to be modified based on findings.	Completion Date: 12/1/17

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F 329	Continued From page 4	F 329		

A physician's order dated 05/12/15 specified Resident #25 was to have 5 milligrams of Buspar (antianxiety) daily.

The most recent Minimum Data Set (MDS) dated 08/29/17 specified the resident ' s cognition was intact and had reported no mood symptoms, had no behaviors but received antianxiety medication daily.

The Care Area Analysis (CAA) dated 08/30/17 for psychotropic drug use specified Resident #25 received antianxiety medication for anxiety but her mood was stable and she had no signs or symptoms of adverse side effects of the medication.

A care plan developed for the use of psychotropic medications was updated on 08/30/17 and specified that dose reduction attempts should be made if clinically indicated.

Review of the medical record for Resident #25 revealed monthly recommendations made by the consultant pharmacist to attempt to reduce Resident #25's Buspar since April 2017.

Further review of the medical record revealed there was no behavior monitoring for the use of Buspar. Nurses notes were also reviewed and did not specify the resident displayed anxiety.

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F 329	Continued From page 5 On 11/02/17 at 11:47 AM the interim Director of Clinical Services (DCS) was interviewed and explained that she was new in her role and was aware that pharmacy recommendations were given to the DCS for review. The DCS was unaware that the consultant pharmacist had been requesting Resident #25's Buspar to be reduced since April. On 11/02/17 at 1:47 PM the consultant pharmacist was interviewed on the telephone and stated he had been making monthly requests to reduce Resident #25's Buspar since April 2017 and no follow up had been provided by the facility. He stated that the resident had not had a trial reduction since the medication was started in 2015. On 11/02/17 at 3:04 PM Unit Manager #1 was interviewed and reported that Resident #25 did not have behaviors and she was unaware of the resident having signs or symptoms of anxiety. An attempt was made to contact the physician. 2. Resident #43 was admitted to the facility on 1/9/14 with a diagnosis of Insomnia. A review of the most recent annual minimum data set (MDS) dated 9/12/17 revealed Resident #43 had severely impaired cognition, had no behaviors and did not refuse care. A review of Resident 43's care plan revealed a care plan for Insomnia.	F 329		

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F 329	Continued From page 6	F 329		

A review of the physician orders for November 2017 revealed an order for Benadryl 25 mg by mouth at bedtime for insomnia, ordered on 7/24/15. Resident # 43 was also prescribed Benadryl and Norco on an as needed basis.

A record review revealed no monitoring of Resident #43's sleeping habits and no documentation that she was having insomnia. The behavior monitoring flow record for September 2017 was noted to be blank.

A review of the monthly Pharmacy Consultant notes revealed that on 9/8/17, the consultant pharmacist recommended the facility physician discontinue the scheduled Benadryl as well as the as needed Benadryl and Norco.

A review of the record revealed no documented response from the physician related to the consultant pharmacist's recommendations and the resident continued to receive the scheduled Benadryl at night.

An interview with the acting Director of Nursing (DON) on 11/3/17 at approximately 10:30 am revealed that the consultant Pharmacist would either email or print out the recommendations after their visit and the facility staff would place them in the physician's book for him to review on the next visit. The acting DON was unable to locate the recommendation to discontinue the scheduled Benadryl, but did locate a recommendation to discontinue the as needed Benadryl and Norco that had not been acted upon.

An interview with the consultant Pharmacist on 11/3/17 at 11:26 AM revealed that she did

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F 329	Continued From page 7 complete the monthly medication review for Resident #43 on 9/8/17 and recommended the facility physician discontinue the scheduled Benadryl and as needed Benadryl and Norco. She further revealed that she printed off the recommendations and placed them in the DON's box after that visit. An interview with the Administrator on 11/3/17 at approximately 12:30 PM revealed that she was unaware that there was an issue with the Consultant Pharmacist's recommendations and that she would expect the recommendations be addressed with the physician and acted upon.	F 329	F-428 Resident #43 and Resident #25 had their pharmacy recommendations addressed on 11/6/17 and 11/13/17 respectively. . The Licensed Pharmacist on 11/9/17, completed a comprehensive review of current residents providing recommendations as indicated. Physicians were notified of recommendations and follow up completed as indicated. . Measures put into place included: *The Director of Clinical Services or designee completed Quality Monitoring of Pharmacy Recommendations for the past 30 days to ensure recommendations had been followed up on per Monthly Drug Regime Review. Follow up based on findings. *A meeting was held on 11/9/17 with the Licensed Pharmacist, the Executive Director and the Divisional Clinical Services Director to review the facility policy and procedure for the Monthly Drug Regimen Review. *A meeting was held with the Medical Director, the Executive Director and the Divisional Clinical Services Director to review the facility policy and procedure for the Monthly Drug Regimen Review on 11/7/17. *The Executive Director educated the Director of Clinical Services, the RN Clinical Supervisor and the Unit Coordinators on the facility policy and procedure for the Monthly Drug Regimen Review on 11/10/17. *A quality monitoring tool for ensuring the completion of pharmacy recommendations to be completed by the Director of Clinical Services and or her designee monthly.	
F 428 SS=D	483.45(c)(1)(3)-(5) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON c) Drug Regimen Review (1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. (3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. (4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.	F 428		

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F 428	Continued From page 8 (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. (5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on pharmacist and staff interviews and record review the facility failed to respond to requests made by the consultant pharmacist to reduce a resident's antianxiety medication for 7 months and failed to act upon a recommendation to discontinue a scheduled and as needed medication for 2 of 5 sampled residents reviewed for unnecessary medications (Resident # 25 and #43).	F 428	(F-428 continued) The Director of Clinical Services to report to the Quality Assurance Performance Improvement Committee monthly the results of the Quality Monitoring tool to ensure compliance. Quality Monitoring schedule to be modified based on findings.	Completion Date: 12/1/17

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F 428	Continued From page 9	F 428		

The findings included:

1. Resident #25 was admitted to the facility on 08/15/14 with diagnoses that included anxiety.

A physician's order dated 05/12/15 specified Resident #25 was to have 5 milligrams of Buspar (antianxiety) daily.

The most recent Minimum Data Set (MDS) dated 08/29/17 specified the resident's cognition was intact and had reported no mood symptoms, had no behaviors but received antianxiety medication daily.

The Care Area Analysis (CAA) dated 08/30/17 for psychotropic drug use specified Resident #25 received antianxiety medication for anxiety but her mood was stable and she had no signs or symptoms of adverse side effects of the medication.

A care plan developed for the use of psychotropic medications was updated on 08/30/17 and specified that dose reduction attempts should be made if clinically indicated.

Review of Resident #25's medical record revealed monthly pharmacy reviews made by the consultant pharmacist. The monthly reviews revealed:

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F 428	Continued From page 10 04/12/17 recommendation was made to reduce the Buspar to 2.5mg 05/11/17 recommendation regarding reduction of Buspar 06/10/17 the handwriting was illegible 07/13/17 the handwriting was illegible 08/14/17 repeat recommendation for Buspar reduction 09/08/17 requested reduction of Buspar 10/06/17 wrote "why no response to Buspar?" On 11/02/17 at 11:47 AM the interim Director of Clinical Services (DCS) was interviewed and explained that she was new in her role and was aware that pharmacy recommendations were given to the DCS for review. She explained that pharmacy recommendations were forwarded to the physician to address. The DCS reviewed a notebook that contained copies of pharmacy recommendations for Resident #25. The pharmacy recommendations for Resident #25 that were in the notebook had not been addressed by the physician. The DCS reported that the facility's physician "did not touch" antipsychotic medication and referred all antipsychotic medication concerns to mental health services for evaluation of antipsychotic drug use. The DCS was unaware that the consultant pharmacist had been requesting Resident #25's Buspar to be reduced since April 2017.	F 428		

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F 428	Continued From page 11	F 428		

On 11/02/17 at 1:47 PM the consultant pharmacist was interviewed on the telephone and stated he had been making monthly requests to reduce Resident #25's Buspar since April 2017 and no follow up had been provided by the facility. He stated that the resident had not had a trial reduction since the medication was started in 2015.

An attempt was made to contact the physician.

2. Resident #43 was admitted to the facility on 1/9/14 with a diagnosis of Insomnia and Arthritis.

A review of the most recent annual minimum data set (MDS) dated 9/12/17 revealed Resident #43 had severely impaired cognition, had no behaviors and did not refuse care.

A review of Resident 43's care plan revealed a care plan for Insomnia and Pain.

A review of the physician orders for November 2017 revealed an order for Benadryl 25 mg by mouth at bedtime for insomnia, ordered on 7/24/15. Resident # 43 was also prescribed Benadryl and Norco on an as needed (prn) basis.

A review of the monthly Pharmacy Consultant notes revealed that on 9/8/17, the consultant pharmacist recommended the facility physician discontinue the scheduled Benadryl, the prn Benadryl and the prn Norco.

A review of the record revealed no documented response from the physician related to the

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F 428	Continued From page 12 consultant pharmacist's recommendations and the resident continued to receive the scheduled Benadryl at night. An interview with the acting Director of Nursing (DON) on 11/3/17 at approximately 10:30 am revealed that the consultant Pharmacist would either email or print out the recommendations after their visit and the facility staff would place them in the physician's book for him to review on the next visit. The acting DON was unable to locate the recommendation to discontinue the scheduled Benadryl. She did locate the recommendation to discontinue the prn Benadryl and prn Norco which was not given to the physician to address. An interview with the consultant Pharmacist on 11/3/17 at 11:26 AM revealed that she did complete the monthly medication review for Resident #43 on 9/8/17 and recommended the facility physician discontinue the scheduled Benadryl and as needed Benadryl and Norco. She further revealed that she printed off the recommendations and placed them in the DON's box after that visit. An interview with the Administrator on 11/3/17 at approximately 12:30 PM revealed that she was unaware that there was an issue with the Consultant Pharmacist's recommendations and that she would expect the recommendations be forwarded to the physician and acted upon.	F 428		
F 469 SS=D	483.90(i)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM (i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.	F 469		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345089	A. BUILDING _____ B. WING _____	11/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 469	Continued From page 13 This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review, the facility failed to effectively treat and prevent fly infestation in a resident's room for 1 of 1 sampled resident with flies (Resident #19). The findings included: Resident #19 was admitted to the facility on 10/20/15. The most recent Minimum Data Set (MDS) specified the resident's cognition was intact. On 10/30/17 at 3:34 PM observations were made of Resident #19 in his room. The observations revealed more than 10 were on his feet. On 10/30/17 at 5:17 PM another observation was made of Resident #19 in his room lying in bed and had 20 flies that could be counted on his body. On 11/02/17 at 10:07 AM Resident #19 was in his room lying in bed. An attempt to interview the resident was made and during the interview, flies were noted to be on the resident. There was a fly on his arm, two flies on his shoe, 3 flies on his face, 1 fly on his pant leg and 2 flies on his ear. In addition, the resident's room had flies flying around the room. Resident #19 was asked about the flies and stated they were always in the room.	F 469	F-469 The pest control exterminator treated Resident #19's room on 11/3/17. The room-mate of Resident #19 was moved to another room on 11/3/17. Resident #19's room and bathroom were deep cleaned; walls, furniture and all clothing were washed on 11/6/17. Resident #19's mattress, curtains & bedside table were replaced 11/6/17. Resident #19 had a whirlpool bath on 11/6/17. Resident #19 agreed to use smokeless tobacco only when outside with smokers per facility schedule on 11/6/17. . A Quality Review was conducted on 11/717 by the Housekeeping Supervisor of resident rooms in the facility. Findings reviewed by the Executive Director. Follow up based on findings. . *3 additional insect lights were placed in the building, on 11/14/17. *Pest Control Notebooks were placed at each nurse's station to record identified pests to be checked every Monday-Friday by the Maintenance Director, and or Maintenance Assistant and/or the Housekeeping Supervisor. Follow up based on findings. *Executive Director to complete quality monitoring of Pest Control Notebooks and follow up on sightings daily Monday through Friday for 2 weeks, then twice weekly for 2 weeks, then weekly for 4 weeks, then bi-weekly for 6 months, then monthly. *Quality Monitoring initiated and to be completed as follows: every Monday through Friday for 2 weeks, then twice weekly for 2 weeks, then weekly for 4 weeks, the bi-weekly for 6 months by the Maintenance Director, the Maintenance Assistant, Housekeeping Supervisor and/or the Executive Director. . .	

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F 469	Continued From page 14 On 11/02/17 at 1:15 PM nurse aide (NA) #1 was interviewed and stated she was often assigned to Resident #19 and that the resident frequently refused assistance with activities of daily living, specifically personal hygiene. The NA reported that flies had been an ongoing problem in the room. She added she had to swat them away every time she went in the room. On 11/02/17 at 1:40 PM the Housekeeping Manager was interviewed and stated that all rooms were cleaned daily and as needed. He explained that Resident #19's room was cleaned first because the condition of the room each day. The Housekeeping Manager stated he was aware of the chronic odor in the room that attracted flies and that his staff cleaned the room daily and tried to go back 2 to 3 additional times during the week to provide additional cleaning. On 11/02/17 at 1:54 PM the Maintenance Director was interviewed and explained that the facility had a pest contract. He stated he was aware of the ongoing issue of flies in Resident #19's room. He explained that he was limited with what he could do to kill the flies in the room because of risk to residents with fumes and chemicals. The Maintenance Director provided documentation that the pest control company was in the facility on 10/31/17 to treat for flies in the room. He added that treatment was ineffective because if the odor remained in the room, flies would continue to stay in the room. On 11/02/17 at 2:20 PM the Administrator	F 469	(F-469 continued) *Education regarding the importance of identification and notification of any pests was provided to current staff members by the RN Clinical Supervisor or the Director of Nursing Services. This education to be provided to new staff at orientation by the Director of Clinical Services, the RN Clinical Supervisor and/or the Maintenance Director. . Results of the Quality Monitoring tools and the Pest Control Notebooks to be presented to the Quality Assurance Performance Improvement Committee by the Maintenance Director monthly. Quality Monitoring schedule modified based on findings.	Completion Date: 12/1/17

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F 469	Continued From page 15 reported that she was new to the facility and had not been told about the issue with Resident #19's poor hygiene attracting flies to the room. She added that she went to the room on 11/02/17 and could not believe the extent of fly activity in the room.	F 469		