

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

PRINTED: 04/12/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345522	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/19/2021
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/FLETCHER			STREET ADDRESS, CITY, STATE, ZIP CODE 86 OLD AIRPORT ROAD FLETCHER, NC 28732	
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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 561 SS=E	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.	F 561		4/14/21

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

TITLE

(X6) DATE

Electronically Signed

04/08/2021

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 561	<p>Continued From page 1</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, resident and staff interviews, the facility failed to provide residents with their preferred number of showers per week for 4 of 7 residents reviewed for choices and activities of daily living (Resident #9, #116, #23, and #63).</p> <p>Findings included:</p> <p>1. Resident #9 was admitted to the facility on 07/11/19 with diagnoses that included chronic kidney disease, diabetes and lower end right femur (thigh bone) fracture.</p> <p>The quarterly Minimum Data Set (MDS) dated 02/12/21 indicated Resident #9 was cognitively intact for daily decision making and displayed no rejection of care. The MDS noted Resident #9 required the physical assistance of 1 staff member for bed mobility, dressing, toileting and personal hygiene. Further review revealed bathing activity did not occur during the MDS 7-day assessment period.</p> <p>During an interview on 03/16/21 at 10:58 AM Resident #9 stated she was supposed to receive showers twice a week but had not received a shower or bed bath in over a month. Resident #9 added she would like to have her scheduled showers each week.</p>	F 561	<p>Universal Healthcare of Fletcher acknowledges receipt of the Statement of Deficiencies and purpose of this Plan of Correction to the extent the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as written allegation of compliance.</p> <p>Preparation and submission of this Plan of Correction is in response to the CMS 2567 from the survey conducted on March 15-19, 2021. Universal Healthcare of Fletcher's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Universal Healthcare of Fletcher reserves the right to refute any deficiency on the Statement of Deficiencies through Informal Dispute Resolution, formal appeal and/or other administrative or legal procedures.</p> <p>F 561</p> <p>1. The facility failed to provide residents</p>		

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F 561	<p>Continued From page 2</p> <p>Review of the bathing schedule for Resident #9 revealed she was scheduled to receive showers on Mondays and Fridays during the hours of 3:00 PM to 11:00 PM. The bathing sheets for February 2021 and March 2021 revealed Resident #9 received bathing assistance 4 out of 13 scheduled days on 02/05/21, 02/18/21, 02/25/21 and an unspecified date in March 2021. The bathing sheets further noted she refused bathing assistance on 03/01/21. There were no bathing sheets for the scheduled dates of 02/01/21, 02/08/21, 02/12/21, 02/15/21, 02/22/21, 3/05/21, 3/08/21, 3/12/21, or 03/15/21.</p> <p>During a telephone interview on 03/18/21 at 2:47 PM, Nurse Aide (NA) #3 confirmed she was assigned to provide care, which included bathing assistance, to Resident #9 on 02/08/21, 03/05/21, 03/08/21, and 03/15/21. NA #3 could not specifically recall the circumstances on 02/08/21, 03/05/21 or 03/08/21 but explained on 03/15/21 there were only 3 NAs scheduled and she did not have the time to complete showers or bed baths for the residents assigned. NA #3 added when bathing assistance was provided, she filled out a shower sheet with the date and type of assistance provided and confirmed if one was not filled out then bathing assistance was not done.</p> <p>During an interview on 03/18/21 at 4:00 PM, NA #4 confirmed she was assigned to provide care, which included bathing assistance, to Resident #9 on 02/26/21 and 03/12/21. NA #4 explained some evenings, she barely had the time to get her rounds completed to provide residents with basic care and meal assistance which made it difficult to get anything else done, such as showers or bed baths. NA #4 confirmed she was unable to provide Resident #9 with her scheduled</p>	F 561	<p>with their preferred number of showers per week for 4 of 7 residents reviewed for choices and activities of daily living (Resident #9, #23, #63, and #116). Resident #63 received their shower on 3/17/2021 and Residents #9, #23, and #116 all received showers on 3/19/2021.</p> <p>2. All current residents have the potential to be affected by the alleged deficient practice. On 4/6/2021 – 4/8/2021, an audit was completed by Facility Leadership (Ambassadors) on all Alert and Oriented residents to ask what their preferred shower days are. For the residents that are unable to express their preference, their Responsible Party and/or Power of Attorney were asked their preferred shower days by Facility Leadership (Ambassadors). Changes made to shower schedule as needed.</p> <p>3. Effective 4/6/2021, all licensed and non-licensed line staff received education on the expectation of resident's shower preferences and communication to nurse management and oncoming shift regarding refusals of showers/unable to give shower.</p> <p>Nurse Management will audit daily shower schedules to ensure residents received showers based upon resident's preference. This audit will be conducted 5x weekly x 4 weeks, then 3x weekly x 4 weeks, then weekly x 4 weeks.</p> <p>Director of Nursing will review the results of the weekly audits to ensure any issues</p>		

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F 561	<p>Continued From page 3</p> <p>showers on 02/26/21 and 03/12/21.</p> <p>Telephone attempts on 03/15/21 at 9:36 PM and 2:32 PM and 03/16/21 at 9:05 AM to speak with NA #5, who provided care to Resident #9, were unsuccessful.</p> <p>During a joint interview on 03/19/21 at 11:53 AM, the Director of Nursing (DON) and Administrator reported they audited residents bathing sheets during their morning meetings and had identified no concerns related to bathing. Both the DON and Administrator stated they were aware of issues with staffing but were not made aware of any resident care unable to be provided. After reviewing the bathing schedule and Resident #9's bathing sheets for February 2021 and March 2021, both the DON and Administrator confirmed she did not receive her preferred number of showers each week. The DON and Administrator both added they would expect for residents to receive bathing assistance as scheduled or the NA to communicate when they were unable to provide residents with showers so that a make-up day could be arranged.</p> <p>2. Resident #116 was admitted to the facility on 02/23/21 with multiple diagnoses that included displaced bimalleolar (ankle) fracture of right lower leg.</p> <p>The admission Minimum Data Set (MDS) dated 02/28/21 indicated Resident # 116 was cognitively intact for daily decision making and displayed no rejection of care. The MDS noted Resident #116 required the physical assistance of 1 staff member for bed mobility, dressing, toileting and personal hygiene. Further review revealed bathing activity did not occur during the MDS</p>	F 561	<p>identified are corrected.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Director of Nursing and Assistant Director of Nursing</p> <p>6. Date of Compliance: 4/14/2021</p>		

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F 561	<p>Continued From page 4 7-day assessment period.</p> <p>During an interview on 03/15/21 at 09:17 AM Resident #116 stated she was supposed to receive showers twice a week and wanted to be bathed but had not received a shower or bed bath in over two weeks.</p> <p>Review of the bathing schedule for Resident #116 revealed she was scheduled to receive showers on Tuesdays and Fridays during the hours of 3:00 PM to 11:00 PM. The bathing sheets for March 2021 revealed Resident #116 received bathing assistance that consisted of a shower and hair care on an unspecified date in March 2021 by NA #5. There were no bathing sheets for the scheduled dates of 03/02/21, 03/05/21, 03/09/21, or 03/12/21.</p> <p>During a telephone interview on 03/18/21 at 2:47 PM, Nurse Aide (NA) #3 confirmed she was assigned to provide care, which included bathing assistance, to Resident #116 on 03/05/21. NA #3 could not specifically recall the circumstances on 03/05/21 but explained when there were only 3 NAs scheduled, she did not have the time to complete showers or bed baths for the residents assigned. NA #3 added when bathing assistance was provided, she filled out a shower sheet with the date and type of assistance provided and confirmed if one was not filled out then bathing assistance was not done.</p> <p>During an interview on 03/18/21 at 4:00 PM, NA #4 confirmed she was assigned to provide care, which included showers, to Resident #116 on 03/12/21. NA #4 explained some evenings, she barely had the time to get her rounds completed to provide residents with basic care and meal</p>	F 561			

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F 561	<p>Continued From page 5</p> <p>assistance which made it difficult to get anything else done, such as showers or bed baths. NA #4 confirmed she was unable to provide Resident #116 with her scheduled shower 03/12/21.</p> <p>Telephone attempts 03/15/21 at 9:36 PM and 2:32 PM and 03/16/21 at 9:05 AM to speak with NA #5, who provided care to Resident #116, were unsuccessful.</p> <p>During a joint interview on 03/19/21 at 11:53 AM, the Director of Nursing (DON) and Administrator reported they audited residents bathing sheets during their morning meetings and had identified no concerns related to bathing. Both the DON and Administrator stated they were aware of issues with staffing but were not made aware of any resident care unable to be provided. After reviewing the bathing schedule and March 2021 bathing sheets for Resident #116, both the DON and Administrator confirmed she did not receive her preferred number of showers each week. The DON and Administrator both added they would expect for residents to receive bathing assistance as scheduled or the NA to communicate when they were unable to provide residents with showers so that a make-up day could be arranged.</p> <p>3. Resident #23 was admitted to the facility 12/26/18 with diagnoses which included multiple sclerosis, paraplegia, and a stage 4 pressure ulcer of the sacrum.</p> <p>The quarterly Minimum Data Set (MDS) dated 1/21/21 assessed Resident #23 as being cognitively intact for making daily decisions. Resident #23 required extensive assistance with</p>	F 561			

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F 561	<p>Continued From page 6</p> <p>bed mobility, toilet use, and personal hygiene. The MDS determined bathing had not been provided by facility staff over the 7-day lookback period of the assessment.</p> <p>A review of the care plan for Resident #23 revised on 1/27/21 revealed staff assistance was required with activities of daily living (ADL) tasks. Assistance by staff was required due to impaired mobility, disease processes with an anticipated decline, multiple sclerosis, and paraplegia. The goal was for ADL needs to be met with staff assistance and support as evidence by being clean with the intervention to assist Resident #23 with bathing.</p> <p>An interview was conducted with Resident #23 on 3/15/21 at 12:43 PM. Resident #23 revealed it had been approximately 2 weeks since he had received a shower or bed bath.</p> <p>A review of the bathing schedule for Resident #23 revealed he was to receive assistance on Monday and Thursday from 7:00 AM through 3:00 PM. The bathing sheets revealed on 3/1/21, 3/4/21, 3/8/21 no assistance was provided for a shower or bed bath. There were no bathing sheets dated for 3/11/21, 3/15/21, or 3/18/21.</p> <p>A second interview was conducted with Resident #23 on 3/18/21 at 4:55 PM. Resident #23 confirmed he still had not received a shower or bed bath at this time. Resident #23 revealed his bathing preference was to receive a shower at least twice a week and if staff were unable to provide a shower, he wanted a bed bath.</p> <p>An interview was conducted with Nurse Aide (NA) #1 on 3/19/21 at 8:38 AM. NA #1 confirmed she</p>	F 561			

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F 561	<p>Continued From page 7</p> <p>worked on 3/8/21 and 3/18/21 during the 7:00 AM through 3:00 PM shift. After reviewing the bathing records kept at the nurse station NA #1 confirmed her assignment on 3/8/21 and 3/18/21 was to provide care for Resident #23 who was schedule to receive a shower or bed bath on both days. NA #1 explained on 3/8/21 she didn't have time to provide bathing assistance and on 3/18/21 Resident #23's name was not included on her bathing assignment. NA #1 indicated on 3/18/21 she had time to provide bathing assistance for Resident #23, but his name was not on her assignment, so no assistance was provided.</p> <p>An interview was conducted with NA #2 on 3/19/21 at 10:35 AM. NA #2 confirmed she worked on 3/15/21 and was assigned to provide Resident #23 bathing assistance. NA #2 revealed on 3/15/21 she washed Resident #23's face and groin area but didn't provide a shower or complete bed bath. NA #2 was aware Resident #23 preferred a shower but indicated she was unable to provide due to not having the time to complete her assignment. NA #2 revealed she did not inform the oncoming shift she was unable to provide bathing assistance for Resident #23.</p> <p>An interview was conducted with Director of Nursing (DON) and Administrator on 3/19/21 at 11:53 AM. Both the DON and Administrator revealed they audited residents bathing sheets during their morning meetings and had no concerns related to bathing. The DON and Administrator explained the nurses were responsible for writing the names of residents scheduled to receive bathing on the NA assignment sheet. The residents bathing schedule and sheets were kept at the nursing station and available for review by nurses and NA</p>	F 561			

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F 561	<p>Continued From page 8</p> <p>staff. If the NA staff didn't communicate, they were unable to complete their bathing assignment or the nurse didn't write it on the NA's assignment the resident could miss their scheduled bathing. After reviewing the bathing schedule and sheets for Resident #23 both the DON and Administrator indicated Resident #23 missed his scheduled bathing due to staffing and communication problems between the nurses and NA staff.</p> <p>4. Resident #63 was admitted to the facility 06/17/16 with diagnoses including hypertension (high blood pressure), diabetes, and hemiplegia (paralysis of one side of the body).</p> <p>Review of the annual Minimum Data Set (MDS) dated 02/17/21 revealed Resident #63 was cognitively intact for daily decision making and displayed no rejection of care. The MDS indicated Resident #63 was totally dependent for bathing.</p> <p>Review of the care plan for activities of daily living (ADL) last updated 03/03/21 revealed Resident #63 preferred her showers on Wednesdays and Saturdays on the 07:00 to 03:00 PM shift.</p> <p>During an interview on 03/15/21 at 12:20 PM Resident #63 stated she was supposed to get showers two times a week but did not receive a shower on 03/13/21. Resident #63 added she would like to receive her scheduled showers each week.</p> <p>Review of the bathing schedule for Resident #63 revealed she was scheduled to receive showers on Saturdays and Wednesdays on the 07:00 AM to 03:00 PM shift. The bathing sheet for March 2021 revealed Resident #63 received bathing</p>	F 561			

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F 561	Continued From page 9 assistance consisting of a shower on 03/04/21, 03/08/21, and 03/10/21. There was no shower documentation for 03/13/21 for Resident #63. An interview with NA #6 on 03/18/21 at 02:05 PM revealed she worked 03/13/21 on the 07:00 AM to 03:00 PM shift. She stated there were only 3 NAs for the whole building on 03/13/21 on the 07:00 AM to 03:00 PM shift and she and NA #7 worked together to do care rounds and showers. She stated she and NA #7 were unable to give Resident #63 her scheduled shower on 03/13/21 due to not having enough time to provide care. An interview with NA #7 on 03/19/21 at 08:26 AM revealed she worked 03/13/21 on the 07:00 AM to 07:00 PM shift. She stated there were only 3 NAs for the whole building on 03/13/21 for the 07:00 AM to 03:00 PM shift. NA #7 stated she and NA #6 worked together to provide care rounds and showers, but they were unable to give Resident #63 her scheduled shower on 03/13/21. A joint interview with the Director of Nursing (DON) and Administrator on 03/19/21 at 11:53 AM revealed bathing sheets were audited during morning meetings and there were no concerns regarding residents receiving scheduled showers. The DON and Administrator reviewed the bathing sheet for Resident #63 for March 2021 and confirmed she did not receive her scheduled shower 03/13/21. The DON and Administrator stated there were staffing issues, but they were not aware of any resident care that was not able to be provided.	F 561			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)	F 584		4/14/21	

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F 584	<p>Continued From page 10</p> <p>§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.</p> <p>The facility must provide-</p> <p>§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 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</p>	F 584			

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F 584	<p>Continued From page 11</p> <p>sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to label and store personal care equipment in 9 of 11 bathrooms (resident bathrooms #107, #108, #109, #110, #112, #114, #115, #116, and #300), failed to maintain clean and sanitary overbed tables for 6 of 20 overbed tables (both overbed tables in room #108, both overbed tables in room #116, and both overbed tables in room #107), failed to maintain a clean and sanitary geriatric chair for 1 of 1 geriatric chair (Resident #26), failed to maintain a clean floor in 4 of 10 resident rooms (room #108, room #110, room #112, room #116), failed to maintain a clean bathroom in 5 of 10 resident bathrooms (bathroom #108, bathroom #112, bathroom #116, bathroom #115, bathroom #109), failed to maintain clean baseboards for 1 of 10 resident bathrooms (bathroom #112), failed to maintain a clean and sanitary shower room for 1 of 2 shower rooms, and failed to maintain a clean and sanitary shower bed for 1 of 1 shower bed.</p> <p>Findings included:</p> <p>1 A. An observation of semi-private Room #108 on 03/15/21 at 10:09 AM revealed both overbed tables were covered with dried debris, an opened and unlabeled tube of moisture barrier cream was sitting on the back of the toilet, and the toilet bowl contained dried brown material.</p> <p>An observation of Room #108 on 03/16/21 at 09:05 AM revealed the room floor was covered with dried food and other debris and an opened and unlabeled tube of moisture barrier cream sitting on the back of the toilet.</p>	F 584	<p>F 584</p> <p>1. The facility failed to label and store personal care equipment in 9 of 11 bathrooms; failed to maintain clean and sanitary overbed tables for 6 of 20 overbed tables; failed to maintain a clean and sanitary geriatric chair for 1 of 1 geriatric chair; failed to maintain a clean floor in 4 of 10 resident rooms; failed to maintain a clean bathroom in 5 of 10 resident bathrooms; failed to maintain clean baseboards for 1 of 10 resident bathrooms; failed to maintain a clean and sanitary shower room for 1 of 2 shower rooms; and failed to maintain a clean and sanitary shower bed for 1 of 1 shower bed.</p> <p>A. Nursing Home Administrator (NHA) and Facility Leadership (Ambassadors) labeled and stored the personal care equipment for resident bathrooms #107, #108, #109, #110, #112, #114, #115, #116, and #300 on 3/17/2021; NA cleaned the geriatric chair for Resident #26 immediately.</p> <p>B. Environmental Services (EVS) Account Leader and EVS staff cleaned the overbed tables in room #107 – both tables, room #108 – both tables, and room #116 – both tables; cleaned the resident's floors in rooms #108, #110, #112, #116; cleaned the resident's bathrooms in #108, #109, #112, #115, and</p>		

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F 584	<p>Continued From page 12</p> <p>An observation of Room #108 on 03/17/21 at 10:14 AM revealed both overbed tables were covered with dried debris, the room floor was covered with scattered dried food and debris, and the bathroom floor was covered with scattered debris.</p> <p>B. An observation of Resident #26's geriatric chair on 03/15/21 at 10:26 AM revealed dried material to the left armrest.</p> <p>An observation of Resident #26's geriatric chair on 03/16/21 at 09:05 AM revealed dried material to the left armrest.</p> <p>C. An observation of semi-private Room #110 on 03/15/21 at 10:19 AM revealed an unlabeled denture cup sitting on top of the bathroom sink, debris on the floor on the far side of the room, and an unlabeled bedpan in a clear plastic bag hanging on a bathroom handrail.</p> <p>An observation of Room #110 on 03/16/21 at 09:14 AM revealed an unlabeled denture cup sitting on the bathroom sink and an unlabeled bedpan in a clear plastic bag hanging on a bathroom handrail.</p> <p>An observation of Room #110 on 03/17/21 at 10:21 AM revealed an unlabeled denture cup sitting on the bathroom sink.</p> <p>D. An observation of the bathroom of Room #109 on 03/15/21 at 11:39 AM revealed 2 unlabeled bath basins stacked inside each other sitting on the floor, an unlabeled emesis basin sitting on the back of the toilet, an unlabeled and uncovered urinal hanging on a bathroom side rail,</p>	F 584	<p>#116; cleaned the baseboard in resident's bathroom #112; cleaned the shower room and cleaned the shower bed on 3/17/2021.</p> <p>2. All current residents have the potential to be affected by the alleged deficient practices.</p> <p>A. NHA and Facility Leadership (Ambassadors) conducted an audit on 3/18/2021 throughout every resident's room to ensure all personal care items were labeled, bagged, and stored appropriately. Opportunities corrected as identified.</p> <p>B. EVS Account Leader conducted an audit on 3/18/2021 to ensure the following was completed: Clean and sanitary overbed tables; clean and sanitary Geri chairs; clean floors; clean bathrooms; clean baseboards; clean and sanitary shower rooms; and a clean and sanitary shower bed. Opportunities corrected as identified.</p> <p>3. NHA educated Facility Leadership (Ambassadors) on the expectation of all personal care items to be labeled and stored appropriately on 3/17/2021</p> <p>A. Nursing Staff were educated by Assistant Director of Nursing (ADON) regarding labeling and storing personal items timely and properly on 4/1/2021. An audit will be conducted by Facility Leadership (Ambassadors) on resident rooms to ensure all personal items are</p>		

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F 584	<p>Continued From page 13 and dried debris around the base of the toilet.</p> <p>E. An observation of the bathroom of Room #115 on 03/15/21 at 12:13 PM revealed an uncovered and unlabeled bath basin that contained an unlabeled and uncovered urine collection device and uncovered and unlabeled toothbrush. Further observation revealed 2 unlabeled tubes of moisture barrier cream sitting on a handrail behind the toilet.</p> <p>An observation of the bathroom of Room #115 on 03/16/21 at 02:29 PM revealed an unlabeled emesis basin sitting on the sink and 2 tubes of moisture barrier cream sitting on a handrail behind the toilet. An unlabeled and uncovered bath basin contained an unlabeled and uncovered toothbrush and an unlabeled and uncovered urine collection device.</p> <p>F. An observation of semi-private Room #107 on 03/16/21 at 9:09 AM revealed dried debris to both overbed tables. Further observation revealed an opened and unlabeled bottle of body wash sitting on the back of the toilet, dried brown material inside the toilet bowl, and debris to the bathroom floor.</p> <p>An observation of Room #107 on 03/17/21 T 10:14 AM revealed dried debris to both overbed tables, scattered debris to the floor, and scattered debris to the bathroom floor.</p> <p>G. An observation of semi-private Room #112 on 03/15/21 at 12:31 PM revealed the floor was covered with scattered debris. Further observation revealed an unlabeled container of shaving cream sitting on the bathroom sink, dried yellow and brown streaks to the outside of the</p>	F 584	<p>labeled, bagged, and stored appropriately for 25 rooms per week x 4 weeks, then 20 rooms per week x 4 weeks, then 15 rooms per week x 4 weeks.</p> <p>B. EVS employees educated by EVS Account Leader on 3/18/2021 on the expectation of clean and sanitary overbed tables, clean and sanitary Geri/wheelchairs, clean floors, clean bathrooms, clean baseboards (baseboard cleaning frequency logged and verified going forward), clean and sanitary shower rooms (added a sign-off sheet to verify frequency and times of cleanings going forward), and a clean and sanitary shower bed (added a sign-off sheet to verify frequencies and times of cleaning). EVS Account Leader or designee will audit 25 rooms per week x 4 weeks, then 20 rooms per week x 4 weeks, then 15 rooms per week x 4 weeks ensuring the cleanliness and sanitation of overbed tables, Geri/wheelchairs, floors, bathrooms, baseboard, shower rooms, and the shower bed.</p> <p>NHA will review the results of the weekly audits from Facility Leaders (Ambassadors) and EVS Account Leader to ensure personal care equipment is appropriately labeled and stored; clean and sanitary overbed tables, clean and sanitary Geri/wheelchairs; clean floors; clean bathrooms; clean baseboards; clean and sanitary shower rooms; and a clean and sanitary shower bed. Any issues identified are corrected.</p>		

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F 584	<p>Continued From page 14</p> <p>toilet bowl leading down to the bathroom floor, dried yellow material to both sides of the toilet base, and an unlabeled and uncovered bath basin in the bathroom floor.</p> <p>An observation of Room #112 on 03/16/21 at 09:20 AM revealed an unlabeled container of shaving cream sitting on the bathroom sink, dried yellow material to both sides of the toilet base, dried yellow streaks to the wall and baseboard beside toilet, and a dried streak of brown material on the outside of the toilet bowl leading to the bathroom floor.</p> <p>An observation of Room #112 on 03/17/21 at 10:17 AM revealed scattered debris on the floor of the room, an unlabeled container of shaving cream sitting on bathroom sink, dried yellow streaks to the wall and baseboard beside the toilet, a dried streak of brown material on the outside of the toilet bowl leading to the bathroom floor, and scattered debris to the bathroom floor.</p> <p>H. An observation of semi-private Room #116 on 03/15/21 at 03:17 PM revealed dried material to A bed's overbed table and scattered debris to the room floor. Further observation revealed an uncovered and unlabeled urinal containing yellow liquid hanging on a handrail in the bathroom, unlabeled toothbrush, toothpaste, and hairbrush sitting on the bathroom sink, dried brown material to the toilet seat, an unlabeled and uncovered bath basin sitting on a shower chair, and 2 opened and unlabeled tubes of moisture barrier cream on the handrail behind the toilet.</p> <p>An observation Room #116 on 03/16/21 at 09:27 AM revealed A bed's overbed table with dried debris and scattered debris to floor. Further</p>	F 584	<p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing and EVS Account Leader monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Nursing Home Administrator, Director of Nursing, and EVS Account Leader</p> <p>6. Date of Compliance: 4/14/2021</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 584	<p>Continued From page 15</p> <p>observation revealed an unlabeled and uncovered urinal containing yellow liquid hanging on a handrail in the bathroom, 2 tubes of opened and unlabeled moisture barrier cream on the handrail behind the toilet, and dried brown material to the toilet seat.</p> <p>An observation of Room #116 on 03/17/21 at 10:26 AM revealed scattered debris to the floor and dried debris on A bed's overbed table.</p> <p>I. An observation of the bathroom of semi-private Room #114 on 03/15/21 at 03:17 PM revealed an unlabeled and uncovered bath basin sitting on the back of the toilet, and an unlabeled denture cup, bottle of mouthwash, and toothpaste sitting on the sink.</p> <p>J. An observation of the 100 hall shower room on 03/17/21 at 03:14 PM revealed a large amount of hair scattered on the floor and green and brown substances that were easily removable with a paper towel on the shower floor. Further observation of the shower room revealed a shower bed with a white pad. In the area between the white pad and shower bed debris, hair, and a sticky substance were observed.</p> <p>A joint interview with the Administrator and Director of Nursing (DON) on 03/17/21 at 03:34 PM revealed housekeeping was responsible for cleaning the overbed tables, floors, toilets, baseboards, shower room, and shower bed. The Administrator stated the overbed tables, floors, toilets, baseboards, shower room and shower bed should be clean and free of debris. The DON stated all personal items should be labeled and items such as bath basins, urine collection devices, and urinals should be clean and covered</p>	F 584			

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F 584	<p>Continued From page 16</p> <p>with a plastic bag. She stated nurse aides (NAs) were responsible for labeling personal items and covering items that were required to be covered. The DON stated third shift NAs were responsible for cleaning wheelchairs and geriatric chairs but she was unsure of the last time geriatric chairs and wheelchairs were cleaned.</p> <p>An interview with the Housekeeping Director on 03/17/21 at 03:55 PM revealed housekeepers were to clean resident rooms after breakfast and lunch and then as needed. She stated daily cleaning of resident rooms included cleaning overbed tables, sweeping and mopping the room and bathroom floor, cleaning toilets, and cleaning bathroom sinks. The Housekeeping Director stated baseboards were supposed to be cleaned weekly but she unsure of which day of the week they were to be cleaned and when they were last cleaned. She stated shower rooms were cleaned twice a day and the shower bed was cleaned once a day but she was not sure when they were last cleaned. The Housekeeping Director further stated there was at least one housekeeping position open and that caused more work for each housekeeper until a new housekeeper could be hired and trained.</p> <p>2. Observation of the shared bathroom of Room #300 on 03/15/21 at 3:09 PM revealed a wash basin sitting on top of the toilet tank that was not labeled or covered and a clear, plastic bag tied to the metal grab bar that contained 2 unlabeled, toilet specimen pans with a balled up paper towel at the bottom of the bag.</p> <p>Observations of the shared bathroom of Room #300 on 03/16/21 at 10:05 AM and 03/17/21 at 11:05 AM revealed 2 clear, plastic bags attached</p>	F 584			

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F 584	Continued From page 17 to the metal grab bar: one contained an unlabeled wash basin and the second contained 2 unlabeled, toilet specimen pans with a balled up paper towel at the bottom of the bag. An interview and tour was conducted with the Administrator and Director of Nursing (DON) on 03/17/21 at 3:35 PM. The DON explained Nurse Aides (NA) were responsible for labeling resident care equipment and acknowledged the wash basin and toilet specimen pans stored in the shared bathroom of Room #300 were not labeled appropriately. The DON stated she would have expected for the NA to make sure personal care items were labeled with the resident's name, covered and stored individually.	F 584			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of	F 761		4/14/21	

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F 761	<p>Continued From page 18</p> <p>the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and staff interviews the facility failed to remove expired medications according to the date it was opened and the manufacturer's directions (200-hall med cart); and failed to discard intravenous (IV) antibiotic medication according to the expiration date on the label (400-hall med cart). These medications were available for use on 2 of 4 medication carts reviewed for medication storage.</p> <p>Findings included:</p> <p>An observation was made on 3/17/21 at 12:22 PM of the 200-hall med cart used to store medications administered to residents. A used lispro (fast-acting) insulin pen labeled with an open date of 2/5/21 and expire date of 3/5/21 was being stored on the med cart and available for use.</p> <p>A review of the manufacturer's directions for storage of a lispro insulin pen read in part, "when currently in-use store the pen at room temperature and throw away after 28 days."</p> <p>During an interview on 3/17/21 at 12:22 PM Nurse #1 explained the insulin pen should have been discarded 28 days from the day it was removed from the refrigerator and not stored on the medication cart after 3/5/21.</p>	F 761	<p>F 761</p> <ol style="list-style-type: none"> 1. The facility failed to remove expired medications according to the date it was opened and the manufacturer's directions; and failed to discard intravenous (IV) antibiotic medication according to the expiration date on the label. These medications were available for use on 2 of 4 medication carts reviewed for medication storage. The expired insulin pen and antibiotic medication were removed from the medication carts and discarded by the nurses immediately on 3/17/2021. 2. All current residents have the potential to be affected by the alleged deficient practice. Director of Nursing (DON) and Assistant Director of Nursing (ADON) performed an audit of facility medication carts, treatments carts, and medication rooms to ensure medications were dated, labeled, and discarded according to facility policy and procedures on 3/17/2021. Medications were dated and labeled appropriately; no medications were observed to be expired. 3. Effective 4/2/2021, Assistant Director of Nursing (ADON) provided in-service 		

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F 761	Continued From page 19 An observation of the 400-hall medication cart was done on 03/17/21 at 4:11 PM. Nurse #2 prepared to use an elastomeric pump (a prefilled device used to infuse medications) of ceftriaxone (an antibiotic medication) labeled with an expiration date of 3/15/21. An interview was conducted with Nurse #2 on 3/17/21 at 4:11 PM. Nurse #2 revealed it was her responsibility to check the expiration dates on medication labels prior to administering but she forgot to check the label on the prefilled elastomeric pump of ceftriaxone. An interview was conducted with the Director of Nursing (DON) on 03/17/21 at 4:58 PM. The DON explained it was the nurses' responsibility to check expiration dates prior to administering a medication. The DON revealed she had checked the medication carts on Monday and her and the Assistant DON check the medication carts weekly for expired medicine. An interview with the Administrator was conducted on 03/19/21 at 4:09 PM. The Administrator revealed she expected nurses to check expiration dates prior to administering and if expired properly dispose of the medication.	F 761	education to all licensed nurses regarding the Policy and Procedure for dating, labeling, and expiration dates for medications once opened. The Nurse Managers will audit medication carts and medication rooms 5x a week for 4 weeks, then 3x a week for 4 weeks, then once a week for 4 weeks. Director of Nursing will review the results of the daily and weekly audits to ensure any issues identified are corrected. 4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. 5. Person Responsible: Director of Nursing and Assistant Director of Nursing 6. Date of Compliance: 4/14/2021		
F 811 SS=D	Feeding Asst/Training/Supervision/Resident CFR(s): 483.60(h)(1)-(3) §483.60(h) Paid feeding assistants- §483.60(h)(1) State approved training course. A facility may use a paid feeding assistant, as defined in § 488.301 of this chapter, if- (i) The feeding assistant has successfully completed a State-approved training course that	F 811		4/14/21	

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F 811	<p>Continued From page 20</p> <p>meets the requirements of §483.160 before feeding residents; and</p> <p>(ii) The use of feeding assistants is consistent with State law.</p> <p>§483.60(h)(2) Supervision. (i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). (ii) In an emergency, a feeding assistant must call a supervisory nurse for help.</p> <p>§483.60(h)(3) Resident selection criteria. (i) A facility must ensure that a feeding assistant provides dining assistance only for residents who have no complicated feeding problems. (ii) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings. (iii) The facility must base resident selection on the interdisciplinary team's assessment and the resident's latest assessment and plan of care. Appropriateness for this program should be reflected in the comprehensive care plan. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to ensure that a staff member completed a minimum of 1 hour of training as specified in the COVID-19 Emergency Declaration Blanket Waivers for Healthcare Providers before providing feeding assistance to 1 of 2 residents (Resident #34) observed being fed.</p> <p>Findings included:</p> <p>During the entrance conference on 03/15/21 at 9:35 AM, the Administrator reported the facility did</p>	F 811	<p>F 811</p> <p>1. The facility failed to ensure that HA #1 completed a minimum of 1 hour of training as specified in the COVID-19 Emergency Declaration Blanket Waivers for Healthcare Providers before providing feeding assistance to 1 of 2 residents observed being fed (Resident #34). On 3/19/2021, HA #1 received the 1 hour feeding assistance training.</p> <p>2. Residents who need assistance with</p>		

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F 811	<p>Continued From page 21 not have a Paid Feeding Assistance Program.</p> <p>Resident #34 was admitted to the facility on 01/24/16. Current diagnoses included Alzheimer's disease and dysphagia (difficulty swallowing).</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 01/19/21 revealed Resident #34 required extensive assistance with eating and had no trouble swallowing.</p> <p>A care plan with the onset date of 09/09/20 addressed Resident #34's risk for aspiration due to dysphagia with impaired cognition and need for mechanically altered diet. Interventions included: diet as ordered, leave her upright as tolerated for 30 minutes past meals, encourage small bites and small sips, and monitor for signs or symptoms of aspiration.</p> <p>During an observation on 03/17/21 at 12:58 AM, Resident #34 was lying in bed, with the head of bed elevated, while Hospitality Aide (HA) #1 assisted her with the lunch meal. Resident #34 was served a pureed diet, accepted bites of her meal from HA #1 without difficulty and displayed no trouble swallowing during the observation. Upon interview, HA #1 reported she typically assisted Resident #34 with her lunch meal on the days she worked but had not had any recent meal assistance training. HA #1 added she liked feeding Resident #34 as she had a good appetite and did not display any difficulty eating during her meal.</p> <p>During a follow-up interview on 03/18/21 at 11:45 AM, HA #1 stated it had been over 10 years since she received training on how to feed a resident</p>	F 811	<p>meals have the potential to be affected by the alleged deficient practice.</p> <p>Audit was completed by Director of Nursing (DON) to ensure any other Hospitality Aids (HA) or Personal Care Assistants (PCAs) have received feeding assistance training. The facility didn't have any other HAs or PCAs employed on 3/18/2021.</p> <p>3. Nursing Home Administrator (NHA) educated DON on 4/6/2021 on the requirements of completing a minimum of 1 hour of training as specified in the COVID-19 Emergency Declaration Blanket Waivers for Healthcare Providers</p> <p>DON will audit weekly x 12 weeks any new HAs or PCAs employed by the facility that they receive their feeding assistance training prior to assisting residents with their meals.</p> <p>Nursing Home Administrator (NHA) will review the results of the weekly audits to ensure any issues identified are corrected.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Director of Nursing monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Administrator</p>		

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

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F 811	Continued From page 22 and explained she used to work as a Nurse Aide (NA) "years ago" before it was required to be certified. HA #1 added there was usually a Nurse Aide in the room at the same time feeding Resident #34's roommate; however, if Resident #34 displayed any difficulty while eating she would immediately call for the hall Nurse. During an interview on 03/18/21 at 5:00 PM, the Director of Nursing (DON) explained Nurse Aide skill competencies were completed annually either by return demonstration or computer modules. The DON stated she was unable to locate any documentation of skills competency or feeding assistance training completed by HA #1. The DON was unaware HA #1 had fed Resident #34 and stated HA #1 should not be assisting residents with feeding during meals.	F 811	and Director of Nursing 6. Date of Compliance: 4/14/2021		
F 812 SS=D	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	F 812		4/14/21	

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F 812	<p>Continued From page 23</p> <p>serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, facility policy review and staff interviews, the facility failed to ensure microwaves were clean in 2 of 2 nourishment rooms and failed to remove undated and unlabeled beverage items that were opened and stored in the refrigerator of 1 of 2 nourishment rooms.</p> <p>Findings included:</p> <p>Review of the facility's undated policy titled, "Storage Guidelines for Supplements and Thickened products", stated thickened juice, water and tea had a use by date of 5 days once opened. It was further stated, "all products must be dated on the date it was opened."</p> <p>An observation of the nourishment rooms was conducted with the Certified Dietary Manager (CDM) on 03/15/21 at 9:10 AM and revealed the following:</p> <p>The nourishment room refrigerator, used for residents on the 100, 200 and 300 Hall, had one opened bottle of thickened cranberry juice labeled with a received date of "11/17" that was not marked with an open or use by date; one opened carton of Ready Care 2.0 liquid nutritional supplement not labeled with an open or use by date; and one opened and unlabeled, 16 ounce bottle of coffee creamer. The microwave located on the counter revealed the inside door, sides and base were covered with dried food splatter. The microwave located in the nourishment room used for residents on the 400 Hall revealed the inside door, sides and base were covered with</p>	F 812	<p>F 812</p> <ol style="list-style-type: none"> The facility failed to ensure microwaves were clean in 2 of 2 nourishment rooms and failed to remove undated and unlabeled beverage items that were opened and stored in the refrigerator of 1 of 2 nourishment rooms. The microwaves were cleaned immediately after and items that were found undated and unlabeled that were opened and stored in the refrigerator were immediately discarded by the Certified Dietary Manager (CDM) on 3/15/2021. All current residents have the potential to be affected by the alleged deficient practice. CDM performed an audit in the nourishment rooms to ensure there were no other undated or unlabeled beverage items in the refrigerator and the microwaves were cleaned with no new concerns on 3/16/2021 – 3/19/2021. Dietary staff were educated on removing undated and unlabeled beverage items that were opened and stored in the refrigerator and ensuring the microwaves are clean by the CDM on 3/31/2021. <p>Audits will be conducted by the CDM or designee to ensure that microwaves are cleaned and that there are no undated or unlabeled items in the refrigerator 5x a</p>		

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F 812	<p>Continued From page 24 dried food splatter.</p> <p>During an interview on 03/15/21 at 9:15 AM, the CDM confirmed the food and beverage items stored in the nourishment rooms were for resident use and explained Nurses and Nurse Aides were responsible for labeling resident food items when placed in the refrigerator. She added Nurses were responsible for labeling the bottles/containers of thickened juice and liquid nutritional supplements with the date opened and use by date as indicated on the storage guidelines. The CDM acknowledged the bottle of thickened cranberry juice, container of nutritional supplement and bottle of coffee creamer were not labeled with an open date or use by date. She explained the refrigerators were stocked daily with snacks and drinks for the residents and all expired or unlabeled items were removed when noticed. She added the items identified were overlooked and should have been discarded as there was no way of knowing who placed the items in the refrigerator or when they were opened. The CDM reported there was no set schedule for cleaning the equipment located in the nourishment rooms and all staff members were responsible for cleaning the microwave when needed. The CDM confirmed the insides of both microwaves were covered with food spatter and should have been cleaned.</p> <p>During an interview on 03/17/21 at 6:10 PM, the Administrator stated it was her expectation for staff to clean the microwaves in the nourishment rooms as needed and opened beverages stored in the nourishment room refrigerators should be labeled with an opened and use by date or discarded.</p>	F 812	<p>week x 4 weeks, then 3x a week x 4 weeks, then weekly x 4 weeks.</p> <p>NHA will review the results of the weekly audits to ensure any issues identified are corrected.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Certified Dietary Manager monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Certified Dietary Manager</p> <p>6. Date of Compliance: 4/14/2021</p>		