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F 000	INITIAL COMMENTS An unannounced onsite complaint investigation survey was conducted on 08/05/21 and exited on 08/05/21. The survey team returned to the facility on 08/13/21 to validate the credible allegation of removal, therefore, the exit date was changed to 08/13/21. There was one allegation investigated and it was unsubstantiated. Event ID # EQY111. Immediate Jeopardy was identified at: CFR 483.90 at tag F-0925 at a scope and severity of J. Immediate Jeopardy began on 08/03/21 and was removed on 08/08/21.	F 000		
F 925 SS=J	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, staff, Resident, Respiratory Therapist, Nurse Practitioner and Physicians interviews the facility failed to implement an effective pest control program to control the presence of flies in the rooms of 1 of 3 sampled residents (Resident #2) reviewed for pest control. Resident #2 had live maggots develop in his tracheostomy site and was transferred to the Emergency Department for removal of 3 maggots from his tracheostomy site which resulted in bacterial tracheitis and was treated with intravenous antibiotics. Immediate Jeopardy (IJ) began on 08/03/21 when	F 925	1. All residents with wounds, dressings and or trach areas are at risk from the failure to adhere with correct and adequate pest control process for employees to follow prior to 8/03/2021. Facility pest control included fly fan in kitchen area, fly lights throughout facility, reporting system through maintenance work orders, contracted pest control company serving facility monthly and as needed for any problems that arise between services. Facility policies also included management room rounds as well as maintenance assistant daily	9/4/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 08/30/2021

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 925	Continued From page 1 Resident #2 was found to have live maggots in his tracheostomy site. The facility failed to implement an effective pest control program to prevent flies in the facility which caused the development of maggots in Resident #2's tracheostomy site. The Immediate Jeopardy was removed on 08/08/21 when the facility implemented a Credible Allegation of IJ removal. The facility will remain out of compliance at a lower scope and severity of D (no actual harm with a potential for minimal harm that is not IJ) to ensure monitoring of systems were effective and to complete employee inservice. The findings included: Resident #2 was admitted to the facility on 06/19/21 with diagnoses that included cerebral vascular accident, respiratory failure and tracheostomy. The admission Minimum Data Set (MDS) dated 06/30/21 revealed Resident #2 was cognitively intact and required total assistance with his activities of daily living. The MDS also indicated he required a tracheostomy, suctioning, and a feeding tube. An interview was conducted with Nurse #2 on 08/05/21 at 3:00 PM who explained that she and the Respiratory Therapist (RT) went into Resident #2's room on the afternoon of 08/03/21 to perform his tracheostomy care and she noticed the Resident's tracheostomy site had redness, more so than normal but knew that the Nurse Practitioner (NP) had been notified of the redness earlier that day and had ordered an antibiotic ointment to be applied for 10 days. The Nurse continued to explain that when the RT lifted the	F 925	rounds of grounds to remove any trash throughout parking lot around facility as well as dumpster area. Facility failed to keep fly or flies from resident #2 site causing 3 maggots at trach site. 2. On 8/3/2021 Administrator in-serviced Maintenance Director on procedures for pest prevention, to include checking all windows screens are in place and in good working order, and fly lights are in place, all doors where checked for proper closing and sealing. Maintenance Director also checked kitchen fly fan to ensure proper operation. On 8/6/20201 Administrator set up to educate the contractor on the need to limit door openings for potential fly problem. On 8/6/2021 Maintenance Director contacted pest control company for assistance on fly reduction measures and visit to facility for further input. Pest Control company will continue to monitor for flies on their visits and treat accordingly. The Director of Nursing spoke with family on 8/8/2021 about observing flies around trach area. Regional Director of Clinical Services on 8/3/2021 instructed Director of Nursing to assess all residents with wounds, trach, and stoma to ensure no maggots were present. On 8/3/2021 Director of Nursing completed an assessment of all residents with stoma, wound, and/or trach to ensure no signs of maggots or other pest. 3. As of 8/7/2021 Administrator/Designee provided remediation education and education and continue with awareness of policy and procedures to prevent and report any signs of pest, staff were also educated to kill or remove pest if possible,	

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Resident's tracheostomy dressing up, they observed a small white worm peep its head out from the right side of the tracheostomy then went back in. She stated it happened a second time but went back into the stoma (an artificial opening) before the RT could catch it. The Nurse explained that she went to find the NP but was told she had already left the facility, so she notified the Director of Nursing (DON) of their observations of the worm in Resident #2's tracheostomy site. Nurse #2 reported that Resident #2's tracheostomy did not have a lot of drainage that required suctioning and his tracheostomy site was usually clean and dry. The Nurse also reported that she had noticed flies in Resident #2's room prior to the sighting of the worm but the flies were not on the Resident, just in his room.

During an interview with the Respiratory Therapist (RT) on 08/05/21 at 5:45 PM he explained that during a weekly visit with Resident #2 on the afternoon of 08/03/21, he noticed a sweet smell similar to the Resident's enteral formula coming from the Resident's tracheostomy which he had never smelled before that day. The RT also stated that Resident #2's tracheostomy site was red which he thought that was unusual because Resident #2 normally did not have a lot of drainage from his tracheostomy to cause the redness. The RT stated he observed a worm or maggot in the Resident's tracheostomy site and tried to catch the maggot but could not get it because the maggot was too fast and disappeared down into the tracheostomy site. The RT stated he applied an antibiotic ointment that had been ordered for the redness around his tracheostomy and finished the tracheostomy care. The Director of Nursing was notified of the

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to all staff. Education also included the process of flies laying eggs and eggs transition to maggots. Administrator provided fly swatters to staff and available to residents too. All new hires and new agency staff will be given pest control education during orientation and with agency prior to starting shift. Facility has at all times had system for reporting pest. In review of work orders no pest have been reported as of 8/7/2021. All interview able residents have been educated on food storage in resident rooms on 8/7/2021 by the Director of Nursing and Administrator.

4. Room rounds are completed 5 times per week on going by all department managers with areas of observation to include rooms are clean, residents are clean, and there are no sings of pests, or food debris in resident rooms. Staff are to correct or report areas of concern to appropriate person for correction. Maintenance Director/Designee will monitor dumpster daily for 4 weeks to ensure the area is clean and doors are closed, then 3 times per week for four weeks thereafter. Maintenance Director/Designee will check window screens weekly for three months to ensure tight fit and no holes. Monitoring tools will be presented to the Administrator who will present findings to monthly QAPI and make changes as needed. This will be done for three months.

5. Facility alleges IJ removal as of 8/8/2021 with plan completed 9/4/2021

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maggot sighting in Resident #2's tracheostomy site. The RT continued to explain that he knew that the only way maggots could have gotten into Resident #2's tracheostomy site was by flies and that he had never seen flies in the Resident's room or in the facility.

A progress note dated 08/03/21 2:16 PM written by the Director of Nursing revealed Resident #2 was noted to have redness around his stoma opening to his tracheostomy. When the Respiratory Therapist was cleaning his tracheostomy, a small grey moving foreign object was noted moving into the Resident's stoma. The Medical Director was called, and an order was received to transfer Resident #2 to the hospital. The Resident had no fever, no cough or other respiratory difficulty.

During an interview with the Director of Nursing (DON) on 08/05/21 at 4:00 PM she explained that Nurse #2 informed her that she and the Respiratory Therapist observed "a small wiggly thing go down inside" Resident #2's tracheostomy site and the RT tried to grab it but he could not get it. The DON continued to explain that when she got to Resident #2's room the RT repeated his observation and stated it was a larva that went down into the side of the Resident's tracheostomy. The DON stated she called the Nurse Practitioner to notify her of the observations and the NP gave her an order to obtain an ultrasound but the X-ray company could not perform ultrasounds on tracheostomy sites so the Medical Director was notified and he gave an order to send Resident #2 to the Emergency Department for treatment. The DON continued to explain that she only knew of one way that maggots could have gotten into Resident #2's

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F 925	Continued From page 4 tracheostomy site and it was through flies. She stated that Resident #2 was not mobile and therefore could not swat the flies away that landed on his tracheostomy site. She stated that the facility was in the process of remodeling and she had observed the construction workers had propped the doors open in order for them to bring materials into the facility and that could have been how the flies came into the facility. The DON continued to explain that the maintenance staff checked all of the window screens in the resident rooms for a tight fitting seal and discovered some of the screens did not have a tight fitting seal so the screens were repaired or replaced. A progress note dated 08/03/21 5:46 PM written by the Nurse Practitioner revealed "he presented with foul smelling sputum. It was described as acute and worsening. This is a/an exacerbation. The problem was reported by the nursing staff. The symptom is gradual in onset and ongoing. The frequency of episodes is increasing. Pertinent findings include denies fever and nasal congestion. Redness at tracheostomy site and report from Respiratory Therapist of larval infection." The progress note continued to reveal the plan was "tracheostomy status chronic and ongoing and now with infection. Red with Respiratory Therapist reporting sighting of larval activity. Transferred to hospital as they have the most advanced resources in the area." An interview with the Nurse Practitioner (NP) on 08/05/21 at 11:45 AM revealed on 08/03/21 during her visit with Resident #2 she noted he had redness around his tracheostomy site which she ordered an antibiotic ointment to be applied for 10 days. The NP explained that later in the	F 925		

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day on 08/03/21 she was notified that the Respiratory Therapist observed larva in Resident #2's tracheostomy site and the NP ordered an ultrasound to see if there was damage to the soft tissue. The NP stated the X-ray mobile company was unable to perform the ultrasound, so the decision was made to send the Resident to the Emergency Department. The NP explained that she could not comment on whether the larva caused Resident #2's tracheostomy site to become red because it was not uncommon for redness to occur around a tracheostomy site.

A review of the hospital Emergency Department report dated 08/03/21 revealed Resident #2 presented with maggots in his tracheostomy site. Three (3) maggots were removed from the tracheostomy site and a bronchoscopy was conducted with no signs of maggots further down the bronchial tree. The examination was concerning for bacterial tracheitis. The Resident was admitted for treatment with intravenous antibiotics for bacterial tracheitis and maggot infestation.

An interview was conducted with the Emergency Department Medical Director on 08/05/21 at 3:45 PM who explained that Resident #2 presented at the Emergency Department on 08/03/21 with maggots in his tracheostomy site. The Physician explained that the Resident had 3 maggots removed from his tracheostomy site and a bronchoscopy was performed to determine if the maggots had invaded the Resident's lungs, but no maggots were found in his lungs. The Physician stated that if the maggots had not been removed, they could have crawled into his respiratory tract and into Resident's lungs which could have caused an inflammatory response and

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respiratory distress. The Physician also stated death was a possibility but not probable.

An observation made of Resident #2's private room on 08/5/21 at 10:15 AM while the Resident remained in the hospital, revealed it was cool, neat, clean and orderly. No signs of fly activity were observed in the room or in the windowsill.

A review of Resident #2's Treatment Administration Record (TAR) indicated tracheostomy care was to be performed every shift and as needed. During an interview with Nurse #5 on 08/09/21 at 11:15 AM the Nurse confirmed she worked on 08/02/21 7:00 PM to 7:00 AM and performed tracheostomy care for Resident #2. The Nurse explained that she did not notice anything unusual about the Resident and that he acted in his normal manner. The Nurse stated the Resident's tracheostomy site was a little red but not excoriated and there was very little drainage from his tracheostomy which was normal as well. The Nurse indicated she did not notice flies in the Resident's room. The TAR also indicated Nurse #4 worked on 08/02/21 on the 3:00 PM to 11:00 PM. During an interview with Nurse #4 on 08/09/21 at 9:20 AM she confirmed she performed tracheostomy care on Resident #2 and explained she noticed a little redness around the Resident's tracheostomy site but contributed the redness to the recent reduction in the tracheostomy tube because Resident #2 was being weaned from the tracheostomy. The Nurse stated the Resident had very little phlegm that evening and did not have to be suctioned which was not unusual for him. The Nurse also added that she did not notice any fly activity in the Resident's room that evening or any other evening.

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An interview was conducted with the Medication Aide (MA) on 08/05/21 at 9:45 AM. The MA explained that there was fly activity on the 300 hallway and in the room across from Resident #2's room. She continued to explain that Resident #1 kept "all kinds of open food" in her room and she would not allow you to remove the food from her room. The MA stated she had not reported the fly activity in Resident #1's room but that the staff were aware of the flies in the Resident's room and even discussed it among themselves.

An interview and observation of Resident #1's room across the hall was made with Nurse #1 on 08/05/21 at 9:50 AM. The Nurse explained that the flies were all over the building and especially in Resident #1's room. While standing at the open door to the Resident's room the Nurse acknowledged a fly circling around an approximately quarter sized brownish yellow liquid in the floor beside Resident #1's bed.

On 08/05/21 at 10:08 AM an interview and observation were made of Resident #1's room with the Unit Manager (UM) during which the Resident was out of the facility for a Doctor's appointment. The UM explained she had noticed flies in the hallway outside the Resident's room every now and then and felt the reason for the flies was because the facility had recently undergone remodeling and the fly lights had to be taken down in order to accommodate the remodeling. The UM stated that they had started to put the fly lights back up since they were finished with remodeling the walls. During the interview an observation was made of Resident #1's room with the UM. She acknowledged a fly that circled around Resident #1's side of the

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room. The UM pointed out various food products that were stored on tables on Resident #1's side of the room. The food consisted of open containers of cream cheese, open variety pack of cheeses with a label that stated it should be refrigerated, open chip bag, open vegetable juice and salsa dip. The UM reported that the management team had a discussion in the morning meeting the day before (08/04/21) about the fly activity in the Resident's room and in the facility and what could be done about it but did not elaborate on what that was.

On 08/05/21 at 10:33 AM an interview was conducted with Resident #1's roommate Resident #4 who was cognitively intact. During the interview a fly landed on Resident 4's left wrist and the Resident stated she had noticed the flies in the last two days but that she had not reported them to anyone.

A review of the facility's receipts provided by the Pest Control Company indicated onsite services of inspections and chemical applications were conducted on 05/15/21, 06/24/21 and 07/28/21. The receipts indicated insecticide and gel bait was applied in the kitchen area for cockroaches, traps for mice in the kitchen areas and traps for rats around the exterior area.

An interview was conducted with the Maintenance Supervisor (MS) on 08/05/21 at 1:10 PM. The MS explained that when maggots were discovered in Resident #2's tracheostomy site he knew they could have only gotten there by fly activity so he toured the facility and discovered that the construction workers had removed the electrocution traps (fly lights) from the walls in order to remodel so he ordered more fly lights

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and was in the process of mounting them in the areas where the remodeling had been completed. The MS stated he checked the fly fan in the kitchen to make sure it was working properly as well. The MS also explained that the facility had pest control services conducted once a month and as needed for cockroaches, mice and rats and that there had been no indications of the need for an extra visit for extermination to be made by the pest control company.

An interview was conducted with Housekeeper #1 on 08/05/21 at 1:45 PM. She explained that she had especially noticed the flies in Resident #1's room in the last couple of days. The Housekeeper stated the Resident kept food in her room and would not allow them to throw the food away. The Housekeeper explained that they cleaned Resident #1's room every day and deep cleaned the room once a month but they would perform extra deep cleaning when she was out of the room and when the opportunity presented itself.

During an interview with Nurse Aide (NA) #1 on 08/05/21 at 2:00 PM the NA stated that it was common knowledge that Resident #1 had flies in her room and that she had not reported it because she thought management was aware of the flies in the Resident's room.

During an interview with Nurse Aide (NA) #2 on 08/05/21 at 2:20 PM she explained that she took care of Resident #2 on 08/01/21 and did not notice a fly on the Resident but did notice a fly in the window of the Resident's room. The NA continued to explain that by the time she finished with Resident #2's care, the fly was gone, and she did not think to report it to anyone. The NA

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F 925	Continued From page 10 also explained that she normally was not assigned to Resident #1 but that she observed 2 flies in the Resident's room that morning when they were getting the Resident's roommate out of the bed. During an observation of Resident #1's room on 08/05/21 at 2:34 PM Resident #1 was not in her room, but a fly was noted to be on the Resident's bed. An interview was conducted with Nurse Aide #3 on 08/05/21 at 2:45 PM. The NA explained that she assisted with getting Resident #2 up in the recliner on 08/01/21 and observed flies in the Resident's room but that the flies did not land on the Resident. The NA stated that she saw flies in Resident #1's room "all the time" and that she had not reported the fly activity because she knew it was common knowledge that there were flies in the facility and in some resident's rooms and assumed the management knew it as well. An interview was conducted with the Director of Nursing (DON) on 08/05/21 at 4:00 PM. The DON stated the open food and the recent remodeling the facility was currently undergoing was the reason for the increase fly activity in the facility. The DON explained that she had recently observed a construction worker had propped a door open to the outside in order to bring materials into the facility and she explained to the workers why they could not prop the doors open. The DON also stated she discovered that the families had pushed some of the window screens in the residents' rooms open and had the maintenance department check all the window screens to make sure they were tight fitting.	F 925		

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On 08/05/21 at 5:35 PM this writer accompanied the Director of Nursing (DON) to Resident #1's room to interview the Resident. At that time a fly flew in front of the DON's face and the DON swatted at the fly and stated, "there's a fly". Resident #1 stated "it's been in here all day and I can't get rid of it. I need a fly catcher in here". The DON replied that they could not have a fly catcher in the resident rooms.

During an interview with the Administrator on 08/05/21 at 6:05 PM she reported she had not noticed an increase amount of fly activity in the facility but that when the maggots were discovered in Resident #2's tracheostomy site she had maintenance audit the window screens in the all residents' rooms and found that some of the screens were pushed away from the tight fitting seal and had them repaired. She continued to explain that the facility was in the process of remodeling and they realized the construction workers had removed the fly lights from the walls throughout the facility and that could be a possibility as to why they had an increase in fly activity. She stated the Maintenance Supervisor ordered fly lights on 08/03/21 and had received them on 08/04/21 and had started mounting them throughout the facility.

On 08/06/21 at 3:03 PM a telephone interview with Resident #2's Physician revealed he was made aware of the maggots in the Resident's tracheostomy site by the Director of Nursing on 08/03/21 and he ordered the Resident to be transferred to the Emergency Department. The Physician explained that the maggots could only have gotten into Resident #2's tracheostomy site through flies and that the facility was undergoing remodeling which could have been how the flies

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	345285	A. BUILDING ______ B. WING ______	C 08/13/2021

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had gotten into the facility and to the Resident. The Physician stated he could not determine if the maggots caused the redness around Resident #2's tracheostomy site but that if the maggots had not been discovered by the facility staff the maggots could have traveled further down into the Resident's lungs and cause respiratory difficulty.

On 08/07/21 at 6:05 PM during a telephone interview with Nurse #3 she explained that on 08/01/21 she noticed an unusual smell and redness around Resident #2's tracheostomy site and reported it to the Nurse Practitioner who ordered an antibiotic ointment to be applied to his tracheostomy site. The Nurse added that Resident #2 normally did not have a lot of drainage from his tracheostomy site and that he did not require a lot of suctioning as other residents with tracheostomies required. The Nurse stated she did not notice any flies when she last worked with Resident #2 but have noticed flies in his room and in the windowsill but have not seen flies on the Resident himself. The Nurse continued to explain that she had noticed an increase amount of fly activity in the facility since the facility had undergone remodeling and contributed it to the fact that the construction workers had to prop the doors open to bring materials into the facility. The Nurse also stated that the construction workers had taken the fly lights down in order to remodel the walls. The Nurse also explained that she noticed flies in Resident #1's room all the time. The Nurse continued to explain that Resident #1 kept food in her room like unsealed snacks and food left over from her meal trays and was resistant to having the food removed from her room. The Nurse stated she also felt the reasons for the increase

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fly activity in the facility was because the construction workers would open the windows and pass materials through them and forget the close the windows when they are finished for the day. She also stated that she knew the families would push the window screens out in the residents' rooms during their visitation time. Nurse #3 explained she had not reported the increase activity because she knew it was common knowledge.

On 08/06/21 at 6:25 PM during an second interview with the Maintenance Supervisor (MS) he stated that he felt the increase in fly activity happened because of the frequent opening and closing of doors by the construction workers during the recent remodeling of the facility and the fly lights had to be taken down to accommodate the process. The MS stated that on 08/03/21 he ordered 3 new fly lights and mounted them on 08/04/21.

On 08/09/21 at 12:15 PM the Administrator was notified of the Immediate Jeopardy.

The facility submitted the following credible allegation of Immediate Jeopardy removal.

Allegation of Compliance F 925

Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance

All residents with wounds, dressings and or tracheostomies were at risk from the failure to adhere to correct and adequate pest control polices. The facility had in place a pest control process for employees to follow prior to 8/03/20.

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F 925	Continued From page 14 The facility's pest control included: fly fan in kitchen area, fly lights throughout the facility, reporting system through maintenance work orders, contracted pest control company servicing facility monthly and as needed for any problems that arise between services. The facility's policies also included management room rounds as well as Maintenance Assistant daily rounds of grounds to remove any trash throughout the parking lot around facility as well as the dumpster area. The facility failed to keep fly or flies from Resident #2's tracheostomy site causing 3 maggots on tracheostomy site. Specify the Action the Facility will take to alter the process or system failure to Prevent a Serious Outcome from occurring or reoccurring and when the Action will be complete. The Accordius Health at Hendersonville's policy on pest control has been and will continue to be followed to include fly control. On 8/4/2021 the Regional Director of Operations reviewed the pest control policy with the Administrator to ensure compliance. This includes but not limited to the procedures for fly prevention to include the use of fly lights, and window screens. The facility's pest control included fly fan in kitchen area, fly lights throughout the facility, reporting system through maintenance work orders, contracted pest control company servicing facility monthly and as needed for any problems that arise between services. The facility's policies also included management room rounds to include signs of pest or food items laying around, as well as Maintenance Assistant daily rounds of grounds to remove any trash throughout parking lot around facility as well as the dumpster area.	F 925		

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On 8/3/2021 the Administrator in-serviced the Maintenance Director on procedures for pest prevention, to include checking all windows to ensure window screens were in place and in good working order, and fly lights were in place, all doors were checked for proper closing and sealing. The Maintenance Director also checked the kitchen fly fan to ensure proper operation. On 8/4/2021 the Administrator educated the Contractor of the need to limit door openings for potential fly problems. On 8/4/2021 the Maintenance Director contacted the pest control company for assistance with fly reduction measures and visit to facility for further input. The Administrator had spoken with the family of Resident #2 as of 8/6/2021 about the observation of flies around Resident #2's tracheostomy area.

The Regional Director of Clinical Services on 8/3/2021 instructed the Director of Nursing to assess all residents with wounds, tracheostomies, and stomas to ensure no maggots were present. On 8/3/2021 the Director of Nursing completed an assessment of all residents with stomas, wounds, and/or tracheostomies to ensure there were no signs of maggots or other pests.

As of 8/7/2021 the Administrator/Designee provided remediation education and continued with awareness of policy and procedures to prevent and report any signs of pest, staff were also educated to kill or remove pest, if possible. Education also included the process of flies laying eggs and eggs transition to maggots. The Administrator will provide fly swats for staff. The facility has at all times had system for reporting pest. In review of work orders no pest have been reported as of 8/7/20721. All interviewable

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residents have been educated on food storage in resident rooms on 8/7/2021 by the Director of Nursing.

Room rounds will be completed 5 times per week by all department managers with areas of observation to include rooms were clean, residents were clean, and there were no signs of pests, or food debris in resident rooms. Staff should correct or report areas of concern to the appropriate person for correction.

The facility alleges immediate jeopardy removal as of 8/8/2021.

The Administrator is responsible for implementing the acceptable immediate jeopardy removal plan.

On 08/13/21 at 10:15 AM a review of the facility's receipt provided by the Pest Control Company indicated onsite services of inspections and chemical applications were conducted on 08/09/21 for flies in various areas throughout the facility.

An interview was conducted with the Maintenance Supervisor (MS) on 08/13/21 at 10:15 AM. The MS explained that the Pest Control Company conducted an extermination treatment on 08/09/21 to spray a chemical specifically to target flies since flies were not one of the pests targeted on the monthly treatments. The MS stated that the chemical would be included in the routine monthly treatments provided by the Pest Control Company.

On 08/13/21 the facility's credible allegation of Immediate Jeopardy removal date of 08/08/21 was validated by the following: resident interviews

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F 925	Continued From page 17 indicate the fly activity in rooms had decreased, multiple staff from all departments of the facility were interviewed and acknowledged inservice training had been completed as well as through inservice attendance records, department managers indication of room rounds vigilance had been increased, observations of resident rooms and areas throughout the facility and dumpster areas showed no signs of fly activity, multiple fly lights had been mounted throughout the facility and the fly fan in the kitchen was functioning properly, pest control records reviewed to indicate an extra pest control treatment on 08/09/21 had been provided to specifically target flies, a new system of reporting and documenting pest control sightings had been initiated and lastly observations of window screens throughout the facility were appropriately fitted to prevent flies into the facility.	F 925		