

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

PRINTED: 06/05/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/01/2025
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON ROAD BURLINGTON, NC 27217		
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E 000	Initial Comments	E 000			
F 000	An unannounced complaint investigation and recertification survey were conducted on 4/28/25 through 5/1/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # NJKY11. INITIAL COMMENTS	F 000			
F 550 SS=D	An unannounced recertification and complaint investigation survey were conducted from 4/28/25 through 5/1/25. Event ID # NJKY11. The following Intakes were investigated: NC00217956, NC00220156, NC00221271, NC00223101, NC00223990, NC00224241, NC00226186, NC00228430, NC00228684, NC00228840, NC00229321, NC00229639, NC00229716, and NC00229941. 16 of 34 allegations resulted in deficiency. Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal	F 550			5/27/25

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

TITLE

(X6) DATE

Electronically Signed

05/20/2025

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 550	<p>Continued From page 1</p> <p>access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interviews with the resident and staff, the facility failed to treat one of six residents (Resident #4) reviewed for respect in a dignified manner when Nurse Aide (NA) #3 pulled Resident #4's geriatric wheelchair (a padded chair with a wheeled base) backwards down the hall. Resident #4 said she felt like she was being treated as if she was "a crazy person" and she thought that the NA did not like her because she pulled the wheelchair in that manner.</p> <p>The findings were:</p>	F 550	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F 550 1. Resident #4 was being pulled backwards in a Geri chair in the hallway</p>		

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F 550	<p>Continued From page 2</p> <p>Resident #4 was admitted to the facility on 11/08/18 with diagnoses including cerebral infarction (stroke).</p> <p>Resident #4's Minimum Data Set (MDS) dated 4/01/25 noted she was cognitively intact, had no behaviors, had limited range of motion on one side of her upper and lower extremities, and was dependent on staff for locomotion in her wheelchair.</p> <p>In an observation on 4/29/25 at 10:01 AM, Resident #4 was observed in her geriatric wheelchair and NA #3 was pulling her wheelchair backwards down the hall from the nurses' station to the dining room, approximately 50 yards. NA #3 wheeled Resident #4 into the dining room.</p> <p>In an interview on 4/29/25 at 10:05 AM, Resident #4 said she did not want to go to the dining room and did not like being pulled backwards in her wheelchair. She said it made her feel like she was "a crazy person" needing help and she thought that NA #3 did not like her because she pulled her like that. She explained that NA #3 was the only NA that pulled her around that way which was why she felt the NA did not like her.</p> <p>In an interview on 4/29/25 at 3:49 PM, NA #3 said she pulled Resident #4's geriatric wheelchair backwards because the wheels were misaligned, making it difficult to push the chair properly. She said she had not told anyone that the wheels were misaligned, but if the wheels worked better, she would have pushed the chair forward like she had been trained.</p> <p>The facility maintenance work orders for 2025 did not include a request to repair Resident #4's</p>	F 550	<p>this caused her to think that she was being treated as a crazy person</p> <p>2. Residents utilizing geri chairs are at risk for being pushed backwards. Resident #4 had the wheel repaired to the Geri chair that was causing the chair to be difficult to push. Current residents utilizing a geri chair for transportation were audited to ensure that the geri chair was pushed easily. No concerns were found.</p> <p>3. The staff development coordinator will educate current staff regarding how to transport residents in a forward manner on level surfaces for dignity. The staff development coordinator will educate current staff on how to place a work order in the electronic work order system. Education will be completed by May 27, 2025.</p> <p>Any staff not receiving education prior to May 27, 2025, will not be allowed to work until education received</p> <p>New employees will be educated by the staff development coordinator or designee during the orientation process</p> <p>4. Director of Nursing or designee will monitor 10 Geri chair mobilizations weekly x 4 weeks, then 5 Geri chair mobilizations weekly x 4 weeks, then 5 Geri chair mobilizations monthly x 1.</p> <p>5. Results will be reported by the Director of Nursing to the quality assurance meeting x1 month for further resolution as needed.</p> <p>Date of completion 5/27/2025</p>		

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F 550	Continued From page 3 geriatric wheelchair. In an interview on 5/01/25 at 4:56 PM, the Nurse Consultant and the Administrator said they were not aware the wheels were not aligned on the chair and that Resident #4 should not have been pulled down the hall and that the NAs knew to push the chair instead of pulling the chair. The Nurse Consultant said pulling a wheelchair backwards was treating the resident in an undignified manner.	F 550			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can 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. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are	F 584		5/27/25	

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F 584	<p>Continued From page 4 in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to clean sticky floors with debris, repair base boards and clean and maintain air conditioning units in resident rooms for 13 of 94 (Rooms #11, # 12, 14, 18, 20, 25, 46, 50, 52, 56, 70, 74 and 90) observed for cleanliness. The deficient practice occurred on 4 of 4 halls (Mauve 1, Mauve 2, Teal 1 and Teal 2 halls).</p> <p>The findings included:</p> <p>1a. An observation was conducted on 4/28/25 at 9:30 AM, in Room #11 the floor underneath the nightstand was very sticky, with brown substance, old food/paper products on the floor. The air conditioning unit inside and outside had large volumes of thick dust and debris buildup.</p> <p>b. An observation was conducted on 4/28/25 at 9:45 AM, in Room #12 the floor was stained and dirty, sticky, with old paper products and food</p>	F 584	<p>F584</p> <p>1. From 4-28-25 to 5-1-2025 rooms were found to have sticky floors, air conditioning unit inside and outside had large volumes of thick dust and debris buildup. In addition: Room # 14, a hole was in the baseboard of room near bed B, the baseboard was detached from the wall with broken and exposed sheet rock Room #18 there was a hole in the wall and baseboard coming apart from the wall. Room #56 had a baseboard peeling away from the wall.</p> <p>2. All resident rooms were cleaned and thoroughly inspected on 5-19-2025 to ensure floors were free of debris and not sticky in nature. The baseboards of rooms 14, 18, 56 will be repaired by 5-27-25. All air units will be inspected and cleaned by 5-27-2025.</p>		

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F 584	<p>Continued From page 5</p> <p>under the nightstand and beside the closet. The air conditioning unit inside and outside had large volumes of thick dust and debris buildup.</p> <p>c. An observation was conducted on 4/28/25 at 9:50 AM, in Room # 14, a hole was in the baseboard of room near bed B, the baseboard was detached from the wall with broken and exposed sheet rock. The floor was dirty sticky, leftover cups, paper products and old food were underneath the nightstands. The air conditioning unit inside and outside had large volumes of thick dust and debris buildup.</p> <p>d. An observation was conducted on 4/28/25 at 10:00 AM, Room #18 the floor was sticky when walked across, underneath the bed and nightstand, there was a hole in the wall and baseboard coming apart from the wall. The air conditioning unit inside and outside had large volumes of thick dust and debris buildup.</p> <p>e. An observation was conducted on 4/28/25 at 10:12AM, in Room #20, the floor was dirty, sticky and paper products were behind and underneath the nightstand. The air conditioning unit inside and outside had large volumes of thick dust and debris buildup. The baseboard came apart from the wall behind the bed.</p> <p>f. An observation was conducted on 4/28/25 at 10:14 AM, in Room #25 the floor was dirty, sticky, with paper products behind nightstand and the air conditioning unit inside and outside had large volumes of thick dust and debris buildup.</p> <p>g. An observation was conducted on 4/28/25 at 10:15 AM, in Room #46 the floor was stained with brown matter and the baseboard behind the bed</p>	F 584	<p>3. Housekeeping staff will receive education regarding the cleaning process and the deep cleaning schedule by the facility administrator by 5/27/2025. The director of maintenance will receive education from the facility administrator on timeliness repairs of rooms. This education will be completed by 5/27/2025. Any housekeeping and maintenance staff not receiving education by 5/27/2025 will not be allowed to work until education received.</p> <p>New housekeeping and maintenance staff will receive education during the orientation process from the facility administrator.</p> <p>4. The housekeeping supervisor or designee will audit 10 random rooms weekly for cleanliness weekly x 4 weeks, then 5 random rooms weekly x 4 weeks, then 5 random rooms monthly x 1. The Director of Maintenance or designee will monitor 10 rooms weekly x 4 weeks, then 5 rooms weekly x 4 weeks, then 5 rooms monthly x 1.</p> <p>5. Results will be reported by the housekeeping supervisor and the director of maintenance to the quality assurance meeting x1 month for further resolution as needed.</p> <p>Date of completion 5/27/2025</p>		

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F 584	<p>Continued From page 6 coming apart from the wall.</p> <p>h. An observation was conducted on 4/28/25 at 10:16 AM, in Room #56, the floor was dirty, sticky and stained with brown matter around baseboards, under the nightstand and closet area. The baseboard came apart from the wall.</p> <p>i. An observation was conducted on 4/28/25 at 10:18 AM, in Room #52 underneath the nightstand and bed had leftover food and paper products. The floor was very dirty and sticky when it was walking across. The air conditioning unit inside and outside had large volumes of thick dust and debris buildup.</p> <p>j. An observation was conducted on 4/28/25 at 10:20 AM, in Room #57 the baseboard behind the bed came apart from the wall and leftover paper products and food debris were underneath the nightstand and closet area. The air conditioning unit inside and outside had large volumes of thick dust and debris buildup.</p> <p>k. An observation was conducted on 4/28/25 at 10:21 AM, in Room #50 underneath the nightstand and around the closet area leftover food and paper products were on the floor. The floor was sticky, heavily stained with brown matter and dried liquids. The air conditioning unit inside and outside had large volumes of thick dust and debris.</p> <p>l. An observation was conducted on 4/28/25 at 1:59 PM, in Room #70 the air conditioning unit had broken slates with sharp edges.</p> <p>m. An observation was conducted on 4/28/25 at 2:00 PM, in Room #90 the air conditioning unit</p>	F 584			

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F 584	<p>Continued From page 7</p> <p>had food and paper products on the inside and dried food liquids on the outside.</p> <p>o. An observation was conducted on 4/28/25 at 2:40 PM, in Room #74, the room had a strong urine odor, the floors were very sticky with dried yellow and brown stains. The air conditioning unit had food and paper products on the inside and dried liquids on the outside.</p> <p>A facility tour was conducted with the Housekeeping Director (HKD) on 4/28/25 at 1:35 PM, who observed the identified rooms and confirmed additional cleaning needed to be done. The HKD stated each housekeeper was provided with a daily assignment sheet with the responsibility to thoroughly clean resident rooms, bathrooms, sweep mop, empty trash and air conditioning units, in addition to assigned rooms to be deep cleaned weekly. The Housekeeping Director acknowledged some rooms had not been cleaned in accordance with the cleaning checklist.</p> <p>An observation and interview were conducted on 4/29/25 at 1:55 PM to 3:00 PM with the Maintenance Director of the identified rooms with observations of air flow of the air conditioning unit and cleanliness of the units and the baseboards that came apart from the walls. The Maintenance Director acknowledged the air conditioning units were dirty inside and outside; blowing dust and dirt into the air of resident rooms. He further stated he was responsible for the repairs of the baseboards throughout the facility. He stated housekeeping and maintenance would develop a plan to improve the environment.</p> <p>An interview was on 4/30/25 at 4:00 PM, with the</p>	F 584			

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F 584	Continued From page 8 Director of Nursing (DON), who stated he was aware there were several environmental concerns that needed to be addressed. He confirmed the condition of resident rooms were not cleaned and maintained by maintenance and housekeeping. The DON stated that immediate action would occur to correct the problem.	F 584			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to ensure resident's fingernails were trimmed for 1 of 4 residents dependent on staff for Activity of Daily Living (ADL) care (Resident # 124). Findings included: Resident #124 was admitted to the facility on 6/14/24 with diagnoses that included adult failure to thrive and parkinsonism (group of brain conditions that causes slowed movements, rigidity and tremors). The quarterly Minimum Data Set (MDS) assessment dated 3/19/25 revealed Resident #124 was assessed as severely cognitively impaired with no behaviors or rejection of care. Resident #124 was assessed as requiring substantial / maximum assistance for personal hygiene and supervision/touching assistance with eating.	F 677	F677 1. On 5-1-2025 resident #124 was found to have long fingernails with debris under the nails. Resident #124 received nail care by nursing staff on 5/01/2025. 2. An audit of dependent residents' nails will be completed by 5/27/2025. Nail care was completed at the time of audit if needed. 3. Current nursing staff will receive education on providing nail care for dependent residents on their shower day. Education will be completed by the staff development coordinator by 5/27/2025. Any nursing staff who have not received education by 5/27/2025 will not be allowed to work until education received. New nursing staff will receive education during the orientation process by the staff development coordinator or designee. 4. Director of Nursing or designee will monitor 10 residents nail care weekly x 4	5/27/25	

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F 677	<p>Continued From page 9</p> <p>The care plan dated 3/28/25 revealed Resident #124 was care planned for requiring assistance with ADL care due to cognition, weakness and Parkinson disease. The goal indicated Resident #124 will maintain or improve their ADL functionality. Interventions included providing assistance with ADL care.</p> <p>During an observation on 4/28/25 at 11:22 AM, Resident #124 was observed lying in bed. Observation of resident's right hand revealed all five fingernails were approximately three fourths of an inch to one-inch-long. There was some black debris under the nails. When the resident was asked if she liked her fingernails trimmed, Resident # 124 did not respond to surveyor's question.</p> <p>On 4/28/25 at 1:19 PM, Resident #124 was observed during lunch. Resident was eating her lunch in her room and was able to feed self. The lunch tray consisted of sub sandwich, potato salad and brownie. The resident was observed eating the brownie with her hands. The resident was using both of her hands to eat. The resident's thumb fingernail was observed with black color debris and food particles under it.</p> <p>During an interview on 4/28/25 at 1:25 PM, Nurse Aide (NA) #1 indicated he was assigned to the resident. NA #1 further indicated Resident #124 required extensive / total assistance with for ADL care. The resident was able to eat independently and consumed meals using her hands. The NA stated resident fingernails and toenails were trimmed after a shower or a bed bath. NA #1 further stated he had noticed the resident's fingernails were long but had notified the</p>	F 677	<p>weeks, then 5 residents weekly x 4 weeks, then 5 residents monthly x 1.</p> <p>5. Results will be reported by the Director of Nursing to the quality assurance meeting x1 month for further resolution as needed.</p> <p>Date of completion 5/27/2025</p>		

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F 677	Continued From page 10 assigned nurse. NA #1 indicated the nurses were responsible for trimming/cutting resident's fingernails On 4/28/25 at 1:30 PM, Nurse #1 upon observation of Resident #124's fingernails stated the resident's nails should have been trimmed when the resident was offered a bed bath or when offered a shower. She explained that nurses trimmed fingernails or toenails if the resident was diagnosed with diabetes. Nurse #1 indicated the resident was not diagnosed with diabetes. Nurse #1 indicated she was assigned to the resident and had not noticed the resident's fingernails to be long. During an interview on 5/1/24 at 4:10 PM, the Director of Nursing (DON) indicated the resident's fingernails and toenails should be checked and trimmed as needed, when the resident was offered a shower or a bed bath. He indicated unless the resident was diagnosed with diabetes, the NA could trim resident's fingernails or toenails. If the resident was diagnoses with diabetes, then the assigned nurse was responsible for trimming their fingernails and toenails. The DON stated the resident's fingernails should have been trimmed and cleaned by staff as needed.	F 677			
F 685 SS=E	Treatment/Devices to Maintain Hearing/Vision CFR(s): 483.25(a)(1)(2) §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident-	F 685		5/27/25	

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F 685	<p>Continued From page 11</p> <p>§483.25(a)(1) In making appointments, and</p> <p>§483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident, and staff interviews, the facility failed to schedule an an ophthamologist consultation for cataract extraction surgery when ordered by the Medical Director for 1 of 2 residents (Resident #81) reviewed for vision.</p> <p>Findings included:</p> <p>Resident #81 was admitted to the facility on 7/08/22.</p> <p>The significant change Minimum Data Set (MDS) dated 3/27/25 noted Resident #81 was cognitively intact, had impaired vision, and used glasses.</p> <p>Resident #81's comprehensive care plan dated 10/02/24 noted he had impaired vision and for staff to refer him to ophthalmology as needed.</p> <p>Review of an optometrist consultation note dated 11/15/24 and scanned into the electronic medical record (EMR) documented Resident #81 had a diagnosis of combined forms of age-related cataract in both eyes. The optometrist noted his right eye cataract was causing blurred vision which increased his likelihood of falling. The optometrist noted the facility needed to choose a local ophthalmologist for cataract extraction removal surgery. The former Medical Director,</p>	F 685	<p>F685</p> <p>1. Resident #81 had a vision consultation ordered to remove cataracts that has not been scheduled.</p> <p>2..Resident #81 went to the ophthalmologist on 4/15. Resident # 81 requires a hoier lift for transfers, UNC chapel hill surgery center was contacted to get cataract surgery scheduled. An audit of the last 30 days of consultations will be completed by the Director of nursing or designee by 5/27/2025 to ensure all consultations ordered have been scheduled.</p> <p>3 The staff development coordinator will educate current licensed nurses on ensuring follow up on consultations are completed and scheduled appointments are made timely. This education will be completed by 5/27/2025.</p> <p>Any licensed nurse not receiving education by 5/27/2025 will not be allowed to work until education received.</p> <p>New licensed nurses will receive education during the orientation process by the staff development coordinator or designee</p> <p>4. Director of Nursing or designee will review consults during the morning clinical meeting and ensure the facility scheduler</p>		

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F 685	<p>Continued From page 12</p> <p>Doctor #2, initialed the top right corner of the consultation.</p> <p>Resident #81's physician orders documented an order dated 3/25/25 for the resident to receive an ophthalmologist consultation for cataract extraction.</p> <p>Review of Resident #81's clinical record did not reveal a documented appointment with a local ophthalmologist or address the need for an outside appointment after the 11/15/24 optometrist consultation until 3/25/25.</p> <p>An ophthalmologist consultant report dated 4/15/25 indicated Resident #81 had visible cataracts and needed to be referred to a larger clinical practice for surgery.</p> <p>In an interview on 4/28/25 at 10:25 AM, Resident #81 stated he had recently been to the eye doctor about his cataracts, but he had to keep asking different staff members to look into it. He said he could not see well out of his right eye. He said he recently went to the eye doctor and will be having his cataracts removed. He was not aware the eye doctor recommended an outside appointment in November, just that there was an order in March.</p> <p>During an interview on 5/01/25 at 8:43 AM with Unit Manager #1, she said she was not aware Resident #81 was originally referred to an ophthalmologist in November 2024. She said when a resident saw the facility eye doctor, the former Social Worker (SW) would provide the nurses with a copy of the report if there were any recommendations. She said the former SW did not notify her to make an appointment for Resident #81, but the resident went to see an</p>	F 685	<p>is aware of appointments that need to be scheduled 5x weekly x 4 weeks, then 3x weekly x 4 weeks, then monthly x 1.</p> <p>5. Results will be reported by the Director of Nursing to the quality assurance meeting x1 month for further resolution as needed.</p> <p>Date of completion 5/27/2025</p>		

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F 685	<p>Continued From page 13</p> <p>ophthalmologist recently after requesting an appointment.</p> <p>In an interview on 5/01/25 at 4:08 PM, the Unit Secretary said she was the staff member responsible for scheduling appointments for the residents and had been in that role for approximately a year. She said she was not made aware of the optometrist's recommendation for Resident #81 to see an ophthalmologist when the resident had the consultation in November 2024. She said when there was a request for an appointment from an outside provider, the SW or nurse would let her know to schedule the appointments and obtain transportation.</p> <p>In an interview on 5/01/25 at 4:11 PM, the Director of Nursing said the Unit Secretary made appointments when there was a referral from a consulting physician. He said he was not at the facility when Resident #81 had the consultation in November 2024, so he was not sure how it was missed. He was not aware of the consultation recommendation until the surveyor asked for additional information about the recommendation.</p> <p>In an interview on 5/01/25 at 4:16 PM, the new SW said she had only been working in the facility for approximately one month and she was not aware of Resident #81's ophthalmologist referral. She said the system to manage the recommendations from the outside consultants was still being developed at the time of the survey.</p> <p>Attempts to interview the former SW were unsuccessful.</p> <p>In an interview on 5/01/25 at 4:56 PM, the</p>	F 685			

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F 685	Continued From page 14 Administrator said he was not aware Resident #81 had a referral for an ophthalmologist in November 2024. He said the former SW would give the information to the Unit Secretary and he was not sure how it was missed.	F 685			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews the facility failed to maintain clean nourishment refrigerators, failed to record the nourishment refrigerator and freezer temperatures from 4/24/25 to 4/28/25, and failed to label and date residents' food stored in the nourishment refrigerators for 2 of 3 nourishment refrigerators (on Teal and Mauve 1 hallway). These practices had the potential to affect food	F 812	F812 1. The nourishment room refrigerators were dirty and the facility refrigerators did not have temperature log 2. The nourishment room refrigerators will be thoroughly cleaned by 5/27/2025. The facility refrigerators will have adequate temperature logs posted and maintained. The facility refrigerators and	5/27/25	

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F 812	<p>Continued From page 15 being served to residents.</p> <p>Findings included:</p> <p>1 a. During an observation of the nourishment refrigerator on Mauve 1 hallway on 4/28/25 at 9:15 AM, revealed the April temperature logs for the refrigerator and freezer were not documented from 4/24/25 to 4/28/25. There was water on the shelves inside the refrigerator and yellowish red stains on the shelves. The refrigerator contained an unlabeled and undated 11-ounce (oz.) protein shake bottle. The nourishment freezer had an unlabeled and undated 20 oz bag with "seafood mix-raw shrimps, squid, mussel, scallops" printed on it.</p> <p>During an interview on 4/28/25 at 9:20 AM, the Dietary Manager stated the raw shellfish bag belonged to a resident, who ordered food from the grocery store. She was unsure why the resident ordered raw shellfish from the grocery store. The Dietary Manager indicated that residents' foods were labeled by the nursing staff with the name of the resident and the date the food was placed, prior to placing them in the nourishment refrigerator. The Dietary Manager stated that refrigerator temperatures were recorded by the dietary staff. The Dietary Manager further stated the housekeeping staff were responsible for cleaning the nourishment refrigerator weekly.</p> <p>During an interview on 5/1/25 at 9:45 AM, Nurse #2 stated she was the acting Unit Manager for Mauve 1 hallway. She stated Dietary department was responsible for maintaining and updating the temperature log for the nourishment refrigerators, and the housekeeping department was</p>	F 812	<p>temperature logs will be maintained by the dietary department.</p> <p>3. The staff development coordinator will educate current staff regarding refrigerator temperatures, temperature logs, approved food/labeling and the cleaning process. Education will be completed by May 27, 2025.</p> <p>Any staff not receiving education prior to May 27, 2025, will not be allowed to work until education received</p> <p>New employees will be educated by the staff development coordinator or designee during the orientation process</p> <p>4. The dietary manger or designee will check facility refrigerators to ensure they are clean with labeled items and temperature logs maintained. This will happen 5 x weekly x 4 weeks, then 3x weekly x 4 weeks, then weekly x 1 month. Infection Preventionist will monitor all Unit Refrigerators, Freezers for Temp Log completion, food labeling and cleanliness 5x weekly x 4 weeks, then 4x weekly x 4 weeks, then weekly x 1 month.</p> <p>5. Results will be reported by the Director of Nursing to the quality assurance meeting x1 month for further resolution as needed.</p> <p>Date of completion 5/27/2025</p>		

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F 812	<p>Continued From page 16</p> <p>responsible for cleaning the refrigerator. Nurse #2 further stated all nursing staff were responsible for labeling the resident's food with their name, date and room number prior to placing the food in the nourishment refrigerator.</p> <p>1b. During an observation of the nourishment refrigerator on Teal hallway on 4/28/25 at 9:25 AM, the refrigerator temperature log on the door was last documented on 4/24/25. The shelves inside the refrigerator had light yellowish stain on them. There was an unlabeled and undated fast-food milkshake container (16 oz) which was open.</p> <p>During an interview on 4/28/25 at 9:30 AM, the Dietary Manager stated all residents' food should be labeled with their name and date by the nursing staff, prior to being placed in the refrigerator.</p> <p>During a follow-up interview with the Dietary Manager on 5/1/25/ at 10:30 AM, she indicated she had gone on vacation for few days (4/24/25 to 4/27/25) and had not communicated the assignment to check the temperatures of the nourishment refrigerator to the dietary staff. She indicated most of the dietary snacks were shelf stable and not usually placed in the nourishment refrigerator. These were placed in the cabinets in the nourishment rooms. She stated that this was the reason why she was unable to check if the refrigerators were dirty. The housekeeping staff would clean the nourishment rooms and other appliances like the microwave and the refrigerator in the nourishment room.</p> <p>During an interview on 5/1/25 at 10:35 AM the Housekeeping Manager indicated the</p>	F 812			

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F 812	Continued From page 17 housekeeping staff only cleaned the cabinets , countertop, microwave and outside of the refrigerator in the nourishment refrigerator. The Housekeeping Manager stated the housekeeping staff did not clean the inside of the refrigerator . During an interview on 5/1/25 at 10:45 AM, the Administrator stated Dietary, Nursing and Housekeeping staff were responsible for keeping the refrigerators clean. Nursing staff should check the food placed in the refrigerator and no raw food should be placed in the nourishment refrigerator. The Administrator stated all residents' foods should be labeled with resident's names and date.	F 812			
F 925 SS=F	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, resident and staff interviews and record review, the facility failed to maintain an effective pest control program for 7 of 94 resident rooms (Rooms #11, # 12, #57, #50, #89, #88 and #74). The deficient practice occurred on 4 of 4 halls (Mauve 1, Mauve 2, Teal 1 and Teal 2 halls). The findings included: Review of the monlthy and special visit pest control service reports from 8/12/24 through 3/26/25 revealed there were no recommended changes to the service provided for each visit:	F 925	F925 1. Based on observations, resident and staff interviews and record review, the facility failed to maintain an effective pest control program for 7 of 94 resident rooms. The deficient practice occurred on 4 of 4 halls. 2. An audit of resident rooms will be completed by the facility leadership team to determine pest control needs. This will be completed by 5/272025. 3.The facility administrator will educate the director of maintenance and the housekeeping staff regarding adequate pest control and decluttering and		5/27/25

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F 925	<p>Continued From page 18</p> <p>On 8/12/24, Gentrol IGR concentrate was used to treat medium roach activity in resident rooms, baseboards and crown moldings in the crack and crevices.</p> <p>On 8/17/24 Alpine WSG.2% was used to treat medium roach activity in wall voids of resident rooms.</p> <p>On 9/3/24 Alpine WSG.2% was used to treat light roach activity in the baseboard and crown molding in resident rooms.</p> <p>On 9/28/24 Alpine WSG.2% was used to treat light ant and fly activity in the cracks and crevices of baseboards, break room, common areas, dining room, dishwasher area, drink stations, foyer/lobby, gym, kitchen/kitchen island, refrigerator area, rest rooms, sink area, storage/utilities and stove area. Glue board Patrol was used in the cracks and crevices in the interior and exterior foundations to address roaches, silver fish, ants, crickets, millipedes and house flies.</p> <p>On 10/31/24 Alpine WSG.2% was used to treat light roach and fly activity in rooms #50, # 52, #88, #89, #90 and #91 in the baseboard, bathrooms and crown molding.</p> <p>On 11/30/24 Alpine WSG.2% was used as regular service in resident rooms, baseboards, bathrooms, dining rooms and common areas. There were no pest issues reported.</p> <p>On 12/6/24 Alpine WSG.2% was used as regular service in resident rooms, baseboards, bathrooms, dining rooms and common areas. Additional treatment in rooms #27, #28, #29, #30,</p>	F 925	<p>appropriate cleaning of resident rooms and hallways.</p> <p>Any employee not receiving education by 5/27/2025 will not be allowed to work until education received.</p> <p>New employees will receive education during the orientation process.</p> <p>The Fire Marshall will meet with Resident Council by 5-27-2025 to help educate and stress the need to limit clutter in resident living areas</p> <p>4. Director of Maintenance or designee will monitor 10 rooms weekly x 4 weeks, then 5 rooms weekly x 4 weeks, then 5 rooms monthly x 1.</p> <p>5. Results will be reported by the Director of Maintenance to the quality assurance meeting x1 month for further resolution as needed.</p> <p>Date of completion 5/27/2025</p>		

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F 925	<p>Continued From page 19</p> <p>#88, #89, #90 and #91). There were no pest issues reported.</p> <p>On 12/28/24, Alpine WSG.2% and glue boards were used for interior and exterior perimeter controls in resident rooms, common areas, bathrooms, baseboards, crown moldings, laundry and storage/utility rooms.</p> <p>There was no visit in January 2025.</p> <p>On 2/15/25 Alpine WSG.2% was used to treat light fly activity, No other pest issues.</p> <p>On 3/17/25 Monitor Board Alpine WSG.2% was used to treat light roach activity in the kitchen and in rooms #50 and #89, bathrooms, common areas and base boards.</p> <p>On 3/26/25 Alpine WSG.2% was used in rooms #17 and #50, No roach activity reported.</p> <p>1a. An observation was conducted on 4/28/25 at 9:30 AM in Room #11 revealed dead bugs in the bathroom in the corners along the edges of the wall where the base board was coming apart from the wall.</p> <p>b. An observation was conducted on 4/28/25 at 9:45 AM in Room #12 revealed dead bugs underneath the air conditioner unit in the room, around the sides of the closet, behind the nightstand, and in the corners of the bathroom near the sink.</p> <p>c. An observation was conducted on 4/28/25 at 10:20 AM in Room #57 revealed dead bugs and active bugs were coming from behind the nightstand, underneath the closet and base</p>	F 925			

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F 925	<p>Continued From page 20 boards behind the bed.</p> <p>d. An observation was conducted on 4/28/25 at 10:21 AM in Room #50 revealed roaches coming out from behind nightstand, under the bed and the in bathroom.</p> <p>e. An observation was conducted on 4/28/25 at 1:51 PM in Room # 89 revealed dead roaches/bugs surrounding the base of the closet area, behind the nightstand and behind the bed area.</p> <p>f. An observation was conducted on 4/28/25 at 1:53 PM in Room #88 revealed dead roaches/bugs around the closet and under the air conditioner unit.</p> <p>g. An observation was conducted on 4/28/25 at 2:40 PM in Room revealed #74 dead and active bugs surrounding the clutter room of boxes and bags of personal items and food.</p> <p>An interview was conducted on 4/30/25 at 3:00 PM, with Nurse Aide #7 who stated the facility management team were aware of the roaches/bug problem since 2024 and things had gotten worse to a point where staff brought in their own sprays to help control the bugs when they were providing care for the residents. She reported maintenance had called in the bug company many times, but nothing had been successful. She stated the residents clutter in the room and not properly stored food/drinks and personal items continue to feed the bugs and residents should not have to wake up and find bugs crawling all over them. The issues have been reported and documented by many staff but there have been no changes, families and</p>	F 925			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/01/2025
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F 925	<p>Continued From page 21</p> <p>residents complain to the aides, "but we have no control over how things get resolved. "The rooms were allowed to be junky and other residents complained that their personal space has been invaded by the other residents' poor habits".</p> <p>An interview was conducted on 4/28/25 at 12:10 PM with Housekeeper (HK) #1 who stated she had seen bugs on the floor, under closets, bathrooms and around the base board behind beds. She further stated she would kill them and report to the housekeeping supervisor and maintenance. She further stated she was instructed not to move resident personal belongings unless they had resident's permission to clean areas outside of the routine cleaning checklist. She stated there were times when there were only two housekeepers, and she was unable to complete all the assigned tasks.</p> <p>An interview was conducted on 4/28/29 at 12:28 PM, with HK #2 who stated that when she observed any bugs, ants/ rodents or needed repairs in resident rooms, she would report her observation to the Housekeeping and Maintenance Director. HK#2 stated when she had seen them, she would just kill them or sweep them up and put in trash.</p> <p>An observation and interview were conducted on 4/28/25 at 1:30 PM with the Housekeeping Director who observed the identified rooms with either the dead or active bugs present. She reported the roaches and bugs have been reported to maintenance and the pest control company had visited the facility numerous times, however residents with excessive amounts of food/drinks stored and clutter continued to be an on-going problem for recurrent bugs. Effective</p>	F 925			

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F 925	<p>Continued From page 22</p> <p>cleaning and reduction of the bugs have been a challenge due to the poor storage of personal items and food/drinks in resident rooms. The Maintenance Director was aware of the visible bugs and contacted the pest control company monthly and for the specific rooms with chronic concerns.</p> <p>An observation and interview were conducted on 4/29/25 at 1:55 PM to 3:00 PM with the Maintenance Director of the identified rooms with dead or active bugs present. The Maintenance Director stated that anytime there was a report of any visible bugs within the facility, he would contact the pest control company for special sprays and monthly spray of the interior and exterior of the facility. He further stated several rooms had been identified to receive special attention due to resident hoarding and clutter. He further stated the previous Administrator had offered residents alternative storage options for personal items and asked them not to store large quantities of food/drinks in the rooms. Families had been asked not to bring in items that may contribute to the recurrence of bugs/roaches due to storage issues. He further stated with the additional visits to specific rooms the visibility of roaches/bugs had decreased. He acknowledged additional efforts would need to be explored.</p> <p>An interview was conducted on 4/30/25 at 4:00 PM, with the Director of Nursing (DON), who stated he was aware there were several environmental concerns that needed to be addressed. He confirmed the condition of resident rooms were not cleaned and maintained by maintenance and housekeeping. The DON stated that immediate action would occur to correct the problem.</p>	F 925			

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F 925	Continued From page 23 An interview was conducted on 5/1/25 at 8:51 AM with the Administrator who stated the facility had been working with residents and families about the storage of personal items and foods to reduce the visibility of any pests. He reported the monthly pest control visits and special visits for the identified rooms had been in place. He further stated he was aware of the pest control issue and was currently working on an effective solution to address the situation.	F 925			