

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 405023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER DAMAS HOSPITAL SNF		STREET ADDRESS, CITY, STATE, ZIP 2213 PONCE BY PASS PONCE, PR 00717	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident interview performed on 03/08/2020 and 03/09/2020 to from 8:30 AM through 4:00 PM, it was determined that the facility failed to promote comfortable temperature levels which can affect 4 out of 13 admitted residents at the facility (RS #1, # 2, #7 and # 8) and to promote a safe and clean home like environment of residents rooms which can affect 4 out of 13 admitted residents at the facility (RS #1, #2 # 7 and #8). Findings include: 1. A mechanism to ensure each that facility promote comfortable temperature in residents rooms was not performed accordingly with the following findings identified during survey procedures from 03/08/2020 to 03/09/2020 with security officer, (employee #4): a. Residents located on room [ROOM NUMBER] A and 314 B (RS #2 and #7) both stated on interview on 03/08/2020 at 10:30 AM that they felt cold while in the room. However none of the residents request to the nursing personnel to adjust the room temperature. Temperature on the thermometer located in the room wall indicates room environment temperature was set at 69 degree Farenheigh (F). b. Residents located on room [ROOM NUMBER] A and 320 B (RS #1 and #8) both stated on interview on 03/08/2020 at 1:25 PM that they felt cold while in the room. However none of the residents request to the nursing personnel to adjust the room temperature. Temperature on the thermometer located in the room wall indicates room environment temperature was set at 67 F. c. On 03/09/2020 during observational tour with safety officer (employee #4) it was explained to him that on 03/08/2020 residents located on rooms 314-A, 314-B, 320A and 320-B had refer cold temperature on the day before. Safety officer (employee #4) went to the room on 03/09/2020 at 8:45 am and in the same temperature thermometer located on room wall, set the temperature to 72F on room [ROOM NUMBER] and to 70F on room [ROOM NUMBER] after ask residents what is the comfortable temperature. d. While safety officer (employee #4) was setting the temperature in rooms [ROOM NUMBERS], safety officer ask residents located on room [ROOM NUMBER]-A,314-B,320-A and 320-B if they know that temperature in the room could be adjusted in the temperature thermometer located in the room wall. The four residents stated that they did not had knowledge that temperature could be adjusted on the temperature thermometer located in the room wall and that's the reason why they did not request to set the temperature to more a comfortable degree. 2. A mechanism to ensure each that facility promote a safe and clean comfortable homelike environment was not performed accordingly with the following findings identified during survey procedures from 03/08/2020 to 03/09/2020: a.Bed located on room # 314-A,314-B were observed with rust. b. Beds located on rooms 314-A, 314-B, 317-B, 318-A and 319-A were observed with both upper side rails in bad condition with rough appearance and in need of maintenance.		
F 0813 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a policy regarding use and storage of foods brought to residents by family and other visitors. Based on observations and facility staff interview performed on 03/10/2020 to from 8:30 AM through 4:00 PM, it was determined that the facility failed to have in place a policy regarding use and storage food brought to residents by family and other visitors. Findings include: 1.A mechanism to ensure that facility establish their responsibility to store food brought by resident family members or visitors in order to assure safe and sanitary storage and handling before consumption was not performed accordingly with the following findings identified during survey procedures on 03/10/2020: a.Nursing supervisor (employee # 2) stated on interview on 03/10/2020 at 1:37 PM that if a resident, resident relative or visitor brings food or drink items personnel nursing were instructed to put the item in a plastic zip lock bag with residents' name and room number and store in a refrigerator located at the pantry area located in the recreational room. She also stated that once the food or drink item is stored on daily basis nursing personnel advice the resident in regarding to the food or drink item availability. Food and drink items are reviewed on an ongoing basis to ensure consistency and expiration date. If food or drink item expire or consistency is compromised nursing personnel inform the resident before discard the item. Nursing supervisor (employee # 2) also stated on interview on 03/10/2020 at 1:37 PM that no policy or procedure are established to guide the process to follow when food or drink items are brought by resident family members or visitors.		
F 0908 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observational tour of the facility's kitchen performed from 03/08/2020 thru 03/09/2020, from 8:00 AM thru 4:00 PM, and interview with facility's staff, it was identified that the facility failed to maintain equipment safe operating condition and in good condition. Findings include: 1. On 03/09/2020 from 8:20 am through 11:55 AM the following was identified during observational tour in the kitchen with the clinical dietitian: a.The kitchen has three food service tray carts to put the trays after cleaning and disinfection. Three out of those carts were observed affected by rust. b. One sink located in the modified diet area were observed with uneven edges all over the upper surface. The administrative dietitian (employee #1) stated on interview on 03/09/2020 at 11:05 AM that this sink broke and maintenance personnel repaired welding the edges., however the repaired areas remain with uneven edges. Food debris could remain clogged on the uneven edges during production process and sink condition make difficult the proper cleaning and disinfection. c. Kitchen entrance, modified diet area and production area ceiling tiles and cross T metal section were observed in need of repair with stains, broken and patched up in some areas The administrative dietitian (employee #1) stated on interview on 03/09/2020 at 11:10 AM that maintenance personnel perform some kind of work on the kitchen ceiling, but after finished did not change the ceiling tiles and cross T metal sections. d. The ceramic tiles of a wall located at the right side of the modified diet area fell off and the area is observed without any cover with all the cement exposed. The administrative dietitian (employee #1) stated on interview on 03/09/2020 at 11:15 AM that when those tiles fell off maintenance personnel stated that they were going to replace those ceramic tiles with stainless steel plates in order to facilitate the cleaning and disinfection process. However she does not know when the work were going to begin. e. Floor marble tiles located on the modified diet area and production area were observed with holes, in bad condition missing in some areas with cement parts exposed. The administrative dietitian (employee #1) stated on interview on 03/09/2020 at 11:30 AM that maintenance personnel inform her that this type of floor marble tiles are not available in the market and this floor is going to be replaced with other type of material.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.