STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285239	A. BUILDING _____ B. WING _____	03/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RIDGECREST REHABILITATION CENTER	3110 SCOTT CIRCLE OMAHA, NE 68112

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0657 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09C1c Based on Record review and interview the facility failed to revise a Care Plan for 1 Resident (Resident 43) related to chronic urinary tract infections. The facility census was 68. Findings are: Record review of Resident 43's MDS (Minimum Data Set) is part of a federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. This process entails a comprehensive, standardized assessment of each resident's functional capabilities and health needs) dated 1/29/20 revealed the following information: Section H (Bowel and Bladder) Resident 43 is not on a bowel or bladder program. Resident is frequently incontinent of urine and stool. Record review of monthly infection for nursing units dated 10/2019 revealed Resident 43 was noted to have UTI (urinary Tract Infection) Started on [MED](antibiotic) DS. No Labs available. Record review of monthly infection for nursing unit's dated11/2019 revealed Resident 43 was noted to have UTI and was started on [MEDICATION NAME] bid (antibiotic) x 10 days. No Labs available. Record review of monthly infection for nursing units dated 12/2019 revealed Resident 43 was noted to have UTI and was UA showed E.coli (bacteria commonly found in the bowels) in urine. Record review of monthly infection for nursing units dated 01/2019 revealed Resident 43 was noted to have UTI started on [MEDICATION NAME] (antibiotic) on 01/17/20 to 01/22/20 (5 days medications) (Microbiology test date 01/15/20) Test revealed pathogen as E. coli. Record review of monthly infection for nursing units dated 02/2019 revealed Resident 43 was noted to have UTI started on [MEDICATION NAME] (antibiotic) on 02/27/20 to 3/3/20. UA (urinary Analysis) and reflex culture and sensitivities ordered. Microbiology test date 02/25/20. Pathogen was identified as [DIAGNOSES REDACTED] pneumonia (bacteria). Record review of Resident 43's Care Plan dated 01/22/20 revealed a Problem of urinary Incontinence; Resident 43 is incontinent at times Dated: 10/15/19 Goal: Resident 43 will be clean, dry and odor free while at facility. Nursing Interventions: -Straight catheter ordered for 3 times a day (initiated 10/15/19) -routine toileting is offered; does refuse at times (Initiated 10/15/19) -wears incontinent products for dignity. (Initiated 10/15/19) -Provide appropriate cares when incontinent. (Initiated 10/15/19) - Request referral to urologist: due to frequent UTI's (Monthly) and straight cauterization three times a day. (Initiated 02/13/2020) Problem Start Date Resident 43 is at risk for UTI's (urinary tract infections) due to history of UTI's and prolapsed uterus and retention of urine. (Initiated 10/11/19) Long Term Goal: Resident 43 will show no signs of UTI while at facility. Interventions: -encourage fluids. (Initiated 10/11/19) -report change in urine, odor, amount and amount. (Initiated 10/11/19) -straight catheterization as ordered three times. (Initiated 10/11/19) An interview on 03/05/20 at 11:45AM with DON (Director of Nursing) confirmed additional nursing interventions need to be add to Resident 43's Care Plan after each additional [DIAGNOSES REDACTED].
F 0676 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** LICENSURE REFERENCE NUMBER 175 NAC 12-006.13 Based on interview and record review the facility failed to provide restorative nursing care to 1 (Resident 33) of 1 sampled resident. The facility staff identified a census of 68. The findings are: Physician orders [REDACTED]. The Point of Care Restorative Nursing Category Report printed 3/3/2020 revealed Resident 33 did not have the RNP provided on the following dates: -2/1/2020 -2/2/2020 -2/3/2020 -2/5/2020 -2/7/2020 -[DATE]20 -2/9/2020 -2/10/2020 -2/12/2020 -[DATE] -5 minutes documented -2/15/2020 -2/16/2020 -[DATE] -2/19/2020 -2/21/2020 -2/22/2020 -2/23/2020 -[DATE]20 -2/26/2020 -2/27/2020 -2/28/2020 -[DATE] -[DATE] -3/3/2020 An interview conducted with Registered Nurse (RN)-B on 3/3/2020 at 2:28 PM revealed RN B confirmed Resident 33 did not receive the RNP as ordered.
F 0690 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09D3 Based on record review, interview and observations the facility failed to implement nursing interventions, follow physician orders [REDACTED]. The facility census was 86. Findings are: A. Record review of Resident 43's Electronic Health Record revealed Resident 43 was admitted to the facility on [DATE]. Record review of monthly infection for nursing units dated 10/2019 revealed Resident 43 was noted to have UTI (urinary Tract Infection) Started on [MED](antibiotic) DS. No labs were available. Record review of monthly infection for nursing unit's dated11/2019 revealed Resident 43 was noted to have UTI and was started on [MEDICATION NAME] bid (antibiotic) x 10 days. No labs were available. Record review of monthly infection for nursing units dated 12/2019 revealed Resident 43 was noted to have UTI and was UA showed E.coli (bacteria commonly found in the bowels) in urine. Record review of monthly infection for nursing units dated 01/2019 revealed Resident 43 was noted to have UTI started on [MEDICATION NAME] (antibiotic) on 01/17/20 to 01/22/20 (5 days medications) (Microbiology test date 01/15/20) Test revealed pathogen as E. coli. Record review of monthly infection for nursing units dated 02/2019 revealed Resident 43 was noted to have UTI started on [MEDICATION NAME] (antibiotic) on 02/27/20 to 3/3/20. UA (urinary Analysis) and reflex culture and sensitivities ordered. Microbiology test date 02/25/20. Pathogen was identified as [DIAGNOSES REDACTED] pneumonia (bacteria). Record review of Resident 43's Care Plan dated 01/22/20 revealed a Problem of urinary Incontinence; Resident 43 is incontinent at times Dated: 10/15/19 Goal: Resident 43 will be clean, dry and odor free while at facility. Nursing Interventions: -Straight catheter ordered for 3 times a day (initiated 10/15/19) -routine toileting is offered; does refuse at times (Initiated 10/15/19) -wears incontinent products for dignity. (Initiated 10/15/19) -Provide appropriate cares when incontinent. (Initiated 10/15/19) - Request referral to urologist: due to frequent UTI's (Monthly) and straight cauterization three times a day. (Initiated 02/13/2020) Problem Start Date Resident 43 is at risk for UTI's (urinary tract infections) due to history of UTI's and prolapsed uterus and retention of urine. (Initiated 10/11/19) Long Term Goal: Resident 43 will show no signs of UTI while at facility. Interventions: -encourage fluids. (Initiated 10/11/19) -report change in urine, odor, amount and amount. (Initiated 10/11/19) -straight catheterization as ordered three times. (Initiated 10/11/19) An interview on 03/05/20 at 11:45AM with DON confirmed additional nursing interventions need to implemented and add to Resident 43's Care Plan after each additional [DIAGNOSES REDACTED]. B. Record review of Resident 43's 1st 30 day follow-up assessment since moving into the facility with physician dated [DATE] revealed under section Advanced Care Plan:

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.

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F 0690 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 1) 3. Incontinence: Establish a bladder and bowel routine to help eliminate frustration and embarrassment that may be felt by the patient due to an inability to control bodily functions. This will also lessen the time that the patient could potentially be sitting in soiled clothing and decrease risks of decubitus ulcers and skin breakdown. Record review of progress notes dated 0[DATE] - 03/05/20 reflected Resident 43 was not started on a bowel or bladder program. Record review of Resident 43's MDS (Minimum Data Set) is part of a federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. This process entails a comprehensive, standardized assessment of each resident's functional capabilities and health needs) dated 1/29/20 revealed the following information: Section H (Bowel and Bladder) Resident 43 is not on a bowel or bladder program. Resident is frequently incontinent of urine and stool. An interview on 03/05/20 at 11:43 AM with DON confirmed Resident 43 was not started on a bowel and bladder per physician's orders [REDACTED]. Record review of Resident 43's Physicians order dated 10/13/19 revealed resident is to have intermittent catheterization (placing a tube in the urethra (an opening in the body that allows urine to be eliminated from the body) three times per day for chronic urinary tract infections and prolapsed uterus. Record review of a policy titled Cauterization, Residual Use dated 10/2010 revealed the purpose of this procedure is to assess the amount of urine left in the bladder after a resident voids. Preparation 1. Verify that there is a physicians' order for this procedure. 2. Review the resident's care plan to assess for any special needs of the resident. 3. Assembles the equipment and supplies as needed. Documentation states the following information should be recorded in the resident's medical record. -1. The date and time the procedure was performed. -2. The name and title of the individual(s) who performed the procedure. -3. All assessment data obtained during the procedure. -4. How the resident tolerated the procedure. -5. If the resident refuse the procedure, the reason(s) why and the intervention taken. -6. The amount of residual urine obtained. -7. The character (i.e ., color, clarity, etc.) of the residual urine obtained. -8. The signature and title of the person recording the data. Reporting 1. Notify the supervisor if the resident refuses the procedure. 2. Notify the physician of the amount of residual urine, if any, and if there are any abnormalities in the character of the urine. 3. Report other information in accordance with facility policy and professional standards of practice. An interview on 03/04/20 at 3:30 PM with DON confirmed residuals of urine have not been sent to physician. D. Record review of a Activity assessment dated [DATE] revealed Resident 215 admitted to the facility on [DATE]. Record review of a Admission Bladder Observation sheet dated 2-27-2020 revealed Resident 215 had an indwelling catheter (tube inserted into the bladder to drain urine) due to a terminal illness or severe impairment causes intractable pain. Record review of Resident 215's medical record revealed there was no indications Resident 215 had a terminal illness. Record review of a Pain Observation sheet dated 2-25-2020 revealed Resident 215 was evaluated as having no pain. Observations on 3-3-2020 at 10:43 AM of a mechanical lift transfer revealed Resident 215 did not have indicators of pain. On 3-3-2020 at 2:30 Pm an interview was conducted with the Director of Nursing (DON). During the interview the DON confirmed Resident 215 did not have a terminal illness and severe pain. The DON confirmed the facility staff had not completed an evaluation of the use of the indwelling catheter.
F 0758 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.** LICENSURE REFERENCE NUMBER 175 NAC 12-006.09D Based on record review and interview; the facility staff failed to evaluate the indications for use and failed to monitor specific targeted behaviors for the use of an antipsychotic medication for 1 (Resident 215) of 5 sampled residents. The facility staff identified a census of 68. Findings are: Record review of Resident 215's Medication Administration Record [REDACTED]. Record review of Resident 215's medical record that included practitioners orders, Care Plan and Progress Notes revealed there was not evidence the facility staff had evaluated the need for the antipsychotic medication and did not identify specific behaviors to be monitored. On 3-3-2020 at 1:00 PM an interview was conducted with the Director of Nursing (DON). During the interview the DON confirmed an evaluation of the use and specific target behaviors for the use of the antipsychotic medication had not been completed.
F 0800 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.** LICENSURE REFERENCE NUMBER 175 NAC 12-006.11D Based on observation, record review and interview; the facility staff failed to ensure food temperatures were maintained to prevent the potential for food borne illness and palatability of foods. The facility staff identified 65 of 68 residents ate food from the kitchen. Findings are: On 3-02-2020 at 9:42 AM an interview was conducted with Resident 20. During the interview Resident 20 reported the food is cold and not cooked. On 3-02-2020 at 10:42 AM an interview was conducted with Resident 33. During the interview Resident 33 reported the food could be better and was not cooked. On 3-02-2020 at 10:42 AM an interview was conducted with Resident 53. During the interview Resident 53 reported the food is cold and had no taste. On 3-02-2020 at 11:16 AM an interview was conducted with Resident 14. During the interview Resident 14 reported the food was cold and had no taste. Observation on 3-04-2020 at 12:05 PM revealed the facility staff were prepairing lunch service for the facility residents. Further observation on 3-04-2020 at 12:50 PM revealed lunch service was completed in the East Dining Room and a test tray was request. On 3-04-2020 at 12:50 PM temperature and tasting of the food of the lunch meal test tray with the Kitchen Manager (KM) revealed the following information: -Alternate Chicken Brest temperature was 109 degrees. -Mixed Vegetables temperature was 109.0 degrees. -Cooked rice was 145.4 degrees, thick and pasty, sticking to the teeth. On 3-04-2020 at 12:55 PM an interview was conducted with the KM. During the interview, the KM confirmed the chicken breast and mixed vegetables were not hot enough and the rice was pasty and thick.
F 0801 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.** LICENSURE REFERENCE NUMBER 175 NAC 12-006.04D2 Based on observation, and interview; the facility staff failed to have a Certified Food Services Director (FSD). This had the potenial to effect all residents in the facility. The facility staff identified a census of 68. Findings are: Observations through out the survey from 3-02-2020 to 3-5-2020 revealed there was not a FSD in the building. On 3-02-2019 at 7:40 AM an interview was conducted with Cook A. When asked who the FSD was, Cook A reported the facility did not have a FSD. On 3-03-2020 at 8:16 AM an interview was conducted with the facility Administrator. During the interview the Administrator reported not having a FSD. On 3-05-2020 at 12:25 PM a follow up interview was conducted with the facility Administrator. During the interview, the Administrator reported the former FSD had not shown up for work and had not contacted the facility. The Administrator confirmed the facility Registered Dietician did not work full time and that the facility did not have a FSD.
F 0865 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Have a plan that describes the process for conducting QAPI and QAA activities.** Licensure Refernce Number 175 NAC 12-006.07 Based on Record review and interview the facility failed to have a QAPI (Quality Assurance Performance Improvement) plan containing policies and procedures describing how to identify and correct their Quality deficiencies. The facilty census was 68. Findings are: 03/04/20 Record Review of the Quality Assurance Performance Improvement Plan include : Design and Scope of QAPI Program Governance and Leadership Feedback Data Sytems and Monitoring Performance Improvement project Systematic Analysis and Systemic action 03/04/2020 Record review of the facilities PIP (Process Improvement Plan) inventory reveals they are working on the following areas : These PIP Have been

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F 0865 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 2) in process of improvement with no resolution since the following start dates, Missing Clothing started 9/1/18, weight loss 1/1/19 Infection Control 1/119, Employee Retention and Engagement 1/1/19, Emergency Preparedness Plan 11/3/18, Food Service and Food quality 1/8/19, Admissions Process 6/1/19, Clinical Admissions 1/8/19, pressure ulcers 10/18/19, Abuse and neglect, 7/1/19 MAR/TAR 7/1/19, Refrigerator 9/1/18, Quality Measures 1/8/19 , smoking 5/9/19 , Elopement Drills 9/19, Discharge Planning 12/9/19, Crash cart 9/29/19, Glucometer Checks 9/29/19, Sit to stand and hoyer Checks 9/29/19, kitchen Sanitation 10.29,19, 3/4/2020 Record review of the Facility Quality Assessment and Performance Improvement plan includes implementing systemic action that will result in improvement or reduce the chance of an event recurring. None of the above PIP have been resolved. 4/5/2020, 10:00AM Interview with the ADM confirmed that having so many PIP's makes it difficult to follow. She agrees that none of the PIP have been resolved and the QAPI Program does need some up date in the process and procedure so that PIPs can be audited and resolved.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** LICENSURE REFERENCE NUMBER 175 NAC 12-006.17B Based on Observation, record reviews and interviews; the facility failed to utilize hand washing and gloving technique during provision of personal care for 1 (Resident 215) of 4 sampled residents, failed to implement isolation precautions for 2(Residents 215 and 33) of 2 sampled residents, and failed to ensure catheter bags were off the floor for 2 (Residents 215 and 216) of 3 sampled residents. The facility staff identified a census of 68. Findings are: A. Review of a practitioners or dated 2-27-2020 revealed Resident 215's practitioners order the facility to obtain stool sample and have it tested for [MEDICAL CONDITION] (C. difficile) is a bacterium that causes diarrhea). Record review of a follow up order dated 3-02-2020 revealed the facility staff had attempted to obtain the stool sample and were not successful. The order from Resident 215's practitioner was to continue to collect the stool sample. Observation on 3-03-2020 at 9:15 AM revealed Resident 215 was in the Dining room for breakfast and not in isolation. On 3-04-2020 at 9:37 AM an interview was conducted with Licensed Practical Nurse (LPN) J. During the interview LPN J confirmed Resident 215 was not in isolation. On 3-04-2020 at 10:00 AM an interview was conducted with The Director of Nursing (DON) Assistant Director of Nursing (ADON) and the facility Nurse Consultant. During the interview the DON confirmed Resident 215 was suspected as having [MEDICAL CONDITION]. The DON confirmed during the interview residents who are suspected of have [MEDICAL CONDITION] should be in isolation and confirmed Resident 215 was not in isolation. B. Record review of a Admission Bladder Observation sheet dated 2-27-2020 revealed Resident 215 revealed Resident 215 had an indwelling catheter (tube inserted into the bladder to drain urine). Observation on 3-03-2020 at 10:10 AM of catheter cares revealed LPN J without handwashing or donning gloves obtained washcloths and placed them into Resident 215 sink to get wet. LPN J removed the wet wash cloths and placed them into a basin and donned gloves. LPN J using the washcloths from the basin of Resident 215's wiped the groin areas, and labia. LPN J did not change gloves. LPN J obtained a wet wash cloth and rinsed the groin and labia. LPN J without changing the soiled glove, obtain another wet wash cloth and cleans the indwelling catheter tubing. LPN J with the soiled gloves on, touched Resident 215 thigh, and hip areas. On 3-04-2020 at 6:30 AM an interview was conducted with LPN J. During the interview LPN J confirmed the soiled glove had not been changes and should have been. C. Observation on 3-04-2020 at 6:30 AM of wound care revealed Resident 215's urine collection bag was sitting on the floor. On 3-04-2020 at 6:30 AM during the wound treatment, LPN J confirmed Resident catheter collection bag was on the floor and should not have been. D. Record review of Resident 216's Comprehensive Care Plan (CCP) revealed Resident 216 Supra Pubic Catheter (tubing placed through abdominal area into the bladder to drain urine) revealed Resident 216's urine collection bag was sitting on the floor. On 3-04-2020 at 7:48 AM an interview was conducted with LPN J. During the interview LPN J confirmed Resident 216's urine collection bag was on the floor and should not be. E. According to the CDC (https://www.cdc.gov/cdiff/clinicians/faq.html) Printed 12:32 PM on [DATE]20 revealed, What are the steps to prevent spread? if a resident had had more than or equal to 3 stools in 24 hours: a person is to be isolated immediately, even if you only suspect an infection of the large intestine (colon) caused by the bacteria [MEDICAL CONDITION] ([DIAGNOSES REDACTED]). Also wear gloves and gowns when treating persons with C.Diff, even during short visits. Resident 33's progress notes dated [DATE]20 at 12:58 PM revealed the facility received a call from Midwest GI stating Resident 33 had tested positive for [MEDICAL CONDITION]. A GI Pathology report dated 2/15/2020 revealed [MEDICAL CONDITION] toxin A/B was detected. On [DATE] at 2:13 AM Resident 33's Progress Notes (PN) read Remains on oral [MEDICATION NAME] (antibiotic) for [MEDICAL CONDITION] without s/s (signs and symptoms) of side effects. Loose stools noted X2 (times 2) this night. A record review of Resident 33's PN dated [DATE] at 11:12 PM revealed Resident 33 had nausea, vomiting and diarrhea was given [MEDICATION NAME] (medication to prevent nausea and vomiting) and immodium (a medication used to treat diarrhea) and continued to have diarrhea. An observation on 3/3/2020 at 7:40 AM revealed a [MEDICAL TREATMENT] Transport driver was in Resident 33's room without a gown, gloves or a face mask. An observation on [DATE] at 8:41 AM revealed there was not an isolation apron containing pockets to hold gowns, masks, gloves in proximity to Resident 33's room. In addition, there was not a sign directing visitors to see nurses station. An observation on 3/3/2020 at 7:40 AM revealed there was not signage visible to alert staff or visitors to the need for protective equipment. An observation on 3/3/2020 at 2:30 PM revealed there was no signage on Resident 33's door to indicate that the resident is on isolation precautions. On 3/03/2020 at 2:30 PM an interview was conducted with Resident 33. During the interview Resident 33 reported (gender) had diarrhea stools this morning. An observation on 3/3/2020 at 2:45 PM revealed Nursing Assistant (NA) C was in Resident 33's room assisting Resident 33 from the toilet. NA C did not have gloves, gowns or mask. An interview on 3/4/2020 at 9:00 AM an interview was conducted with Physical Therapist (PT) F. During the interview PT F reported being unaware of the [MEDICAL CONDITION] diagnosis. On 3/4/2020 at 10:02 AM an interview was conducted with the Assistant Director of Nursing E, Clinical Nurse Consultant G and the Director of Nursing (DON). During the interview the DON confirmed Resident 33 should have been in isolation and a sign placed on Resident 33's door directing visitors to see the nurse. Record review of the Isolation Policy titled Isolation- Categories of Transmission Based Precautions revealed examples of Contact Isolation include, but are not limited to (2) Diarrhea associated with [MEDICAL CONDITION]. The policy also revealed the resident should be placed in a private room, handwashing should be done, gloves should be worn, and a gown should be worn upon entering the resident room. The facility is to have signs placed with the type of isolation and to see nurse before entering room. The policy also states the residents care plan will indicate the type of precaution implemented for the resident.
F 0881 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Implement a program that monitors antibiotic use.** Based on record review and interview; the facility staff failed to develop protocols for use antibiotics medication use in the facility. The had the potential to affect all residents in the facility. The facility staff identified a census of 68. Findings are: Record review of an undated Policy and Procedure for a Antimicrobial Stewardship Program revealed the following information: -Policy Statement: -The Antimicrobial Stewardship Program (ASP) is to promote the appropriate use of antimicrobials in order to maximize treatment outcome and minimize unintended consequences of antimicrobial therapy. The ASP aims to improve antibiotic prescribing practices through the development and implementation of antibiotic use protocols and system to monitor antibiotic use. Record review of undated facility Infection Prevention Plan revealed there were not protocols in place for the ASP. On 3-05-2020 at 1:15 PM an interview was conducted with the Director of Nursing (DON) and the facility Nurse Consultant (NC). During the interview the DON confirmed there were not protocols for the ASP.