STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105193	A. BUILDING _____ B. WING _____	10/07/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PARK MEADOWS HEALTH AND REHABILITATION CENTER	3250 SW 41ST PLACE GAINESVILLE, FL 32608

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 0677 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Provide care and assistance to perform activities of daily living for any resident who is unable.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide the necessary care and services to maintain good personal hygiene for 3 of 6 residents, Residents #21, 46, and 69, reviewed for Activities of Daily Living (ADL) in a total of 38 residents Findings: Review of the facility policy titled Nail Care revised 11/1/2016, last annually reviewed on 1/17/20 reads Standard: It will be the standard of this facility to provide nail care to residents per resident preferences and to maintain dignity. Guidelines: 3. Nail care includes regular cleaning and regular trimming, unless contraindicated by resident condition, specific behaviors or resident refusal. 7. Watch for and report any changes in the general condition of resident's nails. 9. Provision of nail care provided can be documented in the medical record via multiple methods and/or provided per resident shower schedule or per resident individual desires. 10. Notify the supervisor if the resident refuses the care. Document history of refusal of provision of care in the clinical record as needed. Review of the facility policy titled ADL care and Assistance, annually reviewed on 1/17/20 reads Standard: It will be the standard of this facility to provide the resident with Activities of Daily Living (ADL) care and assistance while attempting to maintain the highest practicable level of function for the resident. Guidelines: 2. Each ADL should be provided at the level of assistance that promotes the highest practicable level of function for the resident, while ensuring the needs and desired goals of the resident are met safely. 1. An observation of Resident #21 on 10/4/20 at 12:33 PM revealed the resident sitting in bed watching TV. His nails were observed to be long, jagged, and with dark debris under the nail bed. An observation of Resident #21 on 10/5/20 at 8:00 AM revealed the resident's nails were still long, jagged, and with dark debris under the nail bed. An observation of Resident #21 on 10/5/20 at 12:23 PM revealed the resident's nails were still long, jagged, and with dark debris under the nail bed. A record review of the Minimum Data Set Medicare 14-day Comprehensive assessment dated [DATE], Section G reads that Resident #21 requires supervision for personal hygiene with the assistance of one person. A record review of the Certified Nursing Assistant (CNA) Task Sheet for fingernail care for Resident #21 from 9/8/20 to 10/3/20 revealed documented on 9/24/20 refused nail care. A record review of the progress notes for Resident #21 from 8/24/20 through 10/6/20 revealed no documentation related to refusal of ADL care or nail care. The written plan of care for Resident #21 reads ADL self-care performance deficit related to ADL needs and participation vary, limited mobility, weakness. The interventions included Resident requires assistance with ADLs: Personal Hygiene: Supervision An interview was conducted with the Director of Nursing (DON) on 10/6/20 at 11:40 AM. She confirmed there are no progress notes for Resident #21 related to refusing to have nail care done. She confirmed there are no interventions directed towards achieving compliance with nail care for the resident. 2. An observation of Resident #46 on 10/4/20 at 10:00 AM revealed the resident was lying in bed, the head of the bed was elevated to approximately 45 degrees. The resident was observed with bilateral contractures of both hands and fingernails that were long with dark debris under the nail beds. (Photographic evidence obtained). An observation of Resident #46 on 10/5/20 at 8:00 AM revealed fingernails that were long with dark debris under the nail beds of both hands. An observation of Resident #46 on 10/5/20 at 2:26 PM revealed fingernails that were long with dark debris under the nail beds of both hands. A review of the Minimum Data Set, Quarterly Comprehensive assessment dated [DATE], Section G reads the resident requires extensive assistance with two person assistance to complete personal hygiene. A review of the written plan of care for Resident #46 reads the resident has an ADL self-care performance deficit related to limited mobility, musculoskeletal impairment, pain weakness, paraplegic, and bilateral upper and lower extremity contractures. Interventions include (9/1/20) resident needs after recent admission to the facility include the following level of assistance with ADLs: Personal Hygiene, resident requires extensive assistance. A review of the progress notes in the clinical record revealed no documentation related to refusal of ADL care. A review of the CNA task sheet dated 9/8/20 to 10/5/20 for nail care for Resident #46 revealed the resident did not refuse nail care during that period of time. An interview was conducted with Staff J, CNA on 10/5/20 at 2:30 PM. She stated that she assists residents with activities of daily living care. She confirmed that the resident had long nails and there is dark debris under the nails. An interview was conducted with the Director of Nursing (DON) on 10/6/20 at 11:40 AM. She confirmed that there are no progress notes for Resident #46 related to refusing to have nail care done. An interview was conducted with Staff L, COTA (Certified Occupational Therapy Assistant) on 10/06/20 10:35 AM. She stated, During therapy yesterday his nails were very long. 3. An observation of Resident #69 on 10/4/20 at 2:55 PM revealed the resident was lying on his bed with his eyes closed. The resident was unshaven with gray colored whiskers approximately inch long. During an interview on 10/4/20 at 2:55 PM with Resident #69 when asked if he needed a shave, he gestured his hand over his face and stated, I do need a shave. An observation of Resident #69 on 10/5/20 at 7:50 AM showed the resident was still unshaven. An observation of Resident #69 on 10/5/20 at 2:26 PM showed the resident was still unshaven. A review of the Minimum Data Set, Quarterly Comprehensive Assessment, dated 8/31/20 reads in Section G the resident requires extensive assistance of one person for personal hygiene. A review of the CNA task sheet for Resident #69 documenting shaving revealed the resident was last shaved on 9/28/20. On 9/30/20, the documentation read no, resident was not shaved. On 10/2/20, the documentation read not applicable. A review of the progress notes for Resident #69 from 8/11/20 through 10/2/20 revealed no documentation related to refusal of ADL care. A review of the written plan of care for Resident #69 revealed the resident has an ADL (activities of daily living) self-care performance deficit related to Alzheimer and cognitive deficit with interventions that include (9/3/20) ADL care for short term rehab patients: Resident needs after recent admission to the facility include the following level of assistance with ADLs: Personal Hygiene: Extensive. An interview was conducted with Staff J, CNA on 10/5/20 at 2:26 PM. She stated that she assists residents with activities of daily living care. Residents are usually shaved every other day when they have a shower. He can use an electric razor, but we have to do it, so he doesn't cut himself. I have not assisted him with shaving today. She confirmed the resident needed to be shaved. An interview was conducted with the Director of Nursing on 10/6/20 at 11:40 AM. She confirmed that there are no progress notes for Resident #69 related to refusing to be shaved.
F 0732 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Post nurse staffing information every day.** Based on observation and interview, the facility failed to post nurse staffing daily. Findings: An observation on 10/4/20 at 8:45 AM of the posted nurse staffing at the receptionist desk at the entrance of the facility revealed staff for 10/2/20. An observation on 10/4/20 at 10:25 AM of the posted nurse staffing at the receptionist desk at the entrance of the facility revealed staff for 10/2/20. An observation on 10/4/20 at 2:18 PM of the posted nurse staffing at the receptionist desk at the entrance of the facility revealed staff for 10/2/20. An interview was conducted with the Director of Nursing on 10/4/20 at 10:53 AM. She stated that the weekend supervisor and the receptionist are responsible for posting the nurse

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 0732 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) staffing information on the weekend. She confirmed that it should have been done daily and was not.
F 0761 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview, and policy and procedure review the facility failed to ensure medications were labeled when opened on 2 of 3 medication carts in a total of 7 medication carts, failed to ensure expired medications were not stored in working stock in 1 of 3 medication storage rooms, and failed to ensure medications were secured in a medication cart or medication storage room for 1 of 3 nurses stations, Station 1. Findings: On 10/04/20 9:55 AM an observation of the Station 3 medication cart 2 showed in the working stock drawer one multi dose bottle of [MEDICATION NAME] was not documented with the date the [MEDICATION NAME] was opened, there was no resident identifier on the bottle, and the bottle of [MEDICATION NAME] that was not in a box or bag. One bottle of Latanoprost 0.5 (2.5 ml (milliliters)) eye drops that was not documented with the date the eye drops were opened for Resident #117. The Directions on the eye drops read to discard 42 days after opening. One opened bottle, 1.5 ounce, of sterile eye drops that was not documented with the date the eye drops were opened. The bottle of sterile eye drops was not labeled with a resident identifier. One 0.5 fluid ounce bottle of dry eye relief that was documented with an open date of 12/29/2019 for Resident #117. One 16-gram bottle of nasal spray that was not documented with the date the nasal spray was opened for Resident #74. One 0 .5 ml bottle of artificial tears that was not documented with the date the eye drops were opened for Resident #74. One 0.5 ml bottle of [MEDICATION NAME]-A eye drops that was not documented with the date the eye drops were opened for Resident #62. During an interview on 10/04/2020 at 10:02 AM with Staff N, LPN (Licensed Practical Nurse) the medication cart 2 nurse on station 3 stated, The multi dose bottle of [MEDICATION NAME] 40 in the working stock drawer is for (Resident #127's name). I don't know why the [MEDICATION NAME] did not show the date it was opened. I think the [MEDICATION NAME] should have been discarded as it was only ordered to be administered one time on 08/09/2020. I do not see a date opened on the nasal spray. It just did not get dated. I do not know which resident the bottle of sterile eye drops belong to. Sometimes when residents come from different units their medications just don't get dated or labeled with a name. I don't know why the bottle of Latanoprost eye drops did not have the date on the bottle or a box to show when the eye drops were opened. I think the artificial tears eye drops are only good for three months after they are opened. The eye drops for (Resident #117's name) should have been discarded after three months. The bottle of [MEDICATION NAME] eye drops for (Resident #62's name) isn't dated with the open date. The nurse that takes the medication cart is supposed to check for expiration dates on the medications as well as check for dates the residents' medications are opened. On 10/04/2020 at 10:04 AM an observation of the 300-hallway medication storage room showed one [MEDICATION NAME] (TB ([MEDICATION NAME])) 0.1 mg (milligram) syringe in the working stock drawer in the refrigerator in the station 3 nurses' station medication storage room expired on 06/17/2020 for Resident #109. One 8 fluid ounce bottle of vanilla ensure expired on 10/2019. In the cabinets showed two, four fluid ounce, bottles of broad spectrum sun screen with an expiration date of 04/01/2019. One bottle of [MEDICATION NAME] with an expiration date of 01/2019. One, four fluid ounces, bottle of [MEDICATION NAME] with an expiration date of 10/2019. During an interview on 10/04/2020 at 10:12 AM Staff O, LPN stated I did not realize the TB medication for (Resident #109's name) and the ensure that did not have a resident name in the refrigerator were expired. I can see that the sunscreen, [MEDICATION NAME], and the [MEDICATION NAME] are expired. I believe the night shift is supposed to check the medications in the refrigerator for expiration dates. An observation on 10/04/2020 beginning at 10:50 AM of the Station 2 medication cart showed: One bottle of Humalog Insulin in the working stock drawer that was not documented with the date the Insulin was opened for Resident #17. One card [MEDICATION NAME] (a narcotic) 0.5 mg a total of 27 pills, Resident #114 expired on 06/30/2020. One 10 ml vial of Insulin [MEDICATION NAME] that was not documented with the date the Insulin was opened for Resident #72. One 10 ml vial of [MEDICATION NAME] that was not opened for Resident #40. The label read to refrigerate until opened. An observation on 10/05/2020 of the medication storage room refrigerator at Station 2 showed: 1, 0.5 ml vial of [MEDICATION NAME] (TB) injectable for Resident #121 with an expiration date of 09/18/2020. During an interview on 10/04/2020 at 11:06 AM Staff P, LPN stated, I know that the insulins that were in the working stock drawer should have been dated with the date the Insulin was opened for (Residents #17 and 72's names). I do not know why the insulin was in the medication cart that required refrigeration for (Resident #40's name) until opened. I don't why the expired narcotic medication for (Resident #114's name) was still in the drawer and had not been removed for medication destruction. I do not know why the [MEDICATION NAME] (TB) injectable for (Resident #121's name) was in the working stock of the refrigerator in the medication storage room since it was expired. An observation on 10/04/2020 at 11:14 AM of Station 1 cart 3 showed: Two 0.5 ml of artificial tears with no resident's name and no documentation of when the eye drops were opened. One 5 ml bottle of [MEDICATION NAME] eye drops that was not documented with the date the eye drops were opened. One 10 cc (cubic centimeters) bottle of [MEDICATION NAME] B eye drops that was not documented with the date the eye drops were opened. One 5 ml bottle of [MEDICATION NAME] eye drops that was not documented with the date the eye drops were opened for Resident #82. During an interview on 10/04/2020 at 11:30 AM Nurse Staff E, LPN stated the two bottles of artificial tears eye drops in the medication cart do not show the dates the medication was ordered or the names of the residents. There is no names or dates of when they were opened on eye drops there is no excuse for that. The [MEDICATION NAME] eye drops, [MEDICATION NAME] B or the [MEDICATION NAME] for (Resident #82's name) should have the date the eye drops were opened. I do not know how long these eye drops are good for after they are opened. An observation on 10/04/2020 at 11:38 AM of the Station 1, Cart 2 medication cart showed: two 2.5 ml bottles of Travoprost eye drops that was not documented with the date the Travoprost eye drops were opened for Resident #23. Two 2.5 ml bottles of Pazeo 0.7% eye drops that was not documented with the date the Pazeo 0.7% eye drops were opened for Resident #23. During an interview on 10/04/2020 at 11:43 AM Staff Q, LPN stated, I do not see a date on the eye drops. I know the eye drops are supposed to be dated when they are opened. An observation on 10/05/2020 at 2:55 PM showed that on the station one nurses' station there was a bottle of Ammonium [MEDICATION NAME] 12% lotion for Resident #128 sitting on the counter of station one. There was no nursing staff observed near the nurses' station and the medication was not in view of licensed staff. During an interview on 10/05/2020 at 3:06 PM Staff Q, LPN stated, I think the medicated shampoo is expired and was sitting on the counter to be placed in the medication storage room to be returned to the pharmacy. The medication is not supposed to be left out on the counter and should be in a medication cart or medication storage room. An observation on 10/06/2020 showed a card of [MEDICATION NAME] 20 mg with a count of 15 unsecured on the nurses' station for Resident #53. Residents were in the area of the un-secured medication. The label of the medication could be read by any of the residents that were in the hallway near the nurses' station. A box containing 30, 10 ml, [MEDICATION NAME] lock flushes for Resident #19 were also on the counter of the Station 1 nurses' station unsecured. An observation on 10/06/2020 2:45 PM of mediation cart 3 on the 100 hallway showed one vial of [MEDICATION NAME] R Insulin was in the working stock drawer with no documentation to show the date the Insulin was opened. There was no resident identification on the medication. One bottle of [MEDICATION NAME] R with no documentation to show the date the [MEDICATION NAME] R was opened. There was no resident identifier on the medication bottle. During an interview on 10/06/2020 at 2:53 PM Staff R, LPN stated, I do not know who the [MEDICATION NAME] R and [MEDICATION NAME] R Insulins belong to. I wondered the same thing, as to who the Insulin belongs to. An observation on 10/06/2020 at 3:00 PM in the medication cart 1 showed: 100 ml [MEDICATION NAME] Pen was in the working stock drawer for Resident #40 that was not opened. The documented instructions read to refrigerate until opened. During an interview on 10/06/2020 at 3:11 PM Staff S, LPN stated, I think the [MEDICATION NAME] pen was put in the medication cart unopened because the current pen was about to run out of Insulin. The Insulin should not have been removed from the refrigerator until it was time to administer the Insulin. A review of the policy and procedure titled, Medication Storage, last revised 2020 read, medications, drugs and biologicals shall be stored in the packaging, containers or other dispensing systems in which they are received, unless otherwise necessary. The facility shall not use discontinued, outdated or deteriorated medications, drugs or biologicals. Drugs shall be stored in an orderly manner in cabinets, drawers, carts or automatic dispensing systems.

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.**

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F 0801 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 2) Based on record review and interview the facility failed to ensure a qualified director of food and nutrition services provided oversight to the daily operations of the facility dietary services. Findings: Record review of the facility personnel roster revealed Staff B (Date of Hire: 06/24/2020) was employed and designated as the facility Dietary Manager. Record review of Staff B's personnel record revealed a Job Description (Signed by Staff B on 06/05/2020) titled, Director of Dietary Services that documented Staff B's assigned duties as The Director of Dietary Services will be responsible to plan, organize, develop, and direct the overall operation of the facilities' Dietary Department. In accordance with current federal, state and local standards, guidelines and regulations and may be directed by the Chief Clinical Officer to assure that quality nutritional services are provided on a daily basis and that the dietary department are maintained in a clean, safe and sanitary manner. The job description documented qualification requirements that included Must be a Registered Dietitian with an unencumbered, current license to practice in this state. and Maintains required and appropriate certifications. During an interview on 10/06/2020 beginning at 12:42 PM, the facility Registered Dietician confirmed the appointed facility Director of Dietary Services was not a Certified Dietary Manager. During an interview on 10/6/2020 beginning at 12:48 PM, the facility Dietary Manager confirmed he had not begun the course work to become certified as a Certified Dietary Manager. He confirmed that he did not hold a national certification for food service management and safety from a national certifying body or hold an associate's or higher degree in food service management or hospitality. The facility Dietary Manager stated he had some college and completed a 4-year culinary high school level course work. During an interview on 10/06/2020 at 1:25 PM, the facility Administrator reported Staff B would be considered the director of food and nutrition services at the facility.
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, interview, and record review, the facility failed to store food in accordance with professional standards for food service safety and to maintain the kitchen equipment in clean and sanitary condition which could potentially affect the entire 121 resident population, and failed to ensure food and beverage items in 1of 3 nourishment rooms refrigerator/freezer for resident use were labeled with the resident's name and/or dated and timed when the items were stored in the refrigerator/freezer. (Photographic evidence obtained) Findings: 1. An initial tour of the kitchen operation was conducted on October 4, 2020 beginning at 9:06 AM with Staff A, Lead Cook. Areas of concern were identified during the tour and observed and confirmed by the facility Lead Cook, Staff A and Staff B, Dietary Manager. The areas included: a. The dry storage area contained a plastic jug of Sweet & Sour Ready to Use Sauce, the lid was not screwed on correctly, had black and brown particles on it, and dated 4/18. The label reads refrigerate after opening. When questioned regarding the date, the lead cook stated he did not know if it was 4/18/20 or 4/18/19 because the year was not on the lid. b. The dry storage area contained a plastic container of Designer Dessert Sauce, Key Lime Flavored with a 'best used before date 05 June 2020 and a plastic container of Designer Dessert Sauce, Mango Flavored with a 'best used before date 23 July 2020. The Lead Cook, Staff A, stated that product is supposed to be pulled from shelf on the best used before date. c. An opened and unlabeled bag of pretzels. d. The walk-in refrigerator contained two plastic packages of cucumbers. Cucumbers in both packages had a white, gray, and brown substance on the skin of the cucumbers. e. The walk-in refrigerator, on a baking sheet that was on a shelf, contained three zip lock bags. On the baking sheet is a red and brown liquid that the three zip lock bags were sitting in. One bag had Mushroom Soup (as per Staff A). The label had come off in the liquid on the baking sheet. One bag was labeled Chops, 9/28/20. The third bag was labeled 9/16/20. Staff A stated that it was roast beef and both the roast beef and chops should have been discarded by now due to the dates on the labels. f. The stove top was observed to have a large amount of a brown oily matter and white and brown particles on the surface around all the burners. The tops of the oven doors had a large amount of a brown oily substance. The oven handle and the outer surface of the stove door was sticky. The inside of the oven had white, black and brown particles on the oven deck, back of the oven, side of the oven, and on the oven door. g. The convection oven had brown and black drips down the inside of both doors, around the inside frame of the oven and inside the oven was a build-up of burnt on particles on the oven deck. h. The ice machine had a black substance on the white plastic bar towards the back of the ice machine. Water was observed running down the plastic onto the black substance then dripping onto the ice below. A review of the facility policy titled Food Labeling and Dating, revised 10/13/17, annually reviewed on 1/17/10 reads, Standard: Foods are labeled and dated for identification purposes and to ensure they are discarded within acceptable time frames according to HACCP (Hazard Analysis and Critical Control Point) guidelines. Guidelines: 2. Leftover foods and all opened, perishable items are discarded after 72 hours or dated with the used by date. This may include the date by which it should be sold, eaten, or thrown out. If an item is not readily identifiable, the name of the item is also written on the label. 2. During tray-line service on 10/6/20 beginning at 8:00 AM the following was observed: a. Staff K, Cook was observed putting on gloves to start the meal service without washing her hands. b. Staff K was observed putting her gloved hand into the center of the disposable Styrofoam containers, used to serve the residents' meals, coming in contact with the eating surface, prior to scooping food into the containers. This was observed seven times. c. Staff K was observed pulling plates out of plate dispenser by putting her gloved thumbs in the center of the top plate and pulling out a stack of plates. Staff K was observed to serve a meal on the top plate where she had placed her thumbs on the eating surface. An interview was conducted with the Director of Dietary Services on 10/6/20 at 8:14 AM. He confirmed that Staff K should have washed her hands before donning gloves at the beginning of meal service. Staff K should not put her gloved hands on the eating surface of the plates or Styrofoam containers. A review of the policy titled FNS (Food and Nutrition Service) Glove Use, revised 10/12/17, annually reviewed on 1/17/20 reads Standard. The facility will be in compliance with state and federal regulations regarding the use of gloves by the Food and Nutrition Service employees. Guidelines. 1. Gloves should never be used in place of hand washing. Hands must be washed before putting on gloves and when changing to a new pair. An observation conducted on 10/04/20 at 10:01 AM of the nurses' station 3 resident refrigerator showed the following: Two 20-ounce bottles of Pepsi with no resident identifier and no documentation of the date and time the soda was placed in the refrigerator. One 20-ounce bottle of Diet Coke and one 12-ounce bottle of diet coke were in the refrigerator with no resident identifier or documentation of the date and time the soda was placed in the refrigerator. Two 24-ounce bottles of Life water were in with no resident identifier or documentation of the date and time the soda was placed in the refrigerator. Two, 2-liter bottles of Orange Crush soda with no resident identifier or documentation of the date and time the soda was placed in the refrigerator. One 52- ounce bottle of simply lemonade with no resident identifier or documentation of the date and time the lemonade was placed in the refrigerator. One half eaten salad with no resident identifier or documentation of the date and time the salad was placed in the refrigerator. One package of Land o' Lakes cheese was in the refrigerator with no resident identifier or documentation of the date and time the cheese was placed in the refrigerator. One piece of sausage with a slice of wheat bread in a yellow bag was in the refrigerator with no resident identifier or documentation of the date and time the sausage and slice of bread was placed in the refrigerator. One half gallon of tea, which was emptied, was in the refrigerator with no resident identifier or documentation of the date and time the tea was placed in the refrigerator. One 20-ounce bottle of orange juice with no resident identifier or documentation of the date and time the orange juice was placed in the refrigerator. Two, 4 pack, containers of Kool Aide gels was in the refrigerator with no resident identifier and no documentation of the date and time the Kool Aide gels were placed in the refrigerator. One 4-ounce cup of half eaten vanilla pudding was in the refrigerator with no resident identifier or documentation of the date and time the half eaten vanilla pudding was placed in the refrigerator. One clear bowl with a red lid full of bones and napkins with no resident identifier or documentation of the date and time the bowl was placed in the refrigerator. One Ziploc bag containing strawberries with no resident identifier or documentation of the date and time the strawberries were placed in the refrigerator. Two 20- ounce bottles of water were in the refrigerator with no resident identifier or documentation of the date and time the water was placed in the refrigerator. One turkey breakfast sandwich with no resident identifier or documentation of the date and time the sandwich was placed in the refrigerator. One 16-ounce bottle of Heinz 57 sauce with no resident identifier or documentation of the date and time the

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0812 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 3) Heinz 57 was placed in the refrigerator. One 4-ounce cup of unsweetened applesauce with no resident identifier or documentation of the date and time the applesauce was placed in the refrigerator. One ham and cheese croissant with sour cream and onion chips in a grey bag with no resident identifier or documentation of the date and time the sandwich and chips were placed in the refrigerator. During an interview on 10/04/2020 Staff O, LPN stated, The refrigerator is for resident usage. The food should have the resident's name and the date the food and/or drinks were placed in the refrigerator. Some of the drinks in the refrigerator belong to the staff. I am not sure who is supposed to check the refrigerator for undated and unlabeled food.
F 0814 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Dispose of garbage and refuse properly.** Based on observation and interview, the facility failed to properly dispose of refuse and garbage. (Photographic evidence obtained) Findings Include: The dumpster area was observed on 10/4/20 at 10:02 AM. The following was observed: a. Three dumpsters, two for garbage, one for cardboard. b. The two dumpsters for garbage had no lids, the area smelled foul. c. The two dumpsters for garbage had doors on both side of each dumpster, they were observed open. d. Around the dumpsters on the ground, the following was observed: Pieces of disposable utensils, clear plastic lids, blue used nursing gloves, black kitchen gloves, pieces of paper, pieces of aluminum foil, pieces of plastic, a long broken wooden handle for a mop/broom, and plastic bags with unidentified substances in them at the base of one of the dumpsters. An interview was conducted with Staff A, Lead Cook on 10/4/20 at 10:05 AM. He confirmed that there was a large amount of garbage on the ground around the dumpsters. He stated he thought that maintenance was supposed to clean up around the dumpsters. An additional observation of the dumpster area was completed on 10/5/20 at approximately 9:30 AM with the Plant Operations Manager. The two dumpsters for garbage still did not have lids. There continued be some debris on the ground that included black kitchen gloves and plastic utensils. An interview was conducted with the Plant Operations Manager on 10/5/20 at approximately 9:30 AM. The Plant Operations Manager stated that he and his maintenance assistants clean up around the dumpsters. He verified the dumpster did not have lids.
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to prevent the possible spread of infection by not ensuring proper infection control standards for hand hygiene during wound care for 1 of 1 residents observed for wound care, Resident #76, while conducting medication administration for 1 of 6 residents observed for medication administration, Resident #46, and during meal tray delivery and pickup. Findings: During an observation on 10/04/20 between 8:50 AM through 9:10 AM of the meal tray pick up, Staff C, Certified Nursing Assistant (CNA) and Staff D, CNA, were observed picking up meal trays from rooms on the 300 hallway. Staff C, CNA and Staff D, CNA were observed entering and exiting multiple rooms on the 300 hallway without performing hand hygiene before or after picking up meal trays. During an interview with Staff C, CNA on 10/4/2020 at 8:59 AM she stated, I should complete hand hygiene, before and after picking up each tray. All the rooms have hand sanitizer in them, but I did not do it. During an interview with Staff D, CNA on 10/4/2020 at 9:10 AM, she stated, I should use hand sanitizer between picking up each tray and before I enter resident rooms. I was in a hurry. On 10/4/2020 at 9:25 AM Staff F, CNA was observed entering a resident's room without donning gown and gloves and without performing hand hygiene. The room had signage stating Droplet precautions, with equipment of gown, gloves, shoe covers on the doorway. She exited the room at 9:27 AM without performing hand hygiene. At 9:30 AM, she was observed donning Personal Protective Equipment (PPE). She did not perform hand hygiene before donning PPE and entering the resident's room. During an interview with Staff F, CNA on 10/4/2020 at 9:45 AM she stated, I just ran into the room and realized that I forgot something, when I came back in I did put on PPE, I did not use hand sanitizer before I put on my PPE. I should have. On 10/4/2020 at 9:36 AM, Staff E, LPN was observed exiting a resident's room without performing hand hygiene. She went to the medication cart began preparing medications and was observed entering a resident's room. She did not perform hand hygiene and was observed to administer the medications. During an interview with Staff E, LPN on 10/4/2020 at 9:55 AM she stated, I did use hand sanitizer when I left the room, but I did not perform hand hygiene before beginning to get medications, I should have. I should have performed hand hygiene before going into his room. On 10/06/20 at 8:19 AM, an observation was conducted of Staff H, LPN (Licensed Practical Nurse), of gastrostomy tube flushing for Resident #46. Staff H, LPN put on gloves without performing hand hygiene, poured medication and entered the resident's room. Staff H, LPN checked for residual feeding and auscultated to check gastrostomy tube placement. She flushed the gastrostomy tube with 50 milliliters of water, administered the medication and flushed the gastrostomy tube. She threw away the used medication cups, removed her gloves and returned to the medication cart. She did not perform hand hygiene prior to donning gloves or after she removed gloves. During an interview with Staff H, LPN on 10/6/2020 at 8:30 AM she stated, I did not use hand sanitizer before putting on my gloves to flush the gastrostomy tube and administer the medicine, I should have. I did not wash or use hand sanitizer when I left the room I should have. On 10/6/2020 at 08:55 AM, Staff I, CNA was observed delivering meal trays on the 300 hallway. Staff I entered and exited three rooms on the 300 hallway without performing hand hygiene before or after leaving the room. During an interview with Staff I, CNA on 10/6/2020 at 9:15 AM she stated, I was not cleaning my hands when I was passing the trays, I should have. The hand sanitizer is right on the meal cart. During an observation of wound care for Resident #76 on 10/7/2020 at 10:00 AM with Staff M, LPN showed the LPN assembled the needed supplies and entered the room. Staff M, LPN donned gloves without performing hand hygiene. She removed the right knee lateral dressing, she did not remove her gloves, perform hand hygiene, and cleansed the upper right knee wound with normal saline. The LPN applied [MEDICATION NAME] and a dressing. She did not remove her gloves and perform hand hygiene, then cleansed the right lower knee area and applied skin prep and a foam dressing. Staff M, LPN removed her gloves and donned a new pair, she did not perform hand hygiene, removed the right foot dressing, did not remove her gloves, or perform hand hygiene, and cleansed the area with normal saline and placed [MEDICATION NAME] and a dressing on the right foot. She removed her gloves, washed her hands, donned gloves, and removed the sacral dressing. When she was discarding the dressing, her hand touched the garbage can, she did not remove her gloves and did not perform hand hygiene. Staff M, LPN removed her right glove and reached into her pocket with her gloved hand, removed a glove and donned a new right glove, she did not perform hand hygiene, cleansed the sacral wound with normal saline, applied Santyl and a foam dressing. After repositioning the resident, she removed her gloves and washed her hands. During an interview with Staff M, LPN on 10/7/2020 at 10:30 AM, she stated, I should have changed my gloves between cleaning the wound and putting on the new dressing. I should have washed my hands each time that I changed my gloves. I should have removed my gloves when the one glove was dirty and not just replaced that glove, it would have been contaminated. Review of the policy and procedure titled, Handwashing/Hand hygiene Policy and Procedure, Policy number 21.09.014 Issue date 1/1/2007 Last revised 3/2018 read: Standard: The facility considers hand hygiene the primary means to prevent the spread of infections. Guidelines: 5. Use an alcohol-based hand rub containing at least 62% alcohol; and /or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a.) before and after coming on duty. b.) before and after direct contact with residents. c.) before preparing, handling medications. d). Before performing any non-surgical invasive procedure. f.) Before donning gloves. g). Before handling clean or soiled dressings, gauze pads, etc. j.) After contact with blood or body fluids. k.) After handling used dressings. m.) After removing gloves. n.) Before and after entering isolation precaution settings. p.) Before and after assisting a resident with meals.