STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115546	A. BUILDING _____ B. WING _____	03/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SAVANNAH SQUARE HEALTH CENTER	1 SAVANNAH SQUARE DRIVE SAVANNAH, GA 31406

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 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** Based on resident and staff interview, record review, and review of the facility policy titled Care Plan Development and Communication, the facility failed revise the care plan for one resident (R) (#2) who repeatedly refused respiratory treatments. The sample size was 24 residents. Findings include: Review of the facility policy titled Care Plan Development and Communication revised 1/4/19 revealed as the resident remains in the community, additional changes are made to the comprehensive care plan based on the assessed needs of the resident. The overall plan of care (POC) is oriented towards assisting the resident in achieving goals, person-centered interventions that honor the resident's preferences, preventing avoidable declines in functioning levels, managing risk factors to the extent possible, indicating the limits of such interventions, and offering alternative treatments as applicable. Direct care staff are directly involved in the care planning process because they spend the most time with, and are most knowledgeable about, the resident's daily life, needs, problems and strengths. The POC is reviewed at any change in condition, and the nurse updates the POC as the residents needs change. If an interdisciplinary team (IDT) member identifies a change in care delivery, the POC is reviewed and revised. Review of the medical record revealed that R#2 had [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set ((MDS) dated [DATE] revealed the resident had a Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment. Further review revealed that she had received oxygen therapy in the seven day look back period, but no respiratory therapy was documented. Review of Physician's Orders revealed the following orders and dates: 1.) Order dated 3/20/19 for Preformist Nebulization Solution 20 mcg/2 ml (20 micrograms per two milliliters) inhalation Tx (treatment) two times a day (bid) for [MEDICAL CONDITION] (medication inhaled through a mask to open airway to help breathe better). 2.) Order dated 5/31/19 for Yupelri Solution 175 mcg/3 ml inhaled orally (by mouth) one time a day for [MEDICAL CONDITION]. 3.) Order dated 1/28/2020 for [MEDICATION NAME]-[MEDICATION NAME] inhalation solution 0.5 -2.5, 3 mg/3 ml, one vial orally bid for wheezing. Review of the Medication Administration Record [REDACTED].) Preformist Nebulization was documented RF (refused) 20 times in February; two times in January; eight times in December; 13 times in November; and four times in October. 2.) Yupelri was documented RF (refused) four times in March, 13 times in February; 16 times in January; three times in December; five times in November; and five times in October. 3.) [MEDICATION NAME]-[MEDICATION NAME] was documented RF (refused) 19 times in February. It was ordered as needed (PRN) in October, November, December 2019, and January 2020 thru 1/28/2020, then order changed to twice a day (bid). Review of the care plan revealed R#2 had [MEDICAL CONDITION] with potential, and/or actual, altered respiratory pattern due to inability to maintain an effective airway clearance. An intervention initiated on 3/21/19 revealed she needed nebulizer treatments as prescribed by the health practitioner to assist with maintaining an open airway. The care plan was revised on 12/11/19. The care plan did not address the resident's refusal of respiratory treatments. An interview on 3/4/2020 at 3:04 p.m. with R#2 confirmed she sometimes refused her breathing medication/treatment because she didn't feel like she needed it, but other times staff would ask her if she wanted it and if she didn't definitively say yes, or said whatever, they would say ok, turn and leave the room and not come back. Interview further revealed only one nurse consistently encouraged her to take the medication/inhalation treatment. Only one nurse would explain the medication to her, tell her it was to help her breathing, and encourage her to do the treatment. Interview on 3/5/2020 at 10:59 a.m. with the MDS Coordinator, confirmed there was no care plan for refusal or rejection of care, and it should have been included in the care plan. Interview further revealed the hall nurses report to the Director of Nursing (DON), and she could update the care plan. Interview on 3/05/2020 at 11:19 a.m. with the DON revealed the POC could be amended by any licensed staff. The hall nurse should report repeated refusals of care or medication to her, and refusals would show up under alerts on the point click care (PCC) dashboard. The DON confirmed the care plan should have been updated to include repeated refusal of medications and treatments.
F 0755 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, policy review entitled Delivery and Receipt of Routine Deliveries, and staff interview, the facility failed to ensure that a medication was obtained from the pharmacy in a timely manner for one of six residents observed (R#2). Findings include: Observation during medication administration starting at 3/04/2020 at 8:24 a.m. with Licensed Practical Nurse (LPN) AA revealed the medication [MEDICATION NAME] (an antidepressant) was not available to administer to R#2. Interview with LPN AA at 1:00 p.m. revealed that the physician was notified and ordered to resume the [MEDICATION NAME] on the next medication delivery. LPN AA stated that if the medication is not available, it is removed from the Pyxis (drug distribution system). If the medication is still unavailable, the pharmacy is contacted for medication to be delivered on the next delivery date. Record review for R#2 revealed the last dose of [MEDICATION NAME] 200 milligrams (mg) was administered on 3/3/2020. The resident has a current [DIAGNOSES REDACTED]. During an interview on 3/5/2020 at 11:28 a.m., the Director of Nursing (DON) revealed that the pharmacy delivers medications six days per week. Medications that are ordered before 3 p.m. should be on the same day delivery. If medications are ordered after 3 p.m. they are delivered the next delivery day. The Pyxis is used for back up medications that are not in for a resident. The DON stated that the facility is in the middle of changing pharmacies and that some of the refill orders were being sent to the new pharmacy. The pharmacist receives a signal notification of when to restock the Pyxis. Policy review entitled Delivery and Receipt of Routine Deliveries revised 1/1/13 revealed under procedures: 2.5 - If any item ordered is not received, check the communication slip indicating: 2.54 - Any other communication explaining the reason a medication or item was not delivered. The facility should contact pharmacy if the facility requires an explanation for the missing items or medications. Review of the Pharmacy Order Timelines revealed refills: be sure to reorder three to five days before you run out. Review of facility documentation and tracking of medication ordered revealed that the medication was ordered on [DATE] and delivered on the same date which was inaccurate, resulting in R#2 missing a routine dose of medication ordered for mood stabilization.
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.** **Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.**

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 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to label and date food items, discard expired food items, secure opened food items to prevent contaminations, prepare food under sanitary conditions by ensuring two of two wall mounted fans positioned over the food preparation counters were free from debris, dust, and dirt, and maintain cleanliness of one food preparation equipment (Panini Supreme). This had the potential to affect a total of 25 residents receiving oral diet. Findings include: During a tour of the kitchen with the Executive Chef on [DATE] at 10:20 a.m. revealed the following listed below: (1). Observation of pantry refrigerator on [DATE] at 10:20 a.m. revealed the following: - five cheesecakes with written discard date [DATE]. - two chocolate cakes with written discard date [DATE]. - one pound cake with written discard date [DATE]. - two chocolate cream cakes with written discard date [DATE]. - eight individual slices of pound cake with written discard date [DATE]. - eight peach containers in 8-ounce (oz) cups with written discard date [DATE]. - eight bowls of peaches with written discard date [DATE]. - six plastic containers of chicken salad with written discard date [DATE]. During an interview at the time of observation of the pantry refrigerator on [DATE] at 10:20 a.m., the Executive Chef revealed that any food in the pantry refrigerator is labeled with the discard date. The pantry refrigerator food is marked for discard because the pantry food items are used only during the weekdays and pantry refrigerator is not used on the weekend. Fridays are the last day that food items are placed in the pantry refrigerator. Any food item that is labeled on [DATE] was prepared on [DATE] and discard date is [DATE] or the next morning. If food is labeled [DATE] it should be discarded on [DATE]. She stated that all items dated [DATE] or prior to [DATE] is considered as expired foods and should not be served to the residents. (2). During an observation of the Reach in Refrigerator with the Executive Chef on [DATE] revealed the following: - on [DATE] at 10:44 a.m., ,[DATE] chicken salad in a container with an open date of [DATE] and expiration date [DATE]. - on [DATE] at 10:57 a.m., 32 oz open jar of Capers with no open date or expiration date. (3). During an observation of the Walk in Cooler on [DATE] with the Executive Chef on [DATE] at 10:58 a.m. revealed the following: - two-gallon plastic bags of cheese with no open date or expiration date. - one bag parsley not dated, wrapped in a plastic wrapping. - spinach in an 8 x 10-inch container not secured. (4). During an observation and interview on [DATE] at 11:06 a.m. of the walk-in pantry with the Executive Director revealed the following: - One step ladder covered with dark greyish matter and thick clumpy dark matter in the pantry next to the flour bin and shelves of food. - A flour spill on the floor in the pantry next to the flour bin. The flour bin was labeled with date [DATE] as the last cleaning date. The inside scoop was submerged into the flour with the scoop handle sticking up completely covered with dried built up clumpy flour sticking to the inside walls of the bin. During an interview on [DATE] a 11:08 a.m., the Executive Chef identified the substance on the ladder as dirt and debris, content on the floor as flour, and confirmed that the dried built up substance in the flour bin as flour. She further stated that the ladder should not be in the walk-in pantry, the scoop should be stored in a separate place after each use, and the inside of the flour bin should be sanitized and clean at all times. (5). Observation on [DATE] at 11:03 a.m. with the Executive Chef revealed three-gallon ice cream containers in the ice cream freezer chest. The lids were noted to be partially opened. (6). An observation on [DATE] at 11:12 a.m. with the Executive Chef revealed five clear plastic food containers observed wet nesting stacked on a shelf preventing them from drying. The clear plastic food storage containers were stacked sitting on a top shelf in a hallway near the exit door with wet water spots. The Executive Director confirmed that spots were water spots and identified it as wet nesting. She removed the plastic containers from the shelf and asked the dietary staff member, who is new and still in training, to ensure the dishware is completely dried before storage. (7). During an observation with the Executive Chef on [DATE] at 11:02 a.m. revealed two dietary staff member prepping salads, making fruits trays, and setting up the steam table. The following risks for food contamination were noted: a large wall mounted ceiling fan (Fan #1) covered with thick dark greyish matters on the fan blades and frame of the fan. Further observation revealed directly below the fan, several individual trays of freshly cut fruits and vegetables. During an observation with the Executive Chef on [DATE] at 11:03 a.m. revealed one dietary staff member setting up food items on the kitchen steam table. The food items on the steam table were observed as being uncovered. Adjacent to the steam table and facing the steam table at an angle was a wall mounted fan (Fan #2) which was observed covered with dark greyish matter covering the fan blades and the frame of the fan. The fan was blowing on high speed towards the steam table. Directly below Fan #2 located on the preparation counter was an open plastic container with four ice cream scoops. During an interview with the Executive Chef on [DATE] at 11:03 a.m., the Executive Chef identified the dark greyish matter coating the blades of the fan and frame of the fans as dust, debris, and dirt. She further stated being unaware that the fans were not clean. She revealed that she will have maintenance to clean the fan. She stated that Maintenance is responsible for cleaning the fans in the kitchen. (8). An observation with the Executive Chef on [DATE] at 11:04 a.m., revealed a Panini Supreme with clumpy sticky dark matter on the grid and an orange reddish brown substance coating the grid. When the Executive Chef wiped the grid with a white cloth, dark black clumpy and browns substance was noted on the clothes. She identified the substances as hard food crumbs and stated that the reddish-brown substances could perhaps be labeled as rust. She further stated that she was not sure when the Panini Supreme cookware was last used, and the last time staff had cleaned the cookware. During an interview on [DATE] at 12:57 p.m., the Food and Beverages Director revealed that the expectation is for the kitchen to be spotless and maintained in a sanitary condition. She stated that Maintenance is responsible for cleaning the dietary fans and the Executive Director is responsible managing the kitchen and dietary staff.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide and implement an infection prevention and control program.** Based on observations and staff interviews, the facility failed to transport soiled laundry in a sanitary manner to prevent cross contaminations and failed to maintain cleanliness of two fans in the laundry room. Findings include 1. Observation on 3/4/2020 at 9:13 a.m. revealed soiled linen being transported down the hall uncovered. Tour of laundry on 3/4/2020 at 3:59 p.m. with the Housekeeper Supervisor (HK) revealed the following: 2. During an observation and interview on 3/4/2020 at 3:59 p.m., the HK Supervisor revealed one ceiling vent in the ceiling directly across from dryer #1 and dryer #2 covered with dark greyish matter. During the observation, the HK Supervisor wiped the ceiling vent with a white wash cloth and the substance noted on cloth to have a dark greyish color with small black speckle particles. The HK Supervisor identified the substance as a combination of dust, dirt, and debris. Across to the right of the vent and below the vent was a large rack positioned up against the wall containing a stack of folded white towels, a stack of beige towels, and linen. HK Supervisor revealed that only the white folded towels are used in the resident 's rooms for hygiene care. During an observation and interview on 3/4/2020 at 4:00 p.m. revealed a large tower fan positioned on the same rack mentioned in the prior observation. Further observation of the fan vents on the tower revealed dark greyish matter with small dark speckle particles. The fan was facing directly across from dryer #1 and dryer #2. The HK Supervisor identified the matter coating the fan vents as dust, dirt, and debris. She further stated that the fan was not operable and should have been removed from laundry room. An interview on 3/5/2020 at 12:57 p.m., the Administrator revealed that her expectations are for resident's laundry to be process in a sanitary manner using infection control guidance. Soiled laundry should be transferred in a closed container. The Administrator revealed that HK Supervisor is responsible for ensuring the fans in laundry are cleaned. Interview on 3/5/2020 at 1:29 p.m., HK Aide JJ confirmed staff were transporting the soiled laundry in the halls with the lid open exposing the soiled dirty blanket on top with soiled laundry underneath. She revealed receiving training on infection control procedures for transferring soiled laundry.