Eastside Center for Health & Rehabilitation

F552 Right to be Informed/Make Decisions

Resident #10 consent received for psychoactive medication on date of original order and confirmed via phone with POA on 12/21/23. Consent form completed and placed in resident record 12/21/23.

Residents with psychoactive medications have been reviewed for consents and remain in compliance.

Licensed nurses will receive re-education on obtaining psychoactive medication consent timely from the Director of Nursing Services, or designee. Psychoactive consents will be reviewed in Standards of Care meeting.

The Director of Nursing, or designee, will randomly audit psychoactive medication consents to verify consent was completed. Audit results will be reported through the facility Quality Assurance and Performance Improvement Program until 100% compliance is obtained for a period of three consecutive months.

Compliance Date: January 22, 2024

F607 Develop/Implement Abuse/Neglect Policies

Reference check was obtained for staff member.

A full audit of all active employee files was completed to ensure that references were obtained. Any missing references will be obtained.

A checklist will be put into place for all new hires of essential paperwork that needs to completed upon hire.

Random audits will be completed by the Administrator or designee and reported to the facilities Quality Assurance and Performance Improvement committee for a period of three months.

Compliance Date: January 22, 2024

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F761 Label/Store Drugs and Biologicals

Ensured medication refrigerator on B wing was within range for medication storage. Contacted Pharmerica to verify stability of medications being stored during time in question. In accordance with medication guidelines on medications stored in refrigerator at time of question, no medications were negatively impacted.

Medications relocated to A wing medication refrigerator.

Education provided to licensed staff/med techs on refrigerator temperature process and steps to take if out of range. Log revised.

The Director of Nursing, or designee, will randomly audit refrigerator temperature recordings to ensure proper medication and biological storage temperatures. Audit results will be reported through the facility Quality Assurance and Performance Improvement Program until 100% compliance is obtained for a period of three months consecutive months.

Compliance Date: January 22, 2024

F801 Qualified dietary staff

The center is currently without a full time qualified Food Service Director and is actively seeking one to hire.

The center has engaged qualified Food Service Directors from two sister facilities to assist the center administrator with providing on site oversight to the kitchen during this vacancy.

The center will contract with a Registered Dietician or other qualified Food Service Director to provide full time service on site at the Center until a full time qualified Food Service Director is hired.

The administrator will verify the credentials of the Food Service Director, when hired, meet the federal requirement. This information will be reported through the facility Quality Assurance and Performance Improvement process.

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F812 Food Procurement, store/prepare/serve-sanitary

Serving pans next to oven have been cleaned and placed face down.

Other pans were observed to be stored appropriately and clean.

Education will be provided to all kitchen staff in regards to ensuring proper storage of pans Kitchen staff will store pans face down to ensure cleanliness.

Random audits will be completed by Administrator or Designee for proper cleaning and storage of pans. Audit results will be reported to the facility's Quality Assurance and Performance Improvement Committee for a period of 3 months.

The soiled container was removed from dry storage area with contents of container thrown away.

No other soiled containers have been identified.

Education will be provided to kitchen staff on proper food storage.

Random audits will be completed by Administrator or designee for the presence of soiled bins and results reported to the facility's Quality Assurance and Performance Improvement committee for a period of three months.

The dented cans found were removed from circulation.

Other cans were inspected and found to lack denting.

Kitchen staff will be educated on inspecting all canned goods that are received for any blemishes before being placed in circulation. Dented cans will be removed from the service area for return to the appropriate vendor.

Random audits will be completed by Administrator or designee for the presence of dented cans and audit results reported to the facility's Quality Assurance and Performance Improvement committee for a period of three months.

Identified expired and non-dated foods were removed from circulation.

Other food items were reviewed in the kitchen storage and found to be current and dated appropriately.

Kitchen staff will be educated on proper dating practices and checking of expiration dates.

Kitchen staff will ensure proper dating and check of expiration dates on all food in circulation.

Random audits will be completed by Administrator or designee for the presence of outdated and undated food products. Audit results will be reported to the facility's Quality Assurance and Performance Improvement committee for a period of three months.

The identified bag of trash was discarded to the proper receptacle and bread was removed from the loading dock.

All residents have the potential to be affected by the deficient practice.

Kitchen staff will be educated on proper garbage handling and storage as well as keeping food for consumption and trash physically separated.

Random audits will be completed by Administrator or designee for proper storage of trash and appropriate separation of trash and food products. Audit results will be reported to the facility's Quality Assurance and Performance Improvement committee for a period of three months.

Identified lids that were wet nesting were removed, rewashed, and dried properly.

All residents have the potential to be affected by the deficient practice.

Drying racks will be put into place in the kitchen to ensure proper drying time of lids.

Education will be provided to kitchen staff on proper drying procedures.

Random audits will be performed by Administrator or designee for proper drying of cooking products and dishes and results reported to the facility's Quality Assurance and Performance Improvement committee for a period of three months.

Sanitation bay of sink was drained and container of sanitizer was replaced. All dishes were re-sanitized with proper sanitation concentration.

All residents have the potential to be affected by the deficient practice.

Education will be performed with kitchen staff on proper testing of sanitation before use.

Random audits will be performed by Administrator or designee for proper sanitization concentration and results reported to the facility's Quality Assurance and Performance Improvement committee for a period of three months.

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F814 Dispose of garbage and refuse properly

The identified trash and cardboard was removed from loading dock and surrounding areas and placed in appropriate receptacles upon discovery.

All residents have the potential to be affected by this practice.

Education has been provided to kitchen staff in regards to the timeliness and proper disposal of trash and cardboard.

Random audits will be completed by Administrator or designee for the proper disposal of trash and cardboard and audit results reported to the facility's Quality Assurance and Performance Improvement committee for a period of three months at 100% compliance.

Compliance Date: January 22, 2024

F842 Resident Records-Identifiable information

Resident #28 EMAR reviewed and order for Morphine Sulfate updated to reflect order as prescribed. Upon review, resident received medication as ordered with no medication error.

Provider orders will be reviewed with the EMAR for accuracy and updated as appropriate.

Licensed nurses will be re-educated on order entry to accurately reflect order as prescribed in regards to strength, route, and duration of medication.

Provider orders will be second checked by another nurse prior to being active on the EMAR.

The Director of Nursing, or designee, will randomly audit resident records to ensure they contain accurate documentation in regards to unnecessary medications. Audit results will be reported through the facility Quality Assurance and Performance Improvement Program until 100% compliance is obtained for a period of three consecutive months.

Compliance Date: January 22, 2024