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	205163	A. BUILDING _____ B. WING _____	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MID COAST SENIOR HEALTH CENTER	58 BARIBEAU DRIVE BRUNSWICK, ME 04011

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F 000	INITIAL COMMENTS From 6/10/24 through 6/12/2024, on-site visits were conducted at Mid Coast Senior Health Center for the purpose of conducting the annual Long Term Care Survey Process. It was determined that Mid Coast Senior Health Center was not in substantial compliance with 42 CFR 483, Sub-part B Requirements for Long Term Care Facilities.	F 000		
F 582 SS=B	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the	F 582		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 582	Continued From page 1 Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Notice of Medicare Provider Non-Coverage (NOMNC) form was provided at least two days prior to end of Skilled services for 1 of 3 residents whose Medicare Part A Skilled services were discontinued (Residents #26). In addition, the facility failed to ensure the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) form 10055, which included appeal rights and liability of payment was provided at least two days prior to a resident's last covered day for 2 of 3 residents whose Medicare Part A services were discontinued and	F 582		

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F 582	Continued From page 2 remained in the facility (#26 and #32). Findings: 1. Resident #26's NOMNC indicated that the resident's Medicare Part A services would end on 1/25/24 and was signed by residents Guardian on 1/24/24, one day prior to end of skilled services. The medical record lacked evidence that Resident #28's legal guardian was provided a SNFABN when the Medicare A coverage for skilled services was discontinued. The resident remained living in the facility. 2. Resident #32's Medicare Part A coverage for skilled services ended on 5/16/24. The medical record lacked evidence that Resident #32 or his/her legal representative was provided a SNFABN when the Medicare A coverage for skilled services was discontinued. The resident remained living in the facility. On 6/11/24 at 11:43 a.m., during an interview, the Director of Quality and Compliance confirmed the above.	F 582		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent	F 584		

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F 584	Continued From page 3 possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide maintenance services necessary to maintain a sanitary and comfortable interior on 2 of 3 units observed (100 and 200 units). Findings: During a facility tour on 6/12/24 between 8:31	F 584		

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F 584	Continued From page 4 a.m. and 8:55 a.m.., the Director of Operations confirmed the following: 100 Unit the following was observed: -Room 109 the bathroom had dead bugs/debis in the light fixture -Room 112 entrance was missing the threshold -Room 114 had approximately 4 feet section of baseborad trim missing left of the window 200 Unit the following was observed: -Room 201 the sink was dripping and plugged up causeing pooling water in the sink. -Room 202 the sink had a steady leak.	F 584		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be	F 623		

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F 623	Continued From page 5	F 623		

made by the facility at least 30 days before the resident is transferred or discharged.
(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related

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F 623	Continued From page 6 disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on facility policy, record reviews and interview the facility failed to provide a written Notice of Transfer or Discharge to resident and/or resident representatives for 1 of 6 residents reviewed for hospitalization (Resident #28). In	F 623		

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F 623	Continued From page 7	F 623		

addition, the facility failed to notify the Office of the State Long-Term Care Ombudsman of hospital transfers for 2 of 6 residents reviewed for hospitalizations (Resident's #28 and #2).

Findings:

Review of facility policy "Transfer and Discharge Policy" undated, states "...Notice of discharge shall be provided to the resident and resident representative: when a resident is temporarily transferred on an emergency basis to an acute care facility, notice of the transfer shall be provided to the resident and resident representative as soon as practicable, A list of resident who transferred out for the facility is provided to the state ombudsman on a monthly basis..."

1. Resident #28 was admitted on 5/20/24 with diagnoses to include stage 3 chronic kidney disease. On 6/11/24 Resident #28 was transferred to an acute care hospital for evaluation and was subsequently admitted. Review of Resident #28's clinical record lacked evidence that a written notice of transfer/discharge was provided to the resident and/or resident representative. Further review lacked evidence the facility provided notice of this discharge to Office of the State Long-Term Care Ombudsman.

2. Resident #2 was admitted to facility on 5/9/24 with diagnoses to include acute respiratory failure with hypoxia, chronic systolic heart failure, and atrial fibrillation. On 6/1/24 Resident #2 was transferred to an acute care hospital and subsequently admitted. Review of Resident #2's clinical record lacked evidence that a written

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F 623	Continued From page 8 notice of transfer/discharge was provided to Office of the State Long-Term Care Ombudsman. On 6/11/24 at 11:43 a.m., during an interview, the Director of Nursing confirmed above findings.	F 623		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:	F 625		

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F 625	Continued From page 9 Based on facility policy, record review and interview, the facility failed to issue a bed hold notice which included the daily cost of care, to a resident, known family member or legal representative for 1 of 6 sampled residents who had been transferred to the hospital (Residents #28). Finding: Review of facility policy "Resident Bed Hold Policy for Hospitalizations" undated, states "Prior to and upon a transfer, written information will be given to the residents and/or the resident representatives that explains in detail: the rights and limitations of the resident regarding bed-holds, The reserve bed payment policy as indicated by the state plan, the facility per diem rate required to hold a bed (non-Medicaid resident), or to hold a bed beyond the state bed-hold period (Medicaid residents)." Resident #28 was admitted on 5/20/24 with diagnoses to include stage 3 chronic kidney disease. On 6/11/24 Resident #28 was transferred to an acute care hospital for evaluation and was subsequently admitted. Review of Resident #28's clinical record lacked evidence that a written notice bed hold was provided to the resident and/or resident representative. On 6/11/24 at 11:44 a.m., during an interview, the Director of Nursing confirmed above findings.	F 625		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care	F 655		

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Planning
§483.21(a) Baseline Care Plans
§483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-
(i) Be developed within 48 hours of a resident's admission.
(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-
(A) Initial goals based on admission orders.
(B) Physician orders.
(C) Dietary orders.
(D) Therapy services.
(E) Social services.
(F) PASARR recommendation, if applicable.

§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-
(i) Is developed within 48 hours of the resident's admission.
(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).

§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:
(i) The initial goals of the resident.
(ii) A summary of the resident's medications and dietary instructions.
(iii) Any services and treatments to be administered by the facility and personnel acting

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on behalf of the facility.
(iv) Any updated information based on the details of the comprehensive care plan, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours that included the problems, interventions, and initial goals needed to provide minimum healthcare information necessary to properly care for 4 of 14 residents that were reviewed for new admissions. (#190, #196, #2 and #28)

Findings:

1. Resident #190 was admitted to the facility on 5/29/24. The hospital discharge summary included information that the resident was admitted with diagnosis of COVID-19, Atrial flutter requiring anticoagulant medication and a Coronary Artery Bypass Graft (CABG) on 5/24/24 which required Epicardial pacing wires. The discharge instructions stated, "Epicardial pacing wires: prepped and cut on day of discharge. Instructions: you had temporary epicardial pacing wires placed during surgery and utilized in the post-operative period. These rest on the surface of your heart and allowed us to temporarily control your heart rate. These wires exited the skin just below your ribcage and were cut at the time of discharge. These wires should no longer be visible... Do NOT pull these wires. Incision: Keep your incision dry. No bathing, whirlpool tub, or swimming for 3 weeks. Review of the clinical record lacked evidence of a baseline care plan completed within 48 hours to include the instructions necessary to properly care for Resident #190's immediate health and safety

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F 655	Continued From page 12 needs for the above concerns. 2. Resident #196 was admitted to the facility on 6/4/24. The hospital discharge summary included information that the resident was admitted with diagnosis of left hip prosthetic joint infection requiring intravenous antibiotics via a peripherally inserted central catheter line. Review of the clinical record lacked evidence of a baseline care plan completed within 48 hours to include the instructions necessary to properly care for Resident #160's immediate health and safety needs for the above concerns. On 6/12/24 at approx. 10:55 a.m., during an interview, the above was discussed with the Registered Nurse Admission Coordinator. 3. Resident #2 was admitted to facility on 5/9/24 with diagnoses to include acute respiratory failure with hypoxia, type 2 diabetes mellitus, chronic systolic heart failure, atrial fibrillation, and malnutrition. Review of the clinical record lacked evidence of a baseline care plan completed within 48 hours to include the instructions necessary to properly care for Resident #2's immediate health and safety needs for the above concerns. 4. Resident #28 was admitted on 5/20/24 with diagnoses to include chronic kidney disease stage 3, benign prostatic hyperplasia with lower urinary tract symptoms and history of multiple urinary tract infections requiring use of prophylactic antibiotics. Review of the clinical record lacked evidence of a baseline care plan completed within 48 hours to include the instructions necessary to properly care for Resident #28's immediate health and safety needs for the above concerns.	F 655		

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F 655	Continued From page 13 On 6/11/24 at approximately 11:21 a.m., during and interview, the above was discussed with Director of Nursing	F 655		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for	F 656		

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F 656	Continued From page 14 future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on facility policy, record reviews and interviews the facility failed to update and/or implement goals and interventions for 2 of 14 care plans reviewed. (Resident's #12 and #29). Findings: Review of facility policy "Comprehensive Resident Care Plan" undated states "It is the policy of Mid Coast Senior Health Center to develop, implement and evaluate a comprehensive care plan for each resident based on a comprehensive assessment of the residents needs... will be developed for each resident to include measurable objectives and timetables based on the Resident Assessment Protocols triggered by the MDS and other assessments... will reflect intermediate steps for each objective if identification of those steps will enhance the resident's ability to meet his/her objectives...will be developed 7 days after the completion of the comprehensive assessment by the interdisciplinary team.. will be reviewed and updated periodically and as the resident's	F 656		

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F 656	Continued From page 15 condition dictates..." 1. Resident #12 was admitted on 9/29/22 and has diagnoses to include chronic kidney disease stage 2, congestive heart failure [CHF], Diabetes Mellitus II[DMII], right leg above knee amputation and atrial fibrillation. Review of Resident #12's clinical record revealed his/her last quarterly Minimum Data Set [MDS] was completed on 3/7/24. The most recently signed provider orders dated 4/26/24 revealed the flowing: -Order with start date of 1/18/23 for "Blood glucose checks fasting and pm qid [4 times daily]-call provider if BG above 400." -Order with start date of 5/17/23 for "insulin Aspart 100 unit/ml solution injection sub-q 8units tid [three times daily] for DMII." -Order with start date of 10/1/22 for " insulin Aspart 100 unit/ml solution sub q tid per sliding scale 0730/730 am 1130/1130 am, 1630/430pm sliding scale: 70-150=0 units, 151-199=1 units 200-249=2 units, 250-299=3 units 300-349= 4 units, 350-399=5 units >400 call MD/provider for DMII." -Order with a start date of 1/21/23 for apixaban 5mg tablet by mouth 1 tab bid for DVT [deep vein thrombosis] prophylaxis -Order with start date of 3/22/24 for torsemide 20 mg tablet by mouth ...2 tablet/40mg 8am for CHF." -Order with start date of 4/4/24 for "ipratropium-albuterol 0.5mg/3ml -2.5 mg/3ml solution inhalation 1 vail tid prn for dyspnea." Review of Resident #12's care plan updated 5/31/24 lacked evidence of goals and interventions for the above diagnoses.	F 656		

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F 656	Continued From page 16 On 6/11/24 at 12:21 p.m. during a review of Resident #12's care plan, the Director of Nursing confirmed the above finding. 2. On 6/10/24 at 9:47 a.m., in an interview with the Resident #29's representative, [he/she] stated, "The doctor has told me how to massage [his/her] leg because now that [he/she] is on Hospice they may not cover continued Physical Therapy (PT) for [him/her]." On 6/11/24 at 12:15 p.m. in an interview with the charge nurse, she confirmed that the edema is not in the care plan stating, that she "has documentation in the resident's clinical record that shows on 6/5/24, 6/6/24, and 6/8/24 she elevated the resident's legs higher than the resident's heart to attempt to reduce the edema in the resident's left leg... I am not sure why it is not on the care plan."	F 656		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable	F 812		

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F 812	Continued From page 17 safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the kitchen was maintained in a clean and sanitary manner for the floor stand mixer, floor stand fan, and the small countertop mixer. Freezer #7 contained unlabeled and undated items for 2 of 2 observations. Additionally, the dry storage room floor was not maintained in clean and sanitary manner, there is no temperature log for the dish machine, and the Mere Point Unit Freezer contained the ice scoop in with the ice for 1 of 3 days of survey. Findings: On 6/10/24 at 8:10 a.m., during the initial tour of the kitchen with the cook and again on 6/12/24 at 8:00 a.m., during a kitchen tour with the Director of Facilities Operations, the following findings were observed and confirmed: 1- Observed that the facility lacks a log for the dish machine. The cook stated, "we are supposed to have a log for that, but I do not know where it is." In an interview, the Kitchen Coordinator and a Diet Aide, that run the dish machine, both stated in the instructions for running the dish machine that they must observe the temperature gauge and see that it rises to the correct temperature. 2- Observation of the dry storage room to have	F 812		

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F 812	Continued From page 18 food on the floor i.e. packets of peanut butter, crackers and an energy bar. 3- Observation of the large floor mounted mixer to have stuck on dried food on mixer. At this time, the cook stated that she "had not used the machine for 2 days". 4- Observation of the floor mounted fan to have a light to moderate covering of dirt like debris on fan with some long strands of dust like debris blowing in the air. 5- Observation of the small countertop mixer with dried food/debris on the side and the stand. No staff member could say when that machine was last used. 6- Observation of Kitchen Freezer #7 containing a package of Frozen French Fries with no label or date, an open bag of Hash browns with no date, and two packages of log shaped food with no label and no date. On 6/12/24 at 8:35 a.m. in the Mere Point Unit Kitchen, during observation of breakfast, surveyor noted the ice scoop in the ice bin of the freezer compartment of fridge. At this time, the kitchen staff member confirmed the ice scoop should not be stored in the ice bin.	F 812		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control	F 880		

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F 880	Continued From page 19	F 880		

program.
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct

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F 880	Continued From page 20 contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations and interviews the facility failed to maintain an Infection Control Program designed to help prevent cross contamination and/or development of infection by maintaining a safe and sanitary environment related to urinary collection devices for 3 of 3 days of survey on 2 of 3 units (100 and 200 Units). Findings: Observations of 100 Unit revealed the following: -On 6/10/24 at 9:48 a.m., and 6/11/24 at 7:25 a.m., observations of Room 109 bathroom revealed uncovered commode bucket on floor, available for use. -On 6/10/24 at 9:25 a.m., observation of Room 112 bathroom revealed uncovered commode bucket on the floor with bed pan stored inside, available for use.	F 880		

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F 880	Continued From page 21 Observations of 200 unit revealed the following: -On 6/11/24 at 8:14 a.m. and 3:09 p.m., and on 6/12/24 at 8:04 a.m., observations of Room 201 bathroom revealed an uncovered commode bucket on bathroom floor, available for use. - On 6/11/24 at 8:21 a.m., and 3:13 p.m., observations of Room 202 bathroom revealed an uncovered commode bucket on floor, available for use. -On 6/12/24 at 8:16 a.m. 2 surveyors observed Room 202 bathroom containing uncovered commode bucket on floor and urinal drainage bag hanging over the hand railing containing approximately 250 ccs yellow liquid. During a facility tour on 6/12/24 at 9:00 a.m., the above findings were confirmed with the Director of Operations.	F 880		
F 881 SS=E	Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to maintain an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This could affect all residents receiving antibiotics.	F 881		

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F 881	Continued From page 22 Findings: Review of facility policy "Antibiotic Stewardship" dated 4/15/24 states "Purpose: to monitor the use of antibiotics in our residents. Promotes the judicious use of antimicrobials in order to optimize the treatment of infections, reduce the risk of adverse events to patients/resident, and minimize the development of antibiotic-resistant organisms ...conduct surveillance and collect data on pathogens related to antibiotic." On 6/12/24 at 1:04 p.m., during an interview, the Admissions Coordinator, Registered Nurse Care Manger, and Infection Preventionist, confirmed the facility does not track antibiotic use.	F 881		