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{F 000}	INITIAL COMMENTS On 9/23/24, an unannounced on-site visit was conducted at Springbrook Center to follow up on the deficiencies cited at the annual Long Term Care Survey Process for Federal Recertification for 7/19/24. It was determined that Springbrook Center was not compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	{F 000}		
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that a resident was treated with dignity and respect for 1 of 19 residents reviewed. (Resident #419) Finding: On 9/23/2024 at 10:15 a.m., upon entrance to Saccarappa house, a surveyor observed the shower room door wide open, exposing a naked resident, sitting on a shower chair actively showering him/herself. A Certified Nurses Aid and a Registered Nurse were observed on the other side of the unit. Approx 1 min later, the Occupational Therapist (OT) came from the far	F 557		

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

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F 557	Continued From page 1 end of the unit with a face cloth and a bottle. The Surveyor asked why the door was left open, the OT stated, "I didn't mean to" and entered the shower room and closed the door. At 10:29 a.m., both the resident and the OT exited the shower room. At this time, the above was confirmed with the OT. On 9/23/24 at approx. 10:45 a.m., the above was discussed with the Administrator	F 557		
{F 656} SS=D	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	{F 656}		

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{F 656}	Continued From page 2	{F 656}		

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 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 record review, observations and interviews, the facility failed to ensure that a care plan was followed in the area of MDRO (Multidrug-resistant organisms) for 1 of 2 residents observed for care. (Resident #48)

Findings:

1. Resident #48's most recent care plan for "actual colonization with MDRO [Multidrug-resistant organisms]: MRSA [Methicillin-resistant Staphylococcus aureus] and PSEUDOMONAS AERUGINOSA- Sputum" with interventions last revised on 8/14/23, instructs nursing to:
"Enhanced Barrier Precautions: Use gown and gloves when performing high-contact activities:
...device care or use of a device (e.g. central line, urinary catheter, feeding tube, tracheostomy, or

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{F 656}	Continued From page 3 ventilator), and Enhanced Barrier Precautions: Wear face/eye protection if performing activity with risk of splash or spray (e.g. wound irrigation, suctioning, trach care)." On 9/23/24 at 9:10 a.m., the surveyor observed Resident #48's tracheostomy care with the Licensed Practical Nurse (LPN). The LPN entered the room, preformed hand hygiene and applied sterile gloves. She completed the tracheostomy care which included suctioning the tracheostomy cannula, removing the soiled split sponge, cleaning around the stoma, removing the inner cannula and replacing with a new cannula and applying a new splint sponge around the stoma all without the use of the appropriate Personal Protective Equipment (PPE) of a gown and face/eye protection. At this time, surveyor asked the LPN if she is to wear a gown, face/eye protection while preforming tracheostomy care. LPN stated, she does not wear a gown and or face/eye protection, only gloves when she performs the trach care. On 9/23/24 at 9:42 a.m., during an interview with the Director of Nursing, the above was discussed.	{F 656}		
F 867 SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(c)(d)(e)(g)(2)(i)(ii) §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:	F 867		

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F 867	Continued From page 4 §483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement. §483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators. §483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation. §483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events. §483.75(d) Program systematic analysis and systemic action. §483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.	F 867		

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F 867	Continued From page 5 §483.75(d)(2) The facility will develop and implement policies addressing: (i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems; (ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and (iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained. §483.75(e) Program activities. §483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care. §483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility. §483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e).	F 867		

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F 867	Continued From page 6 Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section. §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews, the facility's Quality Assurance Committee failed to ensure that the Plan of Correction (POC) for an identified deficiency from the Annual Long Term Care Survey Process for Federal Recertification dated 7/19/24, was followed and effective. The Federal citation F656 was cited again during the re-visit to the annual Long Term Care Recertification Survey. Finding: At Annual Long Term Care Survey Process for Federal Recertification, the following deficiency was cited, F656.	F 867		

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F 867	Continued From page 7 During the follow up survey on 9/23/24, it was determined the F656 would be recited for the same issue: failure to implement a comprehensive person-centered care plan for each resident. On 9/23/24 at 4:15 p.m., during and interview, the above was confirmed with the Administrator and Director of Nursing.	F 867		
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 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,	F 880		

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F 880	Continued From page 8 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 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.	F 880		

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F 880	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on facility policy, record reviews, observations and interviews, the facility failed to maintain and implement an infection control program to help prevent the development and transmission of disease and infection related to Multidrug-Resistant Organisms (MDRO's) colonized in sputum and wound care for a 2 of 2 sampled residents (Resident #48 and #79) for 1 of 1 day of survey (9/23/24). This has the potential to affect all 21 residents on the Wayside Gardens unit. Findings: Facilities procedure for Enhanced Barrier Precautions, revised 5/1/24 states, "all patients with any of the following: Infection or colonization with a targeted MDRO (Multidrug-resistant organisms) ..." and "Chronic wounds and/or indwelling medical devices (e.g. central line, urinary catheter, enteral feeding tube, tracheostomy, or ventilator) regardless of MDRO colonization status." PPE (Personal protective Equipment) used for these situations during high contact patient cared activities: device care or use ...tracheostomy, wound care; any skin opening requiring a dressing", and "PPE required, Gown, gloves prior to high contact care activity" and "Face protection may also be needed if performing activity with risk of splash or spray". Facilities procedure for "Tracheostomy Care" and Tracheostomy Suctioning" instructs nursing to "Put on PPE including eye protection and face mask, as indicated" Facilities procedure for "wound Dressings:	F 880		

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F 880	Continued From page 10	F 880		

Aseptic" instructs nursing to "apply personal protective equipment as indicated", "Apply clean gloves ... Discard soiled dressing and gloves ...preform hand hygiene. Apply gloves. Cleanse or irrigate wound and periwound gently ..."

1. Review of Resident #48's medical record had "Special Instructions: MDRO: MRSA [Methicillin-resistant Staphylococcus aureus], PSEUDOMONAS AERUGINOSA (Enhanced Barrier Precaution)." Outside the entrance to Resident #48's bedroom was a stop sign stating, "Enhanced Barrier Precaution" instructing nursing to "wear gown and gloves prior to ... wound care: any opening requiring a dressing" and "face protection may also be needed if preforming activity with risk of splash or spray." A cart with PPE was available outside of the room which contained gowns, masks and eye protection.

On 9/23/24 at 9:10 a.m., the surveyor observed Resident #48's tracheostomy care with the Licensed Practical Nurse (LPN). The LPN entered the room, preformed hand hygiene and applied sterile gloves. She completed the tracheostomy care which included suctioning the tracheostomy cannula, removing the soiled split sponge, cleaning around the stoma, removing the inner cannula and replacing with a new cannula and applying a new splint sponge around the stoma all without the use of the appropriate Personal Protective Equipment (PPE) of a gown and face/eye protection. At this time, surveyor asked the LPN if she is to wear a gown, face/eye protection while preforming tracheostomy care. LPN stated, she does not wear a gown and or face/eye protection, only gloves when she performs the trach care.

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F 880	Continued From page 11	F 880		

2. Review of Resident #79's medical record had "Special instructions: MDRO risk- due to wounds (Enhanced barrier precaution)". Outside the entrance to resident #79's bedroom was a stop sign stating, "Enhanced Barrier Precaution" instructing nursing to "wear gown and gloves prior to ... wound care: any opening requiring a dressing" and "face protection may also be needed if preforming activity with risk of splash or spray." A cart with PPE was available outside of the room which contained gowns, masks and eye protection.

On 9/23/24 at 9:20 a.m., the surveyor observed Resident #79's wound care with the LPN. The LPN prepared the wound care supplies, spraying the gauze with the wound wash. She then applied clean gloves and removed the soiled dressing, then cleansed the wound with the wet gauze. She then obtained the wound wash spray and sprayed the wound bed and patted it dry with another gauze pad. With the same gloved had she then applied the primary dressing of xeroform and then the secondary foam dressing. At this time, the surveyor discussed the lack of PPE and the lack of hand hygiene preformed between removing old dressing and cleansing/applying new dressing. The LPN stated, she should have washed wash her hands and applied new gloves before cleansing and applying the new dressing.

On 9/23/24 at 9:42 a.m., during an interview with the Director of Nursing, the above was discussed.

On 9/23/24 at 11:27 a.m., during an interview, the Infection Preventionist confirmed the nurses are expected and educated on the use Enhanced Barrier Precautions and should wear a gown, glove and whole face covering and/or

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F 880	Continued From page 12 mask/goggles when preforming tracheostomy or wound care due to risk of splashes or sprays.	F 880		