STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205101	A. BUILDING _____ B. WING _____	C 02/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH & REHAB CANTON	26 PLEASANT ST CANTON, ME 04221

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS On 2/20/24 an unannounced on site visit was conducted at Pinnacle Health & Rehabilitation - Canton to investigate complaint #ME00046382. It was determined that Pinnacle Health & Rehabilitation - Canton was not in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.	F 000		
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews, and review of the rashes, data collection line listing, the facility failed to enhance the quality of care for residents when they failed to timely diagnose and treat Sarcoptes scabiei (scabies) and failed to follow CDC recommendations to prevent the spread and/or re-exposure in 7 of 7 residents who were infected with rashes. Findings: The facilities Infection Control Policy and Procedure for Transmission Based Precautions states, "Appropriate precautions shall be used either at all times (Standard Precautions) or for	F 684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 3/15/2024

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 684	Continued From page 1 individuals who are documented or suspected to have infections or communicable diseases that can be transmitted to others (transmission based precautions). Contact Precautions: and two standard precautions, implement contact precaution for residents known or expected to be infected or colonized with microorganisms that can be OK transmitted by direct contact with the resident or indirect contact with environmental services or resident care items in the resident's environment. Section A. Examples of infections requiring contact precautions include, but are not limited to: Scabies. Section C. Gloves and hand washing. Section D. Gowns." Centers for Disease Control and Prevention (CDC) Scabies Resources for Health Professionals-Institutional Setting indicates under "Control" section, "Infection control personnel and dermatologist should be involved as soon as scabies is suspected in an institution. An institution-wide information program should be implemented to instruct all management, medical, nursing, and support staff about scabies, the scabies mite, and how scabies is and is not spread." " All suspected and confirmed cases, as well as all potentially exposed patients, staff, visitors and family members should be treated at the same time to prevent reexposure". 1. Review of the facility's Rashes data collection line list stated, Resident #1 had a rash which started on 11/15/23. A provider's note dated, 1/9/24 states, resident complaint of, "I know it is scabies ... His/her left arm and now his/her abdomen have a stubborn mild appearing rash with an itch. Rash - first noted in notes 11/27/23 ... We discussed the possibility of having a dermatology consult for a scraping, and he/she	F 684	1. Resident #1was seen by house providers for complaints of a rash on 11/15 (first noted), 12/27, 1/24, 2/7 and 2/14. Per notes this was not believed to be Scabies, resident requested a treatment for it on 1/24 and was treated at that time and again on 2/7. She was on precautions for 24hrs after the application of permethrin per CDC recommendation. Linens are always washed in hot water; bed linens were changed after her shower.	

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F 684	Continued From page 2 agrees to this." Another provider note dated 1/24/24 states, "The staff says that his/her back is very red and pruritic. The resident says he/she is still itching, and still believes it is scabies. He/he is happy to receive the permethrin treatment since no dermatology appointment has been obtained." Orders for, "Rash and other nonspecific skin eruption, Permethrin 5% cream apply topically to body and leave on for 12 hours, then shower, as treatment empirically for scabies." An additional Provider note dated 12/12/24 states, "Patient reports some initial improvement after permethrin cream 1/29/24 but now symptoms have recurred ... Puritis - possible scabies? Permethrin cream 5% topically from head to toe (not face). Shower in 12 hours. Launder lines and clothing in hot water." 2. Review of the facility's Rashes data collection line list stated, Resident #2 had a rash which started on 1/29/24. A providers note dated 1/29/24 states, Resident is seen today for a rash. Staff report pruritic rash on patient's ABD. Patient c/o rash and itching extends to his back ... Skin: diffusely spread papular rash on trunk with excoriations ... pruritic rash - possibly scabies, treat with permethrin 5% cream applied topically from head to toe, except forface; wash in 12 hours. Launder clothing and linens in hot water." An additional provider noted dated, 2/12/24 states, Staff report pruritic rash on patient's ABD. Patient c/o rash and itching extends to his/her back. Patient was treated with permethrin cream 1/29/24 but rash and itching appear to be spreading ...pruritic rash - possibly scabies, retreat with permethrin 5% cream applied topically from head to toe, except for face; wash in 12 hours. Launder clothing and linens in hot water. Also treating patient's roommates who	F 684	2. Resident #2 was seen by house providers on 1/29and 2/12/24 with treatment prescribed for scabies. He was on precautions for 24hrs after the application of permethrin per CDC recommendation. Linens are always washed in hot water; bed linens were changed after her shower.	

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F 684	Continued From page 3 share closet." 3. Review of the facility's Rashes data collection line list stated, Resident #3 had a rash which started on 12/2/23. A provider note dated, 12/27/23 states, "He/she has had a persistent rash for several weeks. It has been treated with Triamcinolone cream started on 12/2/23 and renewed on 12/19/23. The rash persists ... He/she states he/she is "itchy all over". The condition has not changed much except for the color of the "bites". He/she is quite uncomfortable, and gets agitated easily. Due to the severity of his/her itch, it was discussed with the nursing supervisor the possibility of scabies. No dermatologist is available to do a scraping on short notice. Will treat this resident EMPIRICALLY for scabies using permethrin 5% cream." An additional provider note dated 2/19/24 states, Resident is seen today for reportedly pruritic rash. Patient is noted to be scratching BUE and hands during visit. Patient was previously treated for scabies with permethrin 5% cream 12/27/23. SKIN: scattered pink papules on bilateral upper extremities with excoriations. Right hand thenar eminence marked with ink, burrows stained with ink after cleansing with alcohol. Skin scraping showed mite feces." 4. Review of the facility's Rashes data collection line list stated, Resident #4 had a rash which started on 11/30/23. A provider note dated 12/27/23 states, "This resident has experienced a rash with itching for several weeks. It has been noted back to 11/30/23 when triamcinolone ointment was ordered. He/she also was treated with a prednisone taper without relief ... The rash is on his/her right arm, but is faint, but he/she says it itches a lot ...His/her primary complaint is	F 684	3. Resident # 3 was seen by house providers on 12/21/23, 12/27/23 with permethrin ordered, and dermatology referral written if no improvement. Seen again 1/2/24 for persistent rash, and again on 2/19 with the positive findings. She was on precautions for 24hrs after the application of permethrin per CDC recommendation. Linens are always washed in hot water; bed linens were changed after her shower. 4. Resident #4 was seen by house providers on 12/27/23 for a rash first noted 11/30/23 with orders for topical creams and no improvement, was order the permethrin cream, seen on 2/7 with notes that it was not scabies, seen on 2/12 with diagnosis	

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F 684	Continued From page 4 the itch. Since this rash has not responded to triamcinolone cream and prednisone, a differential diagnosis will be to consider scabies. This provider will order EMPIRICALLY to treat with permethrin cream 5%. It is unlikely that he/she can get a quick appointment for a dermatologist to do a scraping to diagnose for scabies." Another provider note dated 2/7/24 states, "On inspection of his/her skin, there is no indication of a rash ...Impression: Rash has resolved. No treatment needed." Further review of the medical record shows a physician order dated 2/19/24, for Permethrin cream 5%, shower 12 hours, launder linens and clothing worn in past 4 days in hot water, due to roommates positive diagnosis of scabies. 5. Review of the facility's Rashes data collection line list stated, Resident #5 had a rash which started on 1/29/24. A providers noted dated 1/29/24 states," SKIN: diffusely spread papular rash on BUE ...Puritic rash - possible scabies. Treat with permethrin 5% cream. Apply topically from head to toe, except for face, wash in 12 hours. Launder clothing and linens in hot water." An additional provider note dated 2/19/24 states, "Resident is seen today for pruritic rash. Patient was treated for scabies with permethrin 5% cream 1/31/24 but staff note patient scratching with papular rash on BUE and back ... SKIN: papular rash greatest on LT upper extremity anterior shoulder and RT posterior shoulder Small area on LUE with alcohol. Skin scraping showed mite feces." 6. Review of Resident #6s medical record has provider note dated 2/19/24 which states, "Resident is seen today for c/o pruritic rash ... SKIN: papular rash BUE and posterior shoulders,	F 684	of Dermatitis, and resolution of symptoms; on 2/28 with order for Ivermectin. She was on precautions for 24hrs after the application of permethrin per CDC recommendation. Linens are always washed in hot water; bed linens were changed after her shower. 5. Resident #5 was seen by house providers on 12/18/23 with no documented skin issues, and again on 1/29 with orders for permethrin. He was on precautions for 24hrs after the application of permethrin per CDC recommendation. Linens are always washed in hot water; bed linens were changed after her shower. 6. Resident #6 was seen by provider on 2/19 for new complaint of rash, had the scrapings performed and was	

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F 684	Continued From page 5 small area of skin marked with ink with uptake noted in burrows, skin scraping showed mite feces." 7. Review of Resident #6 medical record has provider note dated 2/12/24 which states, "Dermatitis - patient c/o diffusely spread pruritic rash for several days; insomnia secondary to itching, mild relief with hydroxyzine ... Skin: diffusely spread papular rash with excoriations and ecchymosis on anterior chest and BUE ... Dermatitis - Possibly secondary to scabies vs eczema. Start permethrin 5% cream topically to skin from scalp to toes. Shower in 12 hours. Laundry linens and clothing in hot water." On 2/20/24 at approx. 11:52 a.m., during an interview, the Director of Nursing, confirmed her first knowledge of staff having a rash was in November of 2023 stating, the rashes were never confirmed as scabies, although staff was treated with scabicides. The DON's first knowledge of a resident being treated for possible scabies was back in December 2023. At that time, DON had requested dermatology follow up and skin scrapings for positive identification of scabies. She was met with resistance for obtaining the skin scraping, being told by both the Nurse Practitioner and Medical Director that the rashes were not scabies, while being treated with scabicides. The request for skin scrapings was not completed until 2/19/24, after 7 residents had rashes periodically and treated for scabies since December. At this time, the DON stated the residents who have been treated with scabicides were never placed on TBP for their rashes. On 2/23/24 the surveyor received an email from the Director of Nursing stating, "we are treating all	F 684	noted to have scabies mite feces. Resident was placed on contact precautions the morning of 2/20 when DON was made aware of the previous day's findings. She was on precautions for 24hrs after the application of permethrin per CDC recommendation. Linens are always washed in hot water; bed linens were changed after her shower. 7. The provider note dated 2/12 for resident #6 does not mention a rash, it actually states "SKIN: visualized skin without lesion or rash.". In a conversation with the DON it was made clear that that the rashes were never confirmed as Scabies until 2/19/24. If staff were treated with Scabicides, this was not brought to the DON's attention. One employee who had seen their doctor for rash, who agreed with house providers diagnosis. A copy of this text was provided to the surveyor. The DON requested appointments for dermatology to rule out the scabies diagnosis when the permethrin orders were started. Again, verbally and through notes, both providers expressed that the rashes were NOT scabies.	

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F 684	Continued From page 6 residents and staff on the unit with Ivermectin, 2 doses one week apart."	F 684	Upon confirmation of the findings on 2/19/24, CDC contact was consulted, and the treatment plan was determined for all staff and residents prophylactically. All staff were educated on which residents were on Contact Precautions on 2/20/24 and the reason for such precautions. PPE carts were established outside those residents; rooms. All staff were reminded where to find PPE when needed. A binder was created to include the CDC's list of Infectious Diseases and what precautions are needed including the length of time. New signs were created to include what type of precautions a resident will be on, and what PPE is needed while caring for those residents. This binder will be kept at the Nurse's station to be available for all staff at all times. A staff meeting was held on 3/13/24 to review the Precautions informational binder. Random interviews will be held with staff to ensure they are knowledgeable about the different types of precautions and where to information on what is needed based on the infectious process. They will also be asked where they find their PPE if and when it's needed.	
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, 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;	F 880		

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F 880	Continued From page 7 (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. This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews the facility failed to maintain and implement an infection control program to help prevent the development and transmission of infectious disease Sarcoptes scabiei (scabies) in 3 of 3 residents who were infected with rashes (#3, #5, #6) and failed to follow CDC	F 880	The results of these interviews will be shared with the QAPI committee monthly x3, who will then determine if there is ongoing need. Completion Date: March 20, 2024	

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F 880	Continued From page 8 recommendations to help prevent spread or reexposure. Findings: The facility's Infection Control Policy and Procedure for Transmission Based Precautions states, "Appropriate precautions shall be used either at all times (Standard Precautions) or for individuals who are documented or suspected to have infections or communicable diseases that can be transmitted to others (transmission based precautions). Contact Precautions; and two standard precautions, implement contact precaution for residents known or expected to be infected or colonized with microorganisms that can be OK transmitted by direct contact with the resident or indirect contact with environmental services or resident care items in the resident's environment. Section A. Examples of infections requiring contact precautions include, but are not limited to: Scabies. Section C. Gloves and hand washing. Section D. Gowns." Centers for Disease Control and Prevention (CDC) Scabies Resources for Health Professionals-Institutional Setting indicates under "Control" section, "Infection control personnel and dermatologist should be involved as soon as scabies is suspected in an institution. An institution-wide information program should be implemented to instruct all management, medical, nursing, and support staff about scabies, the scabies mite, and how scabies is and is not spread." " All suspected and confirmed cases, as well as all potentially exposed patients, staff, visitors and family members should be treated at the same time to prevent reexposure".	F 880	F880 The DON requested dermatology appointments for residents with rashes who has not responded to treatment. Again, the scabies were not confirmed until 2/19/24.	

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F 880	Continued From page 9 1. On 2/20/24 from 8:15 a.m.to 4:00 p.m., a surveyor was on site investigating the scabies outbreak concern. Upon arrival, observations of 2 rooms, 116 and 122, to have a blue sign posted on the door stating, "Stop please see nurse before entering". There was no Transmission Based Precautions (TBP) cart with instructions on what PPE to don prior to entering these rooms. No other rooms observed in the facility had blue signs or TBP posted. Room 114 had a sign posted that stated, "This room is scheduled to be sanitized on Tuesday 12/20 at 12:00-2:00". 2. On 2/20/24 at 8:25 a.m., during a brief entrance interview with the Director of Nursing (DON) and Administrator, the DON stated, on Monday, 2/19/24, the medical provider did 3 scrapings for suspected scabies and all 3 residents were positive, resident #3, #5 and #6. The surveyor obtained the facilities census and noted the 3 residents who were positive for scabies did not have TBP posted outside of their rooms. (Room 114, 121 and 125). 3. On 2/20/24 at 8:35 a.m. during an interview Certified Nurses Aid (CNA) #2, was visibly distraught and crying, stating he/she worked last week with a rash but wasn't sure what it was until he/she saw a scabies treatment being applied to residents. That's when he/she decided to go to his/her doctor. He/she went to the doctors on 2/19/24 and was started on a treatment for scabies. He/she then stated, "At least put contact precautions on the door. I'm so frustrated right now". At this time, CNA #2 confirmed he/she had not informed the DON of his/her diagnosis. 4. On 2/20/24 at 9:06 a.m., in an interview, the Activities Assistant confirmed the only 2 rooms	F 880	1. RM's 116 and 122 had blue signs hanging on the door to indicate all visitors to see a nurse, this is based off our policy. The staff are aware of the enhanced precautions needed for these rooms due to a specific infection, ex: ESBL. Disposable gowns are available at 6 different areas on the nursing unit- at the nurses' station, on the linen carts, in the linen rooms and in the Family room. Gloves are available in each room. 2. The DON was notified at approx. 7am on 2/20 of the findings of the previous day. Verbally told the Supervisor that those residents needed to be on precautions. DON emailed the medical Director and CDC contact for further guidance. The CNA assignment sheet was marked to indicate which resident were on precautions. 3. CNA # 2 was verbally informed of the need for precautions for the residents' on her assignments. She did not inform any nursing staff of her rash until the day of the surveyor's visit.	

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F 880	Continued From page 10 that were on TBP were room 116 and 122. She then stated, "[Resident #3] seems to be itching for a while." The surveyor asked if she was aware of any residents with scabies, she stated, "That, I do not know. Some residents do have a cream to treat a rash but, I don't know of any residents actually having it." 5. On 2/20/24 at 9:17 a.m., in an additional interview, the DON was asked why TBP were not posted outside to the rooms of the residents with scabies. She stated, "Well because, I literally just found out when I walked in this morning, nobody called me yesterday." The surveyor confirmed the residents were diagnosed with scabies yesterday afternoon and have not been placed on TBP. DON then stated, "Thats what I'm trying to follow up with because I literally walked in at 7:00 this morning. I had labs to do. That's when I heard, my supervisor came in and told me." 6. On 2/20/24 at 9:32 a.m., during an interview, CNA #3, when asked if he/she was aware of residents with scabies and are being treated, he/she stated, "I heard about it today" and "yes". The surveyor asked if he/she knew who those residents are. He/she replied, "Not all of them." 7. On 2/20/24 at 9:35 a.m., during an interview, CNA #4 stated, "I just found out today that two of my residents tested positive for scabies." The surveyor asked if he/she were made aware at the start of his/her shift. He/she stated, "No, I didn't know those two had it and I changed them this morning and didn't even know. They told me after breakfast this morning that they tested positive for scabies and did a skin scrape yesterday" and "No, no one told us to gown or anything."	F 880	4. The activities assistant was verbally amde aware of the need for contact precautions on 2/20/24. 5. The DON was verbally made aware of the previous day's findings upon arrival at the facility at 8am, had emailed both the medical director and CDC contact for further guidance. DON told the supervisor to place residents on precautions until I had more information, surveyor walked in at approx. 8:30am, I noted while walking the surveyor to a meeting room that blue signs had not been posted yet, met with charge and treatment nurse after meeting with the surveyor, and requested that blue signs be placed. DON went on to gather the information requested by the surveyor. 6. CNA #3 was verbally informed of the need for precautions for the residents on her assignments. 7. CNA #4 was verbally informed of the need for precautions for the residents on her assignments.	

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	205101	A. BUILDING _____ B. WING _____	C 02/20/2024

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F 880	Continued From page 11 8. On 2/20/24 at 9:40 a.m., during an interview with CNA #5, the surveyor asked, if he/she was notified that some residents have scabies. He/she stated, "There has been talk about it, but nothing really substantiated by the nurses." The surveyor asked again if he/she was aware that there are 3 residents with scabies. He/she stated, "No, I did not" and confirmed he/she was not given that information during report. 9. On 2/20/24 at 9:43 a.m., observation of room 114, 121 and 125 to now have a blue stop sign which states, "See nurse before entering" posted. At this time, both CNA#3 and CNA #6 stated, the signs were not up this morning, and they do not know why the sign is posted. 10. On 2/20/24 at 9:46 a.m., in a brief interview, CNA #6 confirmed he/she was not aware of residents having scabies stating, "No. I heard talk of it like before I left, but they're like no it's just a rash, but it was never confirmed case of scabies." The surveyor asked if he/she was informed that 3 residents were positive for scabies. He/she stated, "No". 11. On 2/20/24 at 9:50 a.m., during an interview with Registered Nurse (RN) #1, he/she confirmed he/she was aware of positive scabies yesterday prior to leaving his/her shift at 3 p.m. and did not initiate TBP. RN #1 then stated, he/she was treated for scabies back in December, however, did not have a positive scraping completed but the prescription from his/her doctor resolved the rash. RN #1 confirmed he/she reported this in December to the DON. 12. On 2/20/24 at 10:05 a.m., during an interview, RN #2 stated. He/she was aware of a past CNA,	F 880	8. CNA #5 was verbally informed of the need for precautions for the residents on her assignments. 9. The charge nurse and treatment nurse posted the blue signs on the doors per request of the DON. CNA#3 and CNA #6 were verbally informed of the need for precautions for the residents on their assignments. 10. CNA #6 was verbally informed of the need for precautions for the residents on her assignments. 11. RN #1 did not report that she was treated for Scabies back in December and provided no documentation. Nurse #1 reported she had seen her doctor for a rash on her right leg, but had no definitive diagnosis. At no time did she indicate she was treated for Scabies. 12. RN#2 never informed the DON or other management staff that CNA #8 was treated for scabies in December.	

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F 880	Continued From page 12 (CNA #8) being treated for scabies back in December or January and failed to share this information with the DON. RN #2 then confirmed the 3 residents with scabies were not placed on TBP upon knowledge of the positive scrapings yesterday stating, "No, they were not, they were not." 13. On 2/20/24 at 10:36 a.m., during an interview with the housekeeping aid, he/she confirmed knowledge of positive scabies but unaware of which rooms required TBP unless there was a sign posted. 14. On 2/20/24 at approx. 1:00 p.m., during an interview, RN Nursing Supervisor stated the CNA's were aware of which residents were being treated for scabies by her placing a dot next to the residents name on the CNA assignment sheet. The surveyor asked why TBP were not initiated immediately. She stated, "I can't answer that, I wasn't here" and "I was here this morning, yes. I wanted to wait till [the DON] got here, which is usually 1/2 hour after I get here to decide what to do. I didn't know." She then stated, last week she had treated residents with permethrin cream and only worn gloves stating, "I went in, put the cream on, washed my hands and went to the next one, no gown, because to tell you the truth, I wasn't convinced that what they had was scabies." 15. On 2/20/24 at 3:18 p.m., during an interview, a surveyor asked the Licensed Practical Nurse (LPN) #1, why weren't TBP carts put out last night (2/19/24) after knowledge of positive scabies scraping. LPN #1 stated, "Because I honestly didn't know for sure what they wanted us to do. All I heard was from the nurse that left, she said it	F 880	13. The housekeeping aide was verbally informed by her supervisor of the residents who had positive scabies on 2/20/24. 14. The RN supervisor was verbally made aware of the positive scabies findings by CNA staff when she arrived for her shift that morning. She was educated when to initiate precautions on residents who have an infectious disease. 15. LPN #1 was educated when to initiate precautions on residents who have an infectious disease on 2/20/24 and again on 3/13/24during a staff meeting.	

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F 880	Continued From page 13 was positive" and "we should have done it last night, but I didn't, I really honestly did not think about it last night. I was mainly trying to get other things done. So, that was my neglect on that part, because I should have done it." 16 ~~14~~. On 2/20/24 at 3:00 p.m., observation of rooms 114, 121 and 125 with no TBP cart and/or instructions for PPE usage at the doorways. At this time, DON stated she had asked staff to put them out. The first TBP cart was placed outside of room 125 at 3:22 p.m. 17 ~~15~~. On review of Resident #3's medical record, a doctor's note dated 2/19/24 stated, "Resident is seen today for reportedly pruritic rash. Patient is noted to be scratching BUE and hands during visit. Patient was previously treated for scabies with permethrin 5% cream 12/27/23. SKIN: scattered pink papules on bilateral upper extremities with excoriations. Right hand thenar eminence marked with ink, burrows stained with ink after cleansing with alcohol. Skin scraping showed mite feces." Diagnosis of "Scabies - apply permethrin 5% cream topically to entire body, include web space of fingers and toes, sparing the face. Shower in 12 hours. Launder linens and clothing worn over past 4 days in hot water." 18 ~~16~~. On review of Resident #5's medical record, a doctor's note dated 2/19/24 stated, "Resident is seen today for pruritic rash ...SKIN: papular rash greatest on LT upper extremity anterior shoulder and RT posterior shoulder. Small area on LUE with alcohol. Skin scraping showed mite feces." Diagnosis of, "Scabies - apply permethrin 5% cream topically to entire body sparing ace, include web spaces of fingers and toes. Shower		16. PPE including gloves are available in the residents' rooms, the disposable gowns were available at the nurses' station, on the linen carts, in the linen rooms and in the Family room. Both are available at all times in the supply room for restock if needed. 17. Resident #3 had positive scraping done on 2/19/24, and was placed on Contact precautions on 2/20/24. Resident was removed from contact precautions on 2/21/24, 24hrs after the application of a scabicide per the recommendation of the CDC. 18. Resident #5 had positive scraping done on 2/19/24, and was placed on Contact precautions on 2/20/24. Resident was removed from contact precautions on 2/21/24, 24hrs after the application of a scabicide per the recommendation of the CDC.	

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F 880	Continued From page 14 in 12 hours. Launder linens and clothing worn over past 4 days in hot water." 19 ~~17~~. On review of Resident #6's medical record, a doctor's note dated 2/19/24 stated, "Resident is seen today for c/o pruritic rash ... SKIN: papular rash BUE and posterior shoulders, small area of skin marked with ink with uptake noted in burrows, skin scraping showed mite feces." Diagnosis of, "Scabies - apply permethrin 5% cream topically to entire body, sparing the face, include web spaces between fingers and toes. Shower in 12 hours. Launder linens and clothing worn in past 4 days in hot water." On 2/20/24 at approx. 4:00 p.m., during an interview with the Director of Nursing, the above concerns were confirmed, the lack of TBP and staff knowledge of how to prevent the development and transmission of infectious diseases.	F 880	19. Resident #6 had positive scraping done on 2/19/24, and was placed on Contact precautions on 2/20/24. Resident was removed from contact precautions on 2/21/24, 24hrs after the application of a scabicide per the recommendation of the CDC. All staff were educated on which residents were on Contact Precautions on 2/20/24 and the reason for such precautions. PPE carts were established outside those residents; rooms. All staff were reminded where to find PPE when needed. A binder was created to include the CDC's list of Infectious Diseases and what precautions are needed including the length of time. New signs were created to include what type of precautions a resident will be on, and what PPE is needed while caring for those residents. This binder will be kept at the Nurse's station to be available for all staff at all times. A staff meeting was held on 3/13/24 to review the Precautions informational binder. Random interviews will be held with staff to ensure they are knowledgeable about the different types of precautions and where to information on what is needed based on the infectious process. They will also be asked where they find their PPE if and when it's needed. The results of these interviews will be shared with the QAPI committee monthly x3, who will then determine if there is ongoing need. Completion Date: March 20, 2024	