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BREWER CENTER FOR HEALTH & REHABILITATION, LLC	**74 PARKWAY SOUTH BREWER, ME 04412**

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F 000	INITIAL COMMENTS From 2/12/24 through 2/15/24 ,on-site visits were conducted at Brewer Center for Health and Rehabilitation for the purpose of completing the annual Long Term Care Survey Process for Federal Recertification and to investigate complaints #ME00045273, #ME00045453, #ME00045669, #ME00045956, #ME00046074, and #ME00046357, #ME00046299, #ME00046347. It was determined that Brewer Center for Health and Rehabilitation is not in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities.	F 000		
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State	F 645		

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

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F 645	Continued From page 1 intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).	F 645		

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F 645	Continued From page 2 (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a Pre-Admission Screening and Resident Review (PASRR), included current diagnosis, and was updated for 1 of 6 residents reviewed (Resident #52 [R52]). Finding: During review of R52's medical record it contained a PASRR Level I Screen dated 8/10/23. The PASRR Level I Screen in the diagnosis section, did not include a current diagnosis of bipolar disorder. R52's current diagnosis list includes a diagnosis of bipolar disorder. The resident record lacked evidence that the PASRR Level I Screen was updated to include his/her diagnosis of bipolar disorder and was resubmitted/forwarded to the State-designated authority to determine if a Level II assessment was needed. On 2/14/24 at 12:50 p.m.. during an interview with the Licensed Social Worker, the surveyor confirmed that the PASRR Level I for R52 did not include a diagnosis of bipolar disorder and was not resubmitted to PASRR for an updated Level II.	F 645		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care	F 684		

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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 interviews and record review, the facility failed to follow Physician orders for 1 of 1 sampled Resident receiving dialysis. (Resident #203, [R203]) and 1 of 2 sampled residents reviewed with insulin parameters [R21].

Findings:

1 On 2/13/24, during an interview with R203 and his/her family member, they stated that R203 is not receiving their medications (specifically their binding medications) at the correct times. R203 stated the medications are supposed to be given with meals and he/she is getting them either before a meal or after meals. A review of R203's clinical record was completed; the electronic medication administration record (eMAR) shows an order for Sevelamer Carbonate Oral Tablet 800 Milligram (mg) with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food.

Sevelamer works by holding onto phosphate from the diet so that it can pass out of the body.

Review of the meal caddie arrival times was reviewed with the Food Service Director to identify the approximate time R203 would receive his/her meals. R203 resides on the Rehab1 unit,

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for the breakfast meal the food caddie for Rehab 1 reaches the unit at 7:15 a.m., the trays are then delivered to the residents rooms. For the lunch meal the food caddie goes to the Rehab 1 unit at 11:15 a.m. and trays are delivered to the rooms then, for supper meal the food caddie goes to the Rehab 1 unit at 4:15 p.m.

Upon review of the administration detail report for Sevelamer Carbonate 800 mg it documents that on the following days R203 did not receive this medication as ordered (with food).
On 2/6/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 8:45 a.m., 1.5 hours after his/her breakfast meal and not administered with his/her meal.
On 2/6/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 12:53 p.m., 1.5 hours after his/her lunch meal.
On 2/7/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 7:56 a.m., 45 minutes after his/her breakfast meal.
On 2/8/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 1:25 p.m., 2 hours and 10 minutes after his/her lunch meal.
On 2/9/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with

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instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 10:31 a.m., 45 minutes before his/her lunch meal.
On 2/11/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at10:35 a.m., 45 minutes before his/her lunch meal.
On 2/13/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 9:16 a.m., 2 hours after his/her breakfast meal.
On 2/13/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 2:52 p.m., 3.5 hours after his/her lunch meal.
On 2/13/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 3:56 p.m., 20 minutes before his/her supper meal.
On 2/14/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 10:36 a.m., 45 minutes before his/her lunch meal.
On 2/14/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 3:43 p.m., 30 minutes

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before his/her supper meal.
On 2/15/24, R203 received the medication (Sevelamer Carbonate Oral Tablet 800 MG with instructions to give 1 tablet by mouth with meals related to end stage renal disease and to give with first bite of food) at 6:54 a.m., 20 minutes before his/her breakfast meal.

02/15/24 at 11:24 a.m., during an interview with the charge nurse, the surveyor and the charge nurse reviewed the administration times R203 received the medication Sevelamer. It was confirmed at that time that Sevelamer was given this a.m. at 6:50 and again at 10:30 a.m., and on 2/14/24 the previous night he/she received it at 3:58 p.m., the surveyor confirmed the order does say to be given with meals.

02/15/24 at 11:29 a.m., during an interview with the Director of Nursing, a surveyor reviewed the medication administration times for R203's Sevelamer medication, the last 10 days were reviewed showing documentation that R203 has not been receiving the medication Sevelamer as ordered with meals or first bite. The above findings were confirmed at this time.

2. On 2/14/24, R21's physician orders and February's Medication Administration Record (MAR) was reviewed. The physician orders included an order, dated 8/15/23, to administer Insulin Detemir 20 units two times a day (8 a.m. and 8 p.m.) but to hold if the blood sugar (BS) was less than 120. A review of the February MAR indicated:

On 2/7/24 at 7:30 a.m., the BS was 120 but documentation indicated the insulin was not given.

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F 684	Continued From page 7 On 2/7/24 at 8:00 p.m., the BS was 105 but documentation indicated the insulin was given. On 2/10/24 at 7:30 a.m., the BS was 86 but documentation indicated the insulin was given. On 2/14/24 at 2:29 p.m., during an interview with a surveyor, the Assistant Director of Nursing was unable to find any additional information on why the insulin was given outside of the parameters. The surveyor confirmed this finding.	F 684		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced	F 693		

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by:
Based on record review and interview, the facility failed to provide appropriate treatment to prevent the risk of complications related to tube feedings, for 1 of 1 sampled resident reviewed with a feeding tube (Resident#39 [R39]).

Finding:

On 2/13/24, R39's clinical record was reviewed for January and February 2024 for treatments related to the resident's feeding tube. The Treatment Administration Record (TAR) contained a treatment, dated 1/25/22, that directed staff to check placement of feeding tube prior to each use (to be done on each 12 hour shift) and a treatment, dated 7/15/23, to check residual before starting the tube feed (TF) and every 8 hours while TF was running, to be checked at 7:00 p.m. and 3:00 a.m.

A review of January's TAR indicated:

On 1/3/24 at 3:00 a.m., there was no evidence of the residual being checked.
On 1/15/24 at 3:00 a.m., there was no evidence of the residual being checked.
On 1/19/24 during the 7 p.m. - 7 a.m., the placement check of the feed tube lacked evidence of it being checked.
On 1/20/24 at 3:00 a.m., there was no evidence of the residual being checked.

A review of February's TAR indicated:

On 2/2/24 at 7:00 p.m., there was no evidence of the residual being checked.
On 2/8/24 at 3:00 a.m., there was no evidence of the residual being checked.

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F 693	Continued From page 9 On 2/13/24 at 7:00 p.m., there was no evidence of the residual being checked. On 2/14/24 at 10:01 a.m., during an interview with a surveyor, the Regional Director of Clinical Operations stated she was unable to find evidence that the placement or residual was checked for the above dates/times. The surveyor confirmed this finding.	F 693		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate	F 755		

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reconciliation; and

§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.
This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that a physician's order for Ambien (a medication used to treat insomnia) was available and administered for 1 of 1 sampled residents (Resident #11[R11]).

Finding:

On 2/12/24, record review indicated R11 had a physician's order for Ambien 5 milligrams (mg) to be given at 8:00 p.m. for insomnia beginning 1/29/24. Documentation on R11's Medication Administration Record (MAR) indicated that on 1/31/24, 2/1/24, 2/2/24, 2/3/24, 2/4/24, 2/5/24, and 2/7/24 (7 days) Ambien was not given due to the medication being unavailable.

On 2/14/24 at 9:48 a.m., in an interview with the Assistant Director of Nursing (ADON), she stated the resident did not receive the medications in relation to a missing delivery.

On 2/14/24 at 11:17 a.m., in an interview with the Regional Director (RD) and the ADON, the RD stated the Ambien administered on 2/6/24 came from the Cubex (facility reserve supply). She stated the Cubex had a stock of 4 doses and does not know why staff did not use this for the other days missed.

On 2/14/24 at 11:17 a.m., in an interview, the surveyor confirmed with the RD and ADON that

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F 755	Continued From page 11 the Ambien was not administered as physician ordered and that the facility did not ensure Ambien was available.	F 755		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly	F 756		

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F 756	Continued From page 12 drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure the pharmacist identified an irregularity for as needed (PRN) psychotropic medication use for 1 of 5 residents reviewed for unnecessary medications (Resident#35 [R35]). Finding: On 2/14/24, R35's clinical record was reviewed. The surveyor reviewed physician orders from November 2023 to current and observed that the facility was renewing PRN Risperdal (anti-psychotic psychotropic medication) prior to the Medical Provider re-examining the resident to determine if the medication was still needed. On 2/14/24 at 3:50 p.m., during an interview with the Regional Director of Clinical Services, a surveyor confirmed that the PRN Risperdal is being renewed the day before the physician re-examined the resident. The Regional Director of Clinical Services and surveyor reviewed the most recent pharmacist review for R35, completed on 1/30/24, and was noted that there were no inconsistencies for the medication regimen review and did not identify this irregularity.	F 756		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that	F 758		

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affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:
(i) Anti-psychotic;
(ii) Anti-depressant;
(iii) Anti-anxiety; and
(iv) Hypnotic

Based on a comprehensive assessment of a resident, the facility must ensure that---

§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;

§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.

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F 758	Continued From page 14 §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure the physician examined a resident to determine if an as needed (PRN) anti-psychotic medication was still needed before writing a new order to renew the same PRN anti-psychotic medication for 1 of 5 residents reviewed for unnecessary medications (Resident#35 [R35]). Findings: On 2/14/24, R35's clinical record was reviewed and contained a physician order to administer Risperdal (anti-psychotic) 0.5 milligrams, every 12 hours as needed. The physician orders contained an order for the PRN Risperdal which started on 11/27/23 with an end date of 12/11/23. The physician visited R35 on 12/12/23 but the PRN Risperdal was restarted on 12/11/23 at 2:04 p.m., prior to the examination of the resident. The physician orders contained an order for the PRN Risperdal which was renewed on 12/28/23 with an end date of 1/11/24. The physician visited R35 on 12/29/23 but the PRN Risperdal was renewed on 12/28/23 at 1:12 p.m., prior to the examination of the resident. The physician orders contained an order for the	F 758		

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F 758	Continued From page 15 PRN Risperdal which was renewed on 1/11/24 with an end date of 1/25/24. The physician visited R35 on 1/12/24 but the PRN Risperdal was renewed on 1/11/24 at 2:36 p.m., prior to the examination of the resident. The physician orders contained an order for the PRN Risperdal which was renewed on 1/25/24 with an end date of 2/8/24. The physician visited R35 on 1/26/24 but the PRN Risperdal was renewed on 1/25/24 at 3:41 p.m., prior to the examination of the resident. The physician orders contained an order for the PRN Risperdal which was renewed on 2/8/24 with an end date of 2/22/24. The physician visited R35 on 2/9/24 but the PRN Risperdal was renewed on 2/8/24 at 2:54 p.m., prior to the examination of the resident. On 2/14/24 at 3:50 p.m., during an interview with the Regional Director of Clinical Services, a surveyor confirmed that the PRN Risperdal is being renewed the day before the physician re-examined the resident.	F 758		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interview, the facility failed to be free of medication error rate of 5% or more. There were	F 759		

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a total of 2 medication errors out of 28 opportunities for (Resident #57 [R57]) and (Resident #[R205]). The medication error rate was 7.14%.

Findings:

1. On 2/13/24 at 8:10 a.m., a surveyor observed Licensed Practical Nurse#1 (LPN1) prepare medications for R57. The medications included Metoprolol 12.5 milligrams (mg), and Wixela Fluticasone Salmeterol 500/50 (a metered dose inhaler), ordered to give 1 inhale orally 2 times per day. Prior to entering R57's room, LPN1 labelled the medicine cup, then placed it in the top drawer of the cart, she placed the inhaler in a separate side drawer of the cart. LPN1 entered R57's room to obtain a blood pressure. The resident was observed to be short of breath, R57 stated he/she accidentally spilled something and had been attempting to clean it up. LPN1 asked a Certified Nursing Assistant to assist with clean-up and requested R57 remain seated and relaxed to recover. After obtaining the blood pressure, LPN1 returned to the cart, removed the medicine cup, and gave the medications to R57. R57 requested the inhaler after taking the medications. LPN1 confirmed she would get the inhaler. After leaving R57's room LPN1 performed hand hygiene and began to wheel the medicine cart away from R57's room to the next location. At this time the surveyor intervened and reminded R57 had requested the inhaler. LPN1 stated "Oh yeah, I forgot."

2. On 2/13/24 at 8:32 a.m., a surveyor observed LPN1 prepare medications for R205 which included an order for Venlafaxine Extended Release (ER) 37.5 mg tablet. LPN1 placed a

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F 759	Continued From page 17 Venlafaxine tablet into the medicine cup at two separate times during the medication pass from two separate pharmacy medication cards, making the dose 75 mg for administration. On 2/13/24 at 9:25 a.m., during record review of R205 clinical record the surveyor discovered the order for Venlafaxine ER 37.5 mg, one tablet to be given orally once per day. Reviewed finding with LPN1, who reviewed both pharmacy cards and confirmed the error. On 2/13/24 at 9:30 a.m., in an interview with LPN1, the surveyor confirmed two medication errors were made during the medication administration.	F 759		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of	F 761		

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F 761	Continued From page 18 the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure expired medications were removed from the supply available for use, and tube feeding supplies were stored in a sanitary manner in 1 of 2 medication rooms reviewed (Medication Storage Room on Wing B). Finding: On 2/12/24 at 12:12 p.m., during a review of the Medication Storage Room on Wing B, the surveyor observed 1 unopened box of Humulin N (NPH isophane insulin human suspension) 100 units/milliliter (mL),10 mL container, with an expiration date of 10/2023 in the fridge available for use, and 1 bottle of Vital 1.5 cal (1.5 calories per mL) 1000 mL peptide base, Therapeutic Nutrition for Tolerance, was observed on the shelf available for use with a missing protective cap and a damaged seal. These were confirmed at the time of finding with the Certified Nursing Assistant Medication Aide (CNA-M).	F 761		
F 880 SS=D	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	F 880		

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F 880	Continued From page 19 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; (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.	F 880		

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(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 observation and interview, the facility failed to implement appropriate infection prevention at point-of-care testing when Certified Nurse Assistant #2 (CNA2) did not apply gloves for a fingerstick procedure during blood glucose testing for 1 of 1 observation (2/15/24).

Finding:

On 2/15/24 at 10:53 a.m., during an interview with Resident #26 (R26) and family, CNA2 entered the room and requested to perform a glucose test on R26. The family interview was temporarily placed on hold and the surveyor observed the blood glucose testing procedure which was performed without the use of gloves.

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F 880	Continued From page 21 A review of the facility's procedures indicates the use of gloves to clean the glucometer prior to use, remove gloves and wash hands, then "apply clean gloves, insert test strip into meter, obtain a drip of blood (wipe finger with alcohol prep then wipe same finger with tissue before pricking finger), apply blood to test strip". On 2/15/24, at approximately 11:45 a.m., a surveyor confirmed with the Director of Nursing that CNA2 was not following infection prevention practices and that the break in infection control included not wearing gloves when performing blood glucose testing.	F 880		
F 883 SS=B	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza	F 883		

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F 883	Continued From page 22 immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on review of the facility's 'Influenza Immunization Policy,' Admission Influenza Consent form and interview, the facility failed to provide the Resident and/or the Resident's Representative with the "Vaccine Information Statement (VIS)' prior to immunizing a resident	F 883		

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with the influenza vaccine for all residents receiving the influenza vaccine who are not new admissions.

Finding:

On 2/15/24, the facility's Infection Prevention and Control Program was reviewed and the immunization policy and procedure indicated residents will be offered the influenza vaccination yearly following the Centers for Disease Control and Prevention (CDC) guidelines.

On 2/15/24 at 11:14 a.m., in an interview with the surveyor, the facility's Infection Preventionist (IP) stated that upon admission, the admission packet contains a consent form with information explaining the risks versus the benefits (called the VIS) of having the influenza vaccination. The IP stated she thought that this one consent form and VIS is good for the entire stay of the resident and was unaware that a VIS should be provided to the Resident or Resident Representative prior to vaccination. The IP confirmed that the Resident and/or Resident Representative did not receive the VIS this year prior to the administration of the influenza vaccination.