STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255116	A. BUILDING _____ B. WING _____	08/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	3680 LAKELAND LANE JACKSON, MS 39216

(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 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to honor residents' rights by not providing showers per choice for five (5) of 18 residents sampled. Residents #1, #15,#25, #29, #38. Findings Include:	F 561	Resident #1, #15, #25, #29, #38 are being provided baths/showers/whirlpools per their preference. ¿ Resident #1 received a shower 8/14/21 and a bed bath 8/15/21 per choice. Resident #1 was interviewed by Unit Nurse Manager on 8/16/21 for choice of	10/6/21

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

Electronically Signed | 09/16/2021

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F 561	Continued From page 1 A review of the facility's policy, "Resident Bill Of Rights", dated 11/17, revealed, "Each resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the Facility in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life, regardless of diagnosis, severity of condition or payment source and to exercise those rights as a citizen of the Unites (United) States without interference, coercion. including those rights specified herein...15. Self determination, which the facility must promote and facilitate through support of resident choice, consistent with his or her interests, assessments and plan of care and make other choices about aspects of his or her life in the facility that are significant to the resident. Including but not limited to: activities, health care schedules (including sleeping, waking, bathing and eating times) and how she or he spends time, both in and outside the facility should be supported to the extent possible..." A review of the facility's " Bath/shower" policy, dated 8/11, revealed a bath (shower/tub) for cleanliness and comfort is scheduled at least weekly for each resident. A review of the facility's educational in-service record, titled "ADLs, Raimax, showers, refusal, and shaving" dated 3/8/21, revealed all residents should receive daily care as assigned and showers should be given on the scheduled days, and all refusals of showers should be reported. Also, residents should be shaved and any refusals should be reported to the charge nurse.	F 561	bath to be a bed bath/shower per choice two or three times weekly and as needed per preference. ¿ Resident #29 received a bed bath 8/12/21 and a shower 8/14/21 per choice. Resident #29 was interviewed 8/16/21 by Unit Nurse Manager for choice of bath to be a bed bath/shower/whirlpool two or three times weekly and as needed per preference. ¿ Resident #25 received a bed bath 8/12/21, 8/13/21, 8/14/21 per choice. Resident #25 was interviewed on 8/16/21 by Unit Nurse Manager for choice of bath to be a bed bath/shower/whirlpool two to three times weekly per preference. ¿ Resident #38 received a whirlpool 8/13/21, 8/16/21 per choice. Resident #38 was interviewed by Unit Nurse Manager on 8/16/21 for choice of bath to be a shower/whirlpool two to three times weekly per preference. ¿Resident #15 received a whirlpool 8/13/21, 8/16/21 per choice. Resident #15 was interviewed 8/16/21 by Unit Nurse Manager for choice of bath to be a whirlpool/shower two to three times weekly per preference. 2. All residents getting bed baths/showers/whirlpools have the potential to be affected. 3. The Staff Development Nurse in-serviced licensed nurses and certified nursing assistants beginning 8/16/21 on giving baths/shower/whirlpool per resident's preference two to three times weekly and as needed. An in-service was	

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F 561	Continued From page 2 Resident #38 During an interview on 08/11/21 at 01:46 PM, with Resident #38, she stated she has not had a shower ever since the COVID-19 outbreak in the facility which began on 7/25/21. Resident #38 said she doesn't feel clean when she gets a bed bath. Resident #38 said she doesn't understand why she cannot have a shower when the COVID-19 people are on the other side of the building. Resident #38 said the Certified Nursing Assistants (CNA's) have told her they were given orders to only do bed baths. Resident #38 said the facility has not allowed them to have Resident Council meetings because of the COVID-19 outbreak, so they do not know who to complain to. Record review of the bathing report for July and August 2021 revealed Resident #38 had bed baths documented for 7/3/21, 7/5/21,7/9/21, 7/10/21, 7/11/21, 7/13/21, 7/16/21, 7/21/21, 7/23/21, 7/26/21, 7/28/21, 8/1/21, 8/2/21, 8/4/21, 8/5/21, 8/6/21, 8/10/21, and 8/11/21. Tub baths were documented on 7/8/21 and 7/15/10/21, and 7/31/21.Showers were documented 7/7/21 and 7/14/21. A review of Resident #38's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/28/21, revealed Resident #38 had a Brief Interview of Mental Status (BIMS) score of 15, which indicates she is cognitively intact. A review of Section G of the MDS also revealed Resident #38 requires one-person physical assist in part for bathing activity.	F 561	initiated 9/21/21 by an external registered nurse regarding giving residents their choice of type of bath/bed bath/shower/whirlpool and frequency - two to three times weekly and as needed, based on the residents' preference. All Licensed Nurses and certified nursing assistants will need to be in-serviced prior to working a shift at the facility. 4. The Director Of Nurses and Unit Nurse Managers will make bath/shower/whirlpool rounds observing baths/showers/whirlpools are being completed per resident's preference choice of type and frequency. Bath/shower/whirlpool observation rounds will be completed five times weekly for two weeks, four times weekly times two weeks, three times weekly times two weeks, two times weekly times two weeks, and weekly thereafter starting 8/16/21. The Director of Nursing will forward the bath/shower/whirlpool rounds audits results to the Executive Director weekly starting 8/23/21. The Executive Director will forward the bath/shower/whirlpool audit observation results of bath/shower/whirlpool rounds to the monthly Quality Assurance committee monthly starting 9/14/21 and monthly thereafter. The Quality Assurance committee will evaluate and make recommendations for changes to the plan if indicated.	

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Resident #15

During an interview on 08/11/21 at 02:54 PM, with Resident #15, she stated the facility has not allowed her to get a shower/whirlpool tub bath since the COVID-19 outbreak (7/25/21). Resident #15 also said she doesn't feel clean without a shower/whirlpool and she has had to wash her hair in the sink in the bathroom of her room because the facility would not allow them to have showers or whirlpool baths.

Record review of the bathing report for July and August 2021 revealed Resident #15 had bed baths documented for 7/3/21, 7/5/21, 7/7/21, 7/9/21, 7/10/21, 7/21/21, 7/22/21, 7/27/21, 7/28/21. Tub baths were documented on 7/2/21,7/9/21 and 7/26/10/21.Showers were documented on 7/21/21 and 8/11/21. There was no documentation of a bed bath, shower or tub bath from 8/1/21 to 8/10/21.

Review of Resident #15's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/02/21, revealed Resident #15 had a Brief Interview of Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact. A review of Section G of the MDS also revealed Resident #15 is physically limited with transfers and requires one-person physical assist with showers. A review of Section GG revealed Resident #15 requires supervision or touching assistance with baths and showers.

Resident #1

During an observation on 8/9/21 at 1:00 PM revealed Resident #1's room is located on the North hall which is located across the building

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from the designated COVID-19 unit.

During an interview on 08/11/21 at 03:49 PM, with Certified Nursing Assistant (CNA) #1 revealed the resident gets bed baths three (3) times a week. CNA #1 said all residents have not had showers since the COVID-19 out break (7/25/21) and that the residents have to stay in their rooms.

During an interview on 08/11/21 at 03:49 PM, with Resident #1 revealed he doesn't feel clean when he doesn't get showers. Resident #1 said he has asked the CNAs when the shower room will be open again but they state they do not know.

Record review of the bathing report for July and August 2021 revealed Resident #1 had bed baths documented for 7/5/21, 7/9/21, 7/21/21, 7/24/21, 7/29/21, 8/10/21, and 8/12/21. Resident #1 had a shower documented on 7/8/21.

A review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/10/21, revealed Resident #1 had a Brief Interview of Mental Status (BIMS) score of 8, which indicates the resident is moderately cognitively impaired. A review of Section G of the MDS also reveals Resident #1 is dependent on staff for baths and showers.

Resident #25

SA observed on 08/11/21 at 02:05 PM, Resident #25 sitting in his room. Resident #25's hair is oily. Resident #25's speech is clear and he is able to make his needs known.

During an interview on 08/11/21 at 02:31 PM, with

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Resident # 25, he stated he has not received a shower since the COVID-19 out break. Resident #25 said he likes getting his showers and also asked since he doesn't have COVID-19, why couldn't he have a shower? Resident #25 said his hair has not been washed in two weeks because he can only have bed baths.

A review of Resident #25's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/10/21, revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 11 which indicates the resident is cognitively intact. A review of Section G of the MDS also reveals Resident #25 needs one-person physical help in part for bathing activity.

Resident #29

During an interview on 8/11/21 at 05:15 PM ,with CNA #2, she said the residents only get bed baths for now. The CNA said she was told because of the COVID-19 outbreak the residents have to stay in their rooms.

On 8/11/21 at 5:17 PM, in an interview with Resident #29, he said he only gets bed baths since the outbreak of Covid-19 (7/25/21) and he was would told by the CNAs that residents could not have a shower because they have COVID-19 in the building. Resident #29 said he doesn't feel clean when just getting bed baths.

Record review of the bathing report for July and August 2021 revealed Resident #29 had bed baths documented for 7/8/21, 7/10/21, 7/14/21, 7/20/21, 7/21/21, 7/22/21, 7/24/21, 7/27/21, 7/28/21, 7/29/21, 8/4/21, 8/5/21, 8/7/21, and

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F 561	Continued From page 6 8/8/21. Tub baths were documented on 7/3/21 and 7/9/10/21. A review of Resident #29's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/17/21, revealed Resident #29 had a Brief Interview for Mental Status (BIMS) score of 11, which indicates the resident has moderatly impaired cognition. A review of Section G of the MDS also revealed Resident #29 needs one-person physical help in part of the bathing activity. During an interview on 8/13/2021 with License Practical Nurse (LPN)# 2 revealed she is the Infection Preventionist (IP). LPN #2 said Registered Nurse (RN) #1 gave the order to stop the residents showers and whirlpool baths. LPN #2 said RN #1 said that because of the COVID-19 outbreak, the residents will have to stay in their rooms until further notice. During an interview on 08/13/21 at 02:00 PM, with the Director of Nursing (DON) and Administrator, revealed they were not aware the staff were not giving residents showers. Both the Administrator and DON said they do not know who stopped the showers. The DON said the charge nurse on the floor is responsible for making sure the CNA's were providing showers. The Administrator said she will start the showers back immediately.	F 561		
F 563 SS=D	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner	F 563		10/6/21

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that does not impose on the rights of another resident.
(ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;
(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;
(iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and
(v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.
This REQUIREMENT is not met as evidenced by:
Based on resident, staff and family interviews, and facility policy reviews, the facility failed to honor the residents rights for visitation for four (4) of seven (7) family interviews. Resident #15, #17,#38, #77.

Findings Include:

A review of the facility's visitation policy, titled "Visitation Guidance", dated May 2021 revealed "...Indoor visitation for unvaccinated residents in a

Resident #15, #17, #38, #77 are allowed visitor/family scheduled visitation indoor, outdoor, and compassionate visits per residents rights starting 8/16/21 preference.

¿ Resident #15 was interviewed 8/16/21 related to visitation with family/others by Unit Nurse Manager with visitation allowed per residents rights.
¿ Resident #17 family was notified 8/16/21 related to visitation with

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F 563	Continued From page 8 facility that has less than 70 % of the residents vaccinated and county positivity rate greater than 10 % visitation should be compassionate only. Any resident with active COVID, regardless of vaccination status, will have no visitation until they meet criteria to discontinue isolation..." A review of the facility's, "Resident Bill of Rights", dated 11/17 revealed "Each resident has a right to a dignified existence, self-determination, and communaiton with and access to persons and services inside and outside the Facility in a manner and in an environment that promotes maintenance or enhancemento of (his or her) quality of life,regardless of diagnosis, severity of condition or payment source and to exercise those rights as a citizen of the Unites (United) States withou interference, coercion, including those rights specifing herin.A. Facility resident have the right to:...17. To receive and privately meet with visitors of his or her choosing at the time of his or her choosing, subject to the resident ' s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident, and subject to clinical and/or safety restrictions which may also be imposed by the facility as necessary..." Resident #15 During an interview on 08/11/21 at 02:54 PM, with Resident #15 revealed the facility has not allowed the residents visitation with family because some of the residents tested positive. Resident #15 said all the positive residents are on the South hall which is the Covid-19 Hall. A review of the Comprehensive Care Plan with a goal and target date of 8/23/21 revealed	F 563	family/others by Social Service Director with visitation allowed per residents rights. ¿ Resident #38 and family was notified 8/16/21 related to visitation with family/others by Unit Nurse Manager per resident rights. ¿ Resident #77 and family was notified 8/16/21 related to visitation with family/others by Social Service Director per resident rights. ¿2. All residents with family members/special friends for visitation have the potential to be affected. ¿3. The Staff Development Nurse in-serviced department heads beginning 8/16/21 on resident visitation with family/others. A in-service was initiated on 9/21/21 for department heads/social services/receptionist on resident visitation with family/other visitors by an external registered nurse. Social Services and receptionist/department heads will not be able to work until in-serviced. ¿4. The Director Of Nurses and Unit Nurse Managers will make visitation rounds to discuss with residents and family members the ability to visit each other five times a week starting 8/15/21 speaking with five residents and five family members to ensure resident visitations with family member/visitors are being completed starting 8/16/21. Visitation rounds will be completed by unit managers starting 8/15/21 five times a week times two weeks, two times a week times two weeks, and weekly thereafter.	

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F 563	Continued From page 9 "Admission to a nursing facility was sought due to my care and support needs; my RR (Resident Representative) is in agreement that discharge to the community is not feasible at this time due to my care needs...Approaches... I will be encouraged to attend the activities offered by the facility...Staff will continue to encourage my family and loved ones to make frequent visits". A review of Resident #15's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/02/21, revealed Resident #15 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. Resident #38 On 8/11/21 at 1:46 PM, during an Interview with Resident #38, revealed Resident #38 complained to the State Survey Agency (SSA) that the facility won't let her family visit ever since one of the residents tested positive for Covid-19. Resident #38 said it's lonely in the facility because her daughter can't visit. A review of the Care Plan, with a goal and target date 8/9/21 revealed, " I have voiced at times of feeling down/depressed.Potential for decline in mood state... Approaches include provide active listening... encourage participation in group activities offered by the facility to prevent isolation... encourage family and loved ones to make frequent visits." A review of Resident #38's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/28/21, revealed Resident #38	F 563	The Director of Nursing will forward the visitation rounds audits weekly to the Executive Director. The Executive Director will forward the results of visitation round audits to the Quality Assurance committee monthly starting 9/16/21. The Quality Assurance committee will evaluate and make recommendations for changes to the plan if indicated.	

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had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.

Resident #17

On 8/09/21 at 4:22 PM, during a phone interview with Resident #17's daughter, she explained she has not been able to see her Mom for about three weeks now due to a positive COVID-19 in the building. She explained before the visitation was stopped, she was scheduling visitation once a week.

A review of Resident # 17's Face Sheet revealed the facility admitted Resident # 17 on 5/14/2014 with a diagnoses of Dementia, Age-related Osteoporosis, Generalized Anxiety, Vitamin deficiency, and Nutritional deficiency.

A review of Resident # 17's Quarterly MDS with ARD of 06/04/21, Section C, revealed no BIMS score due to Resident # 17 is rarely or never understood.

Resident #77

On 8/09/21 at 4:00 PM, during a phone interview with both Resident # 77's Resident Representative and her other daughter, they reported they used to visit their mom frequently and was allowed to come last Sunday for a compassionate visit. The daughters complained the facility has not been letting family visit for the past several weeks due to a COVID-19 outbreak in the building.

A record review of Resident # 77's Face Sheet

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	3680 LAKELAND LANE JACKSON, MS 39216

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F 563	Continued From page 11 revealed the facility admitted Resident # 77 on 12/27/2019 with the diagnoses of Anorexia, Chronic obstructive pulmonary disease, Anxiety, Depressive Disorder, Acute cystitis without hematuria, Personal history of urinary tract infections, Nonexudative age-related macular degeneration bilateral, and High blood pressure. A record review of Resident # 77's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/27/21, Section C, revealed the resident had a BIMS score of 6, which indicated the resident is severely cognitively impaired. Interview with the Infection Preventionist on 8/10/21 at 3:00 PM revealed that 72 out of 80 residents were vacinated for COVID-19. On 8/12/21 at 3:42 PM, in an interview with the Administrator, she confirmed the facility stopped visitation because of the Covid-19 outbreak. The Administrator said because of the county positivity rate being 16.5 %, she stopped visitation and she did not know that there should be less than 70 % of vaccinated residents before visitation is suspended. The Administrator said she called the families and let them know because of the COVID-19 outbreak, she had suspended all visitations. The Administrator also said the Epidemiology Nurse had told her to stop visitation.	F 563		
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-	F 623		10/6/21

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F 623	Continued From page 12	F 623		

(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 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

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F 623	Continued From page 13	F 623		

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 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

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F 623	Continued From page 14 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 interviews, record reviews, and facility policy review, the facility failed to notify the resident or resident representative in writing of residents' hospitalization for four (4) of 21 records reviewed. Resident #34, #46, #83, #57 Findings Include: A record review of the facility's policy, "Discharge and Transfer Policies-Involuntary", with a revision date of 1/2015, revealed before a facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy and the facility's policies regarding bed-hold policies. Resident #34 On 8/09/21 at 11:56 AM, in an interview and observation of Resident #34 sitting in his wheelchair, he stated he has been to the hospital a couple of times due to his leg being amputated.	F 623	¿ Resident #34, #46, #83, #57 will have hospital discharge/transfer forms completed and sent to the resident/ responsible party in writing for future hospitalizations. * Resident #34 had no ill affects related to hospital transfer on 6/2/21. Family notified 6/2/21 regarding hospital transfer. Transfer was documented in nursing notes. * Resident #46 had no ill affects related to hospital transfer on 7/19/21. Family notified 7/19/21. * Resident #83 discharged to hospital on 7/20/21. Discharged from facility per responsible party. * Resident #57 discharged to hospital 8/24/21. Hospital/transfer form was completed 8/24/21 by social services and sent to the resident/responsible party 8/24/21. A copy of hospital discharge/transfer form dated 8/24/21 that was sent to the resident/responsible party is maintained in the residents clinical	

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F 623	Continued From page 15 A record review of the Face Sheet revealed Resident #34's initial admission was on 5/10/21. A record review of the Physician Orders revealed an order dated 5/18/21 to send Resident #34 to (Proper Name) hospital for further medical evaluation. A record review of the Physician Orders revealed an order dated 6/2/21 to send Resident #34 to (Proper Name) emergency room due to a decreased level of consciousness. A record review of the Physician Diagnosis revealed Resident #34 has Type 2 Diabetes mellitus with circulatory complications and Left leg amputation below the knee. A review of the discharge Minimum Data Set (MDS) with Assessment Reference Date (ARD) dated 5/18/21 revealed Resident #34 was discharged to the hospital. A record review of the discharge (MDS) with an (ARD) dated 6/2/21 revealed Resident #34 was discharged to the hospital. Resident #46 A record review of the facility's MDS revealed Resident #46 was discharged to the hospital on 4/27/21, 6/04/21 and 7/19/21. A review of Resident #46's discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/27/21, Section A of the MDS revealed Resident #46 was discharged to an acute hospital on 4/27/21.	F 623	record. ¿2. All residents that transfer to a hospital or go on therapeutic leave may be affected by this practice. ¿3. The Executive Director in-serviced social service department on 8/10/21 on Discharge/Transfer Notice being completed upon a residents discharge/transfer to the hospital with discharge transfer notice sent to the responsible party/resident in writing with a copy/proof of Discharge/Transfer notice maintained in the clinical record. A in-service was initiated on 9/21/21 by an external registered nurse for Social Services and Business Office Department on Discharge/Transfer Notice to be completed upon resident discharge/transfer and sent to responsible party/resident in writing and maintaining a copy/proof of discharge/transfer notice being sent in writing maintained in the resident's clinical record. The Social Services Director will complete daily Discharge/Transfer audits reviewing residents who discharge/transfer to the hospital to ensure that the Discharge/Transfer notice has been sent to the resident/responsible party upon hospital discharge/transfer in writing and a copy is maintained in the clinical record. Social Services and Business Office Department staff will not be able to work until in-serviced. ¿4. The Social Services Department will audit hospital transfers/discharges notices	

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F 623	Continued From page 16 A review of Resident #46's discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/04/21, review of Section A of the MDS revealed Resident #46 was discharged to an acute hospital on 6/04/21. Review of Resident #46's discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/19/21, review of Section A of the MDS revealed Resident #46 was discharged to an acute hospital on 7/19/21. Resident #46 was admitted to the facility on 5/12/17, per the Face Sheet, with diagnosis that included Fibromyalgia, Diabetes mellitus and Urinary tract infections. Resident #57 A record review of the facility's Minimum Data Set (MDS) Section A revealed the resident was discharged to the hospital on 05/24/21 and again on 6/27/21. A review of Resident #57's discharge MDS with an Assessment Reference Date (ARD) of 5/24/21, revealed review of Section A of the MDS also revealed Resident #57 was discharged to an acute hospital on 5/24/21. A review of Resident #57's discharge MDS with an Assessment Reference Date (ARD) of 6/27/21, revealed review of Section A of the MDS also revealed Resident #57 was discharged to an acute hospital on 6/27/21. The facility admitted Resident #57 on 8/09/19, per the Face Sheet, with diagnoses that included Dementia, Atrial fibrillation, and Benign prostatic	F 623	daily starting 8/16/21 times two weeks, two times a week times two weeks, four times a week times two weeks, and weekly thereafter to ensure notification of resident/responsible party regarding hospital discharge/transfers forms are being completed and sent in writing to the resident/ responsible party upon discharge/transfer to the hospital with a copy of hospital discharge/transfer notice maintained within the clinical record . Social Services/business office will forward the discharge/transfer audit results to the Executive Director weekly times eight weeks. The Executive Director will forward the results of hospital transfers/discharge audits to the Quality Assurance committee monthly starting 9/16/21 and monthly thereafter. The Quality Assurance committee will evaluate and make recommendations for changes to the plan if indicated.	

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hyperplasia with lower urinary tract.

Resident #83

A review of Resident #83's Face Sheet revealed he was admitted on 7/2/21 with diagnoses including Unspecified cord compression, Pressure induced deep tissue damage of right heel, Non-pressure chronic ulcer of left heel and mid foot, and Peripheral vascular disease.

A review of the facility's "Discharge Summary/Instructions" indicated a discharge date of 7/20/21 and under the "Plan" section of the form the statement of "discharged to (Local Hospital)" was handwritten.

A review of Physician's Telephone Orders dated 7/21/21 at 10:00 AM stated to "DC (Discharge) from facility to (Abbreviation of Local Hospital) per family request".

On 8/10/21 at 4:17 PM, an interview with Social Services (SS) revealed she does not have the notification of transfer or discharge letters that was sent out to the responsible party explaining why the resident was sent to the hospital. She stated she does not have the letters that was sent to notify the ombudsman. The SS stated the previous Director of Nursing (DON) was responsible for filling out the forms and giving them to her. The SS stated after she receives the letter from the (DON) she would mail them out to the families and ombudsman. The SS stated she has not received any of the letters since February (2021).

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F 623	Continued From page 18 On 8/12/21 at 9:18 AM, an interview with Registered Nurse RN #1 (Previous DON) revealed she was the DON and is no longer at the facility. RN #1 stated she was not given the duty to fill out the discharge forms for residents sent to the hospital. The nurse said she was too busy to fill out discharge forms. On 8/12/21 at 2:12 PM, an interview with the Administrator revealed RN #1 was responsible for filling out the discharge forms and giving it to the SS. The SS's responsibility was to mail it to the families. The Administrator said the system was broken in February (2021) and she doesn't know what happened. On 8/12/21 at 4:45 PM, the SA interviewed the Administrator and she stated there had been a system in place in which blank (incomplete) Transfer/Discharge forms are kept in each resident's paper chart to be fully completed at the time a resident is transferred or discharged from the facility. The completed forms were being sent to the family via certified mail. The Administrator admitted that sometime in February (2021) the system got broken and there have not been any resident transfer or discharge notifications sent out to Responsible Representatives since February (2021).	F 623		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §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	F 656		10/6/21

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F 656	Continued From page 19 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 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. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to follow the comprehensive care plan by not providing	F 656	Resident #1, #15, #25, #29, #38 are being provided baths/showers/whirlpools per their preference as indicated in the	

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F 656	Continued From page 20 showers per residents' request for five (5) of 18 sampled residents. Resident #1, #29, #38, #25, #15 Findings include: A review of the facility's Care Plan Policy, titled "Comprehensive Person Centered Care Plans", dated 3/18 revealed,Policy" Each resident will have a person centered plan of care to identify problems, needs, strengths, preferences, and goals that will identify how the interdisciplinary team will provide care...Interdisciplinary: All disciplines work together to develop a plan of care that meets the residents' needs, preferences, and goals." Resident #1 During an interview on 08/11/21 at 03:49 PM, with Resident #1, revealed he prefers to have showers rather than bed baths. Resident #1 said bed baths do not clean as good as a shower. Resident #1 said he asked the Certified Nursing Assistants (CNA's) when the shower room will be open again and he did not get an answer. Record review of the bathing report for July and August 2021 revealed Resident #1 had bed baths documented for 7/5/21,7/9/21,7/21/21,7/24/21,7/29/21,8/10/21, and 8/12/21.Resident #1 had a shower documented on 7/8/21. Record review of the comprehensive care plan, with a goal and target date of 8/2/21, revealed "I am at risk for altered skin integrity due to impaired mobility and diagnosis of vitamin/electrolyte deficiency ... Approaches:	F 656	plan of care. ¿ Resident #1 received a shower 8/14/21 and a bed bath 8/15/21 per choice. Resident #1 was interviewed by Unit Nurse Manager on 8/16/21 for choice of bath to be a bed bath/shower per choice two or three times weekly and as needed per preference per the plan of care. ¿ Resident #29 received a bed bath 8/12/21 and a shower 8/14/21 per choice. Resident #29 was interviewed 8/16/21 by Unit Nurse Manager for choice of bath to be a bed bath/shower/whirlpool two or three times weekly and as needed per preference per the plan of care. ¿ Resident #25 received a bed bath 8/12/21, 8/13/21, 8/14/21 per choice. Resident #25 was interviewed on 8/16/21 by Unit Nurse Manager for choice of bath to be a bed bath/shower/whirlpool two to three times weekly per preference per the plan of care. ¿ Resident #38 received a whirlpool 8/13/21, 8/16/21 per choice. Resident #38 was interviewed by Unit Nurse Manager on 8/16/21 for choice of bath to be a shower/whirlpool two to three times weekly per preference per the plan of care. ¿Resident #15 received a whirlpool 8/13/21, 8/16/21 per choice. Resident #15 was interviewed 8/16/21 by Unit Nurse Manager for choice of bath to be a whirlpool/shower two to three times weekly per preference per plan of care. 2. All residents plan of care for bed baths/showers/whirlpools per resident preference have the potential to be	

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F 656	Continued From page 21 Showers/baths three (3) x (times) a week A review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/10/21, revealed Resident #1 had a Brief Interview of Mental Status (BIMS) score of 8, which indicated the resident is mildly cognitively impaired. A review of Section G of the MDS also revealed Resident #1 is dependent on staff for baths and showers. Resident #15 During an interview on 8/11/21 at 2:54 PM with Resident # 15 revealed the facility has not allowed her to take showers ever since the COVID-19 outbreak began on 7/25/21. Resident #15 said she doesn't feel clean without a shower. Resident #15 said she had to wash her hair in her bathroom sink because of not getting a shower. A review of the Comprehensive Care Plan revealed Resident #15 may require assistance with Activities of Daily Living (ADL's) related to impaired mobility with right side hemiparesis. Resident #15 requires one (1) person assist with bathing and dressing and indicates Resident #15 has a choice of showers/bath 3 x week along with shampooing her hair. Record review of the bathing report for July and August 2021 revealed Resident #15 had bed baths documented for 7/3/21, 7/5/21, 7/7/21,7/9/21,7/10/21,7/21/21,7/22/21,7/27/21, 7/28/21. Tub baths were documented on 7/2/21,7/9/21 and 7/26/10/21.Showers were documented on 7/21/21 and 8/11/21. There was no documentation of a bed bath, shower or tub	F 656	affected. 3. The Staff Development Nurse in-serviced licensed nurses and certified nursing assistants beginning 8/16/21 on residents plan of care for giving baths/shower/whirlpool per resident's preference two to three times weekly and as needed. An in-service was initiated 9/21/21 by an external registered nurse for licensed nurses and certified nursing assistants on following the residents plan of care for giving bath/bed bath/shower/whirlpool per resident's preference and frequency two to three times weekly and as needed. All Licensed Nurses and certified nursing assistants will need to be in-serviced prior to working a shift at the facility. 4. The Director Of Nurses and Unit Nurse Managers will audit the ten residents' plan of care for residents preference for interventions of bath/shower/whirlpools are being completed per resident's preference and frequency five times weekly times two weeks, four times weekly times two weeks, three times weekly times two weeks, two times weekly times two weeks, and weekly thereafter starting 8/16/21. The Director of Nursing will forward the residents plan of care audits results for interventions for resident preference for bath/shower/whirlpools to the Executive Director weekly starting 8/23/21 and weekly thereafter. The Executive Director will forward the plan of care bath/shower audits results to the Quality Assurance committee starting	

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F 656	Continued From page 22 bath from 8/1/21 to 8/10/21. A review of Resident #15's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/02/21, revealed Resident #15 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. A review of Section G of the MDS also revealed Resident #15 is physically limited with transfers and requires one-person physical assist with showers. A review of Section GG revealed Resident #15 needs supervision or touching assistance with baths and showers. Resident #25 On 8/11/21 at 2:31 PM, an interview with Resident #25, revealed he has not received a shower since the COVID-19 outbreak began on 7/25/21. He said he likes his showers and since he doesn't have COVID-19 he does not understand why he can't have showers. He stated his hair has not been washed in two weeks because he can only have bed baths. A review of the Comprehensive Care Plan revealed Resident #25 is at risk for skin breakdown related to impaired mobility, incontinence, and diagnosis of Vitamin deficiency. Care plan interventions include Resident #25 receives incontinent care every 2 hrs as needed and resident has a choice of shower/bath three (3) week. A review of the Comprehensive Care Plan, with a goal and target date of 10/25/21, revealed "I am at risk for skin breakdown related to impaired mobility, incontinence, and diagnosis of Vitamin deficiency...Approaches include...Shower/bath	F 656	9/14/21 and monthly thereafter. The Quality Assurance committee will evaluate and make recommendations for changes to the plan if indicated.	

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F 656	Continued From page 23	F 656		

three (3) week.

A review of Resident #25's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/10/21, revealed Resident #25 had a Brief Interview of Mental Status (BIMS) score of 11 which indicated the resident is cognitively intact. A review of Section G of the MDS also revealed Resident #25 needs one-person physical help in part of bathing activity.

Resident #29

During an interview on 8/11/21 at 5:17 PM, with Resident #29, he said he only gets bed baths since the outbreak of COVID-19. Resident #29 said he was told by the CNA's they could not have a shower because other residents on the South hall has COVID-19. Resident #29 said he doesn't feel clean with just getting bed baths.

Record review of the bathing report for July and August 2021 revealed Resident #29 had bed baths documented for7/8/21,7/10/21, 7/14/21,7/20/21, 7/21/21,7/22/21,7/24/21,7/27/21, 7/28/21, 7/29/21,8/4/21,8/5/21,8/7/21, and 8/8/21. Tub baths were documented on 7/3/21 and 7/9/10/21.

A record review of the comprehensive care plan with a goal and target date of 9/6/21 revealed,"I will require assistance with Activities of Daily Living (ADLs) related to impaired mobility secondary to left-sided hemiplegia, functional quadriplegia, and bowel and bladder incontinence...Approaches include , I will receive a Bath/Shower 3 x week."

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A review of Resident #29's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/17/21, revealed Resident #29 had a Brief Interview of Mental Status (BIMS) score of 11, which indicated the resident is cognitively intact. A review of Section G of the MDS also reveal Resident #29 needs one-person physical help in part of bathing activity.

Resident #38

In a interview on 8/12/21 at 4:59 PM, with Resident #38 revealed the facility refused to let residents take showers because of the COVID-19 outbreak.

Record review of the comprehensive care plan with a goal and target date of 8/9/21, revealed "I am at risk for altered skin intergrity related to limited mobility... Approaches include...Shower/Bath three (3) times a week..."

Record review of the bathing report for July and August 2021 revealed Resident #38 had bed baths documented for 7/3/21, 7/5/21, 7/9/21,7/10/21,7/11/21,7/13/21,7/16/21,7/21/21, 7/23/21,7/26/21, 7/28/21, 8/1/21,8/2/21,8/4/21,8/5/21,8/6/21,8/10/21, and 8/11/21. Tub baths were documented on 7/8/21 and 7/15/10/21, and 7/31/21.Showers were documented 7/7/21 and 7/14/21.

A review of Resident #38's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/28/21, revealed Resident #38 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. A review of Section G of the MDS also reveal Resident #38 needs one-person

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F 656	Continued From page 25 physical help in part of bathing activity. During an interview on 08/11/21 at 03:08 PM, with License Practical Nurse (LPN) #2 revealed she is the care plan nurse for the facility. LPN #2 said she was aware that the residents were not allowed to take showers because some residents had tested positive for COVID-19. LPN #2 said she expects the staff to follow the care plan and she also confirmed the staff did not follow the care plan by not giving the residents the choice to take showers. LPN #2 said the resident has a right to choose bed baths or showers.	F 656		
F 812 SS=D	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 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:	F 812		10/6/21

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F 812	Continued From page 26 Based on observations, interviews, and facility policy review, the facility failed to prevent the possible spread of food-borne illness for one (1) of four (4) observations. Findings include: A record review of the facility's Monitoring Food Temperatures for Meal Service policy, 2016 Edition, revealed "Guideline: Food temperatures will be monitored daily to prevent food borne illness and ensure foods are served at palatable temperatures.Procedure: 1. Prior to serving a meal, food temperatures will be taken and documented for cold and hot foods to ensure proper serving temperatures. Any food not found at the correct holding/serving temperature will not be served but will undergo the appropriate corrective action...." On 08/11/21 at 11:50 AM, the Dietary Manager (DM) brought a meal tray into the conference room for the State Survey Agency (SSA) to taste and observe per the SSA request. After the DM brought the meal tray, he left the room. The meal was served in a hinged Styrofoam divided plate with a lid. The meal included fried chicken, sweet potato casserole, greens, cornbread and a piece of cake (which was in a separate covered container). When the SSA cut into the fried chicken, bright red blood filled the area where the knife had cut into the chicken and began to make a large pool in the bottom of the Styrofoam plate. The SSA immediately left the conference room, went to the kitchen, and notified the Dietary Manager of the undercooked chicken. The Dietary Manager pulled the fried chicken from the tray line in the kitchen. He then returned to the conference room with a serving of fried chicken	F 812	1. The facility failed to prevent the spread of food borne illness. The chicken was removed from State Survey Agency and returned to the kitchen, and the plate was disposed. All residents who received the alternate food chicken item on 8/11/21 was checked by the Unit Managers with chicken completely cooked with no blood noted. The second batch of chicken was returned and cooked to an internal temperature minimum 165 degrees. Then, the surveyor received the fully cooked chicken and completed a test tray. Appropriate disciplinary action was taken on the dietary manager and cook. No residents received non-fully cooked chicken item. 2. All residents that eat fried chicken have the potential to be affected. 3. The Regional Dietitian in-serviced dietary staffing beginning 8/11/21 on meal/meal temperature and meal service. An in-service was initiated on 9/16/21 for the dietary staff on chicken/meat internal temperatures when food item is fully cooked and ready to serve by an external registered dietician. All kitchen staff will not be able to work until in-serviced. 4. The Registered Dietitian will audit lunch meal food temperatures starting 8/11/21 five times a week two weeks, three times a week two weeks, weekly times four weeks, and monthly times two months for appropriate food temperatures prior to serving food. The Registered Dietitian will forward the lunch meal food	

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F 812	Continued From page 27 and stated it was the chicken that was served to residents who had requested the alternate meal. This piece of fried chicken was observed by the SSA to be fully cooked with no bloody drainage or juices. The Dietary Manager then examined the undercooked fried chicken that was brought to the SSA earlier and he agreed the chicken was undercooked. On 08/11/21 at 12:20 PM, during an interview with the Dietary Manager, he reported the first batch of chicken was served to the residents as an alternate and that was the chicken the SSA had previously checked the food temperature on the line and had determined it was within the correct temperature range for chicken. He further reported the dietary staff fried 8 -10 more pieces of chicken to have for the employee lunch and the piece of chicken that was on the tray provided to the SSA was from the second batch of chicken that was fried but had not been served to any residents. He explained he grabbed the chicken first thing and thought the kitchen aid had checked the temperature but after being made aware of the problem, he found out the temperature had not been checked yet. When ask what could have happened if the chicken was served and eaten by anyone, he explained the person could get a food borne illness and become sick. On 08/11/21 at 12:30 PM, the Administrator was notified of the problem with the chicken served to the SSA and she observed the undercooked chicken. She explained she had spoken to the Dietary Manager and was told no residents received the chicken from the second batch that was fried. When asked what could have happened if any employee or resident had eaten	F 812	temperature audit results to the Executive Director starting 8/23/21 and weekly thereafter. The Executive Director will forward the lunch meal food temperature audit results to the Quality Assurance committee starting 9/16/21 and monthly thereafter. The Quality Assurance committee will evaluate and make recommendations for change in the plan if indicated.	

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F 812	Continued From page 28 the chicken, she agreed the possibility was there and someone could have gotten sick. On 08/11/21 at 2:05 PM, during an interview with the Infection Preventionist, she explained she was made aware of the undercooked chicken being served to the SSA. She explained she has not had any complaints from residents or employees of being served raw or undercooked food. She reported if someone had eaten the undercooked chicken, it would have been an infection control problem. She acknowledged if the undercooked chicken was eaten it could have caused food poisoning, nausea and vomiting, gastritis, and abdominal pain.	F 812		
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 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	F 880		10/6/21

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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 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

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F 880	Continued From page 30 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, interviews, record reviews, and facility policy review, the facility failed to prevent the possible spread of infection for one (1) of three (3) meals observed. Resident #34. Findings Include: A record review of the facility's policy, "Standard Precautions", reviewed date 1/15, revealed, "POLICY: Standard Precautions will be utilized to provide a primary strategy for the prevention of healthcare-associated infectious (HAI) agents among patients and healthcare personnel". A review of the facility's policy, "Contact Precautions", dated 9/19, revealed, "POLICY: Contact Precautions are a transmission based precaution that will be utilized to reduce the risk of epidemiologically important micro-organisms by direct or indirect contact". On 8/11/21 at 12:26 PM during an observation and interview with Resident #34 revealed he had not been served a lunch tray although Resident #34's roommate had been served a meal tray. Resident # 34's roommate confirmed the meal tray, which was observed on his bedside table, was his lunch tray. Resident # 34 stated they (staff) had not brought his lunch tray yet. On 8/11/21 at 12:31 PM, the SA exited Resident	F 880	1. Food is being served in a matter to prevent the possible spread of infection. Resident #34 had no ill affects from food tray that was served. CNA # 3 was inserviced regarding meal service on the unit with meal trays passed to each resident prior to the meal cart going into the Covid unit for meal service which at that time the meal tray cart and meal trays/boxes are considered contaminated and cannot be returned to the regular unit for usage. CNA # 3 had disciplinary action filed in her personnel file 8/11/21. 2. All residents that receive a food tray have the potential to be affected. 3. The Infection Preventionist in-serviced nurses and certified nurse aides beginning 8/11/21 regarding infection control and meal service on the unit with meal trays passed to each resident prior to the meal cart going into the Covid unit for meal service which at that time the meal tray cart and meal trays/boxes are considered contaminated and cannot be returned to the regular unit for usage. Meal tray cart must be sanitized with Vindicator prior to leaving the Covid Unit. An in-service was initiated on 9/21/21 by an external registered nurse related to infection control and meal service on the	

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F 880	Continued From page 31 #34's room the SA looked through the window of the closed double doors onto the Observation Unit and observed CNA #3 near the meal tray cart and noted there were meal trays still on the cart. The SA observed CNA #3 push the meal tray cart back into the 100 Hall and removed a tray and took it into Resident # 34's room. The SA observed CNA #3 place the tray on the bedside table. The SA asked the CNA #3 to take the tray out of Resident # 34's room. CNA #3 took the tray out of the room and placed on meal tray cart. On 8/11/21 at 12:34 PM in an interview with CNA #3, she stated she forgot to take Resident #34's tray off the meal tray cart before taking the meal tray cart into the Observation and COVID-19 units. On 8/11/21 at 2:15 PM in an interview with LPN #2, the facility's Infection Preventionist (IP), she stated that everything on the meal cart should have been disposed of and Resident #34 should not have gotten the tray because it can cause cross contamination, from the COVID-19 area to the clean area and the resident could have gotten COVID-19. On 8/13/21 at 9:07 AM, in an interview with CNA #3, she stated she was told if the tray was covered it was okay to give it to the resident. She stated the Observation and COVID-19 Units are contaminated and Resident #34 could get sick. On 8/13/21 at 9:13 AM, in an interview with LPN #3, she stated the residents back there (indicating the Observation and COVID-19 Units) are COVID-19 positive and under observation. She further acknowledged CNA #3 had exposed Resident #34 to COVID-19 by taking the meal	F 880	unit with meal tray/boxes passed to each resident on that unit prior to the meal cart going into the Covid unit for meal service which at that time the meal tray cart and meal trays/boxes are considered contaminated and cannot be returned to the regular unit for usage. Meal tray carts are sanitized with Vindicator before removed from the Covid unit. All nurses and certified nurse assistants will not be able to work until inserviced. 4. The Infection Preventionist and/or Unit Nurse Managers will make observation rounds starting 8/16/21 to ensure that anything that goes on the Covid unit will be disinfected before leaving the Covid unit five times weekly times two weeks, four times weekly times two weeks, three times weekly times two weeks, two times weekly times two weeks and weekly thereafter. The Infection Preventionist will forward the infection control observation audits results to the Executive Director weekly starting 8/23/21 and weekly thereafter. The Executive Director will forward the infection control observation audit results of Infection Control Observation rounds to the Quality Assurance committee monthly beginning 9/16/21. The Quality Assurance committee make recommendations and changes to the plan if indicated.	

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(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 880	Continued From page 32	F 880		

tray into his room. She stated it could cause the resident to become ill and there is a chance Resident #34 could die from COVID-19 if he were to get it. She further stated CNA #3 is agency staff.

On 8/13/21 at 9:17 AM, in an interview with Interim Director of Nursing (DON), she stated CNA #3 should not have passed out meal trays the way she did and CNA #3 should have served Resident #34 his meal tray before she took the meal tray cart into the Observation and COVID-19 Units. She acknowledged the resident was put at risk for possible infection and CNA #3 should have called dietary and gotten another tray for the resident.

On 8/13/21 at 10:15 AM, in an interview with LPN #4/Staff Development/Human Resources, she stated when Agency staff come to the facility to get their work schedule, the facility completes an abbreviated orientation package. The package, which contains information on Infection Control, must be completed by agency staff before the facility will allow them to work. She also confirmed the residents on the Observation Unit are treated as if they are positive for COVID-19 and she should have gotten another tray for the resident because it had been exposed to COVID-19.

On 8/13/21 at 10:27 AM, in an interview with LPN #2/ Infection Preventionist, she stated CNA #3 should have thrown the meal tray away and gotten another meal tray because the tray had previously been in a contaminated area. She acknowledged the Observation Unit is a contaminated area. LPN #2 further explained before CNA's bring the meal tray rack back from

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255116	A. BUILDING _____ B. WING _____	08/13/2021

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F 880	Continued From page 33	F 880		

the contaminated side, they are supposed to spray it down with Vindicator, which is a disinfectant. She stated if CNA #3 had sprayed the cart down with Vindicator with a meal tray on the rack, then Resident #34's meal tray would have been sprayed with a disinfectant. She further explained if his meal tray was sprayed with a disinfectant prior to his eating the meal, it can cause the resident to have pain in the abdomen, nausea and vomiting and if the resident is allergic to Vindicator, it can cause anaphylactic shock. LPN #2 admitted Resident #34 had a chance of getting COVID-19 because COVID-19 lives on a surface for up to 72 hours. She stated she had conducted an in-service for the staff and educated them that anything that goes through the doors to the Observation and COVID-19 Units is contaminated. She stated anything that comes back through the contaminated area and into the hallway needs to be cleaned with Vindicator and placed in a water soluble bag or in a biohazard bag.

On 8/13/21 at 12:08 PM, in an interview with LPN #4/ Staff Development/ Human Resources, she stated CNA #3 had not completed the orientation package. and CNA #3 advised her she did not complete the package. She stated CNA #3 started working at the facility on 8/1/21.

On 8/13/21 at 12:45 PM, in an interview with LPN #4, she stated CNA #3 was in-serviced on 8/5/21 on Biohazard and Infection Control.

Record review of the Educational Inservice Record dated 8/5/21, revealed, the title of the inservice was Medical Waste/Biohazard - Trash and Linens, and the topic was Regulated Medical Waste. CNA #3 signed the record as having

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F 880	Continued From page 34 attended the inservice. A review of Resident #34's initial Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 8/16/21, Section C revealed a Brief Interview for Mental Status (BIMS) score of 12 which indicates he is cognitively intact.	F 880		