STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255215	A. BUILDING _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI), MS #24976, at the facility from 4/30/24 to 5/2/24. The complaint was investigated regarding pressure ulcers and there were no deficiencies cited related to the complaint. During the recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F561, F684, F804, F812, and F880. The census was 58 and the facility had a license for 60 beds.	F 000		
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	F 561		6/14/24

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

Electronically Signed | 05/20/2024

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F 561	Continued From page 1 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 observation, interviews, record review and facility policy review the facility failed to honor the resident's right for choices as evidenced by serving a meal that included a known dislike for one (1) of (14) sampled residents. (Resident #4) Findings Include: Review of the facility's policy, "Dietary Services", revised 11/17, revealed, " ... Food likes, dislikes and eating habits are assessed by the Nursing and Dietary Departments. This information is recorded in the resident's Medical Record ..." During an observation and interview on 4/30/24 at 12:14 PM, Resident #4 was served spaghetti with meat sauce on her meal tray. Resident #4 stated that had told the staff and the Dietary Manager (DM) several times that she did not eat noodles or rice. The resident's meal consisted of spaghetti with meat sauce, lettuce and tomato salad, cornbread, and ice cream with tea and water. The resident ate her salad and did not eat any other items on the meal tray. Resident #4's sister brought her lunch from home. Record review of the "Lunch" meal tray ticket for Resident #4, dated 4/30/24, revealed, " ...Dislikes Buttered Biscuits ...eggs ...PASTA/NOODLE	F 561	* Resident #4 was assessed by Director of Nursing on 4/30/2024 with no adverse findings noted. Resident #4's food likes and dislikes were reviewed and updated by Dietary Manager on 4/30/2024. * All residents receiving meals from the facilities kitchen has the potential to be affected by this practice. * The facilities Dietary department was in serviced on Dietary Services on 5/2/2024 by the facilities dietary manager. The facility Medical Director reviewed the policy Dietary Services with no recommended changes to the policy on 5/2/2024. The facility Quality Assessment and Assurance Committee met on 5/2/2024 to review the plan of correction for F tag 561. * Beginning 5/17/2024 the facility Administrator will monitor dietary services three times a week for four weeks and then weekly for two months to ensure ongoing compliance with T tag 561 and will report to the QA & A Committee for three months. The first QA & A meeting will be held on June 14, 2024.	

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F 561	Continued From page 2 ...Rice ..." On 4/30/24 at 12:17 PM, the Director of Nursing (DON) confirmed Resident #4 received spaghetti with meat sauce on her meal tray. She also confirmed the dietary slip indicated Resident #4 had a dislike for noodles and rice. In an interview on 4/30/24 at 1:00 PM, with the Dietary Manager (DM), she confirmed Resident #4 received spaghetti with meat sauce and the alternate was rice, ham, and broccoli. The DM also confirmed Resident #4 did not eat noodles or rice. The DM stated that she could have fixed mashed potatoes to go with the ham and broccoli, however, it was not brought to her attention at that time that the resident did not eat noodles or rice and she did not look at the resident's dietary slip. The DM also stated that if the residents do not like what is on the menu or the alternate, the facility provided peanut butter and jelly sandwiches or pimento cheese sandwiches. During an interview on 4/30/24 at 2:00 PM, with the Administrator, he stated that he expected the kitchen staff to monitor the likes and dislikes of the residents so they will not be getting food that they do not like. During an interview on 5/2/24 at 3:00 PM with the Dietician, she stated she was unaware the kitchen staff were providing residents with foods that were on the meal tray card as a "dislike" and she expected the kitchen staff to follow the dietary slips and honoring the residents likes and dislikes. A record review of the "Face Sheet" revealed the facility admitted Resident #4 on 3/19/24 with	F 561		

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F 561	Continued From page 3 current diagnoses including Dysphagia and Anorexia. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/26/24 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated her cognition was moderately impaired.	F 561		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review the facility failed to ensure physicians orders for laboratory tests were followed for one (1) of five (5) residents reviewed for unnecessary medications. (Resident # 9) Findings Include: Review of the facility's policy, "Physician Orders", revised 9/23, revealed, "It is the policy of this facility that all physician's orders will be implemented timely and carried out in a professional manner ..." Record review of the "Physician's Orders", for the	F 684	* Resident #9 was assessed by Director of Nursing on 5/1/2024 with no adverse findings noted. Resident #9's physician was notified and a new order was written to obtain labs on 5/1/2024. * All residents receiving labs have the potential to be affected by this practice. * The facilities nursing department was in serviced on Physician Orders by Director of Nursing on 5/1/2024. The facility Medical Director reviewed the policy Physician Orders with no recommended changes to the policy on 5/2/2024. The	6/14/24

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F 684	Continued From page 4 month of April 2024 revealed Resident #9 had Physician's Orders, dated 11/6/20 for a Vitamin D level yearly in November, Thyroid Stimulating Hormone (TSH) yearly in November, and a Basic Metabolic Panel (BMP) every six (6) months in November and May. Resident #9 also had a Physician's Order, dated 9/22/22 for a Complete Blood Count (CBC) every 6 months in November and May. Record review of a "Departmental Note", dated 11/21/23 at 5:13 AM, for Resident #9 revealed, "resident refused to allow his labs to be drawn this morning ..." Record review of a "Departmental Note", dated 12/12/23 at 11:40 AM, for Resident #9 revealed, "Attempted x (times) 2 to obtain resident's blood for labs ...Failed x 2 attempts ...Resident stated that he did not want to be stuck again. MD notified ..." Review of the medical record for Resident #9 revealed there were no laboratory results for a Vitamin D Level, TSH level, BMP, or CBC for November 2023. On 5/1/24 at 3:53 PM, in an interview with Licensed Practical Nurse #1 (LPN)/ Infection Preventionist, she stated Resident #9 refused labs on 11/21/23. She explained that she had attempted two (2) times to draw labs on 12/12/23 and was not able to obtain the labs. She stated that she contacted the physician but did not document his response and stated she should have made a note of his response. She was unable to recall what the physician had told her when she called him about the resident's refusal. She explained that when a lab order was not	F 684	facility Quality Assessment and Assurance Committee met on 5/2/2024 to review the plan of correction for F tag 684. * Beginning 5/17/2024, the facility Director of Nursing will monitor Physician Orders related to Labs three times a week for four weeks and then weekly for two months to ensure ongoing compliance with F tag 684 and will report to the QA & A committee for three months. The first QA & A meeting will be held on June 14, 2024.	

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F 684	Continued From page 5 completed, it remained active, and the labs should have been obtained. The physician reviewed all labs, determined if any medication adjustments are required, and signed off on the labs as having been reviewed. On 5/1/24 at 4:08 PM, in an interview with Director of Nursing (DON), she confirmed the bloodwork for Resident #9 should have been completed and she was unaware the labs were not drawn. She stated the TSH level was used to determine the toxicity level of Synthroid medication in the resident and the physician reviews the labs to adjust medications. She stated when the labs are not drawn, it could affect the resident's health. On 5/1/24 at 4:36 PM, in an interview with the physician, he stated Resident #9 often refused care and had refused labs several times. He stated he was unsure if he had been contacted in November or December about his refusals, but staff had told him several times and his response should have been documented. Record review of the "Face Sheet" revealed the facility admitted Resident #9 on 11/6/20 and he had current diagnoses including Hypothyroidism, Hyperlipidemia, Iron Deficiency Anemia, Heart Failure, and Vitamin D Deficiency. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/19/24 revealed Resident # 9 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated he had moderate cognitive impairment.	F 684		
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp	F 804		6/14/24

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F 804	Continued From page 6 CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to provide palatable meals for three (3) of 14 sampled residents reviewed. (Resident # 4, Resident #14, and Resident # 50) Findings include: A review of the facility's policy, "Food Service", revised 8/00 revealed "Purpose: To meet the nutritional needs of each resident. To provide a well-balanced, flavorful and varied food service program ..." Resident #4 On 04/30/24 at 12:14 PM, in an observation and interview, Resident #4 was eating lunch in the dining room. Resident #4 had refused to eat the spaghetti with meat sauce, corn bread and ice cream and had her sister to bring her lunch from home. The resident said the food was bland with no taste most of the time because the facility did not season the food. She stated she had complained to the nursing staff and the Dietary Manager (DM) several times.	F 804	* Resident #4, #14 and #50 were assessed by Director of Nursing on 5/2/2024 with no adverse findings noted. * All residents receiving meals from the facilities kitchen has the potential to be affected by this practice. * The facilities dietary department was in serviced on Food Service by the Dietary Manager on 5/2/2024. The facility Medical Director reviewed the policy Food Service with no recommended changes to the policy on 5/2/2024. The facility Quality Assessment and Assurance Committee met on 5/2/2024 to review the plan of correction for F tag 804. * Beginning 5/17/2024, the facility Administrator will monitor Dietary Services for palatable meals three times a week for four weeks and then weekly for two months to ensure ongoing compliance with F tag 804 and will report to the QA & A Committee for three months. The first QA & A meeeting will be held on June 14,	

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F 804	Continued From page 7 A record review of the "Face Sheet" revealed the facility admitted Resident #4 on 3/19/24 with current medical diagnoses including Dysphagia and Anorexia. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/26/24 revealed Resident #4 had a Brief Interview of Mental Status (BIMS) score of 10, which indicated her cognition was moderately impaired. Resident #14 On 4/30/24 at 09:35 AM, during an interview, Resident #14 explained the food at the facility was not good because the food had no taste and was not seasoned. At 12:00 PM on 04/30/24, during an observation and interview, Resident #14 was eating lunch and was visited by family. Resident #14 explained the spaghetti was not good today and had no seasoning in the sauce. Her daughter brought her a chicken sandwich. Resident #14 further explained the alternative meal of ham, rice, and broccoli was not any better. The family member reported that she brought lunch to the resident several times a week because she complained the food was not seasoned. A record review of the "Face Sheet" revealed the facility admitted Resident #14 on 2/21/22 with current medical diagnoses including Type 2 Diabetes Mellitus. A record review of the Annual MDS with an ARD of 2/14/24 revealed Resident #14 had a BIMS	F 804	2024.	

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F 804	Continued From page 8	F 804		

score of 15, which indicated she was cognitively intact.

Resident #50

On 4/30/24 at 10:17 AM, during an interview, Resident #50 complained the food tasted bad because it was not seasoned.

At 11:30 AM on 4/20/24, in an observation and interview, Resident #50 was eating in the dining room. He had salad, spaghetti, and pink applesauce served on his meal tray and he reported the spaghetti was bland without any taste, but he had to eat it because the alternate meal of ham, rice, and broccoli was worse.

At 12:25 PM on 4/30/24, during an interview with Certified Nurse Aide (CNA) #1, she explained the residents have complained in the past about the food not tasting good because it was not seasoned. She explained Resident #50 had complained about not liking the taste of the food, but he had snacks in his room and would eat the snacks more than the meals.

At 12:35 PM on 4/30/24, in an observation, Resident #50's completed his meal and had eaten the spaghetti and bread. Meal trays were observed after residents finished eating and there were plates with half or more of the spaghetti noted to be uneaten on the plates.

At 12:50 PM on 5/02/24, during an interview with Resident #50, he explained the lima beans had no seasoning and he could not eat them.

Record review of the "Face Sheet" revealed the facility admitted Resident #50 on 5/05/23 and he

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F 804	Continued From page 9	F 804		

had current medical diagnoses including Type 2 Diabetes Mellitus.

Record review of the annual MDS with an ARD of 4/23/24 revealed Resident #50 had a BIMS score of 14, which indicated he was cognitively intact.

On 04/30/24 at 11:45 AM, during an observation in the dining room, after lunch, there were plates with over half of the spaghetti left on the plate and a few plates with dark green mushy broccoli that were not eaten by the residents.

During an interview on 4/30/24 at 12:17 PM, the Director of Nursing (DON) confirmed the residents have complained the food was bland with no seasoning. The DON stated the DM was new and had been at the facility for one (1) month.

During an interview on 4/30/24 at 1:00 PM, the DM confirmed the residents had been complaining that the food was bland and had no taste. The DM stated that several residents are on a "No added salt (NAS)" diet and it was hard to season the food with all the restrictions. The DM said if the residents do not like what is on the menu or the alternate menu, the facility provided sandwiches, such as peanut butter and jelly and pimento and cheese.

During an interview on 4/30/24 at 2:00 PM, the Administrator confirmed the residents had complained the food was bland and had no taste and explained the DM had been in her position for one (1) month. The Administrator stated he frequently ate the facility's food, but he was not picky about what he ate. He expected the kitchen staff to provide palatable meals for the residents.

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F 804	Continued From page 10 On 5/02/24 12:38 PM, a lunch meal tray was sampled which consisted of fried chicken, cheesy corn casserole, lima beans, and banana pudding. The lima beans and fried chicken were not seasoned. During an interview on 5/2/24 at 3:00 PM, the facility's Registered Dietician (RD) confirmed the residents have complained that the food was bland and had no taste and did not have enough seasoning. The dietician explained that she had advised the DM that residents could have seasoned food even if they were on a no added salt (NAS) diet. The RD explained that she had conducted a satisfaction survey last month and found the residents did not like the taste of the food and over half of the residents were having food bought in by family members. The RD stated that she had talked with the DM and that something was going to have to be done so the residents would eat the food.	F 804		
F 812 SS=F	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.	F 812		6/14/24

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F 812	Continued From page 11 (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to store food in accordance with professional standards for food service safety as evidenced by food items not dated and spoiled foods for two (2) of three (3) kitchen observations. Findings include: A review of the facility's policy, "Food Service Operational Standards for Purchasing, Cooking and Storage", revised 9/12, revealed, " ...The facility stores ...food under sanitary conditions to prevent the spread of food borne illness and to reduce those practices that result in food contamination and compromised food safety .... Procedure ...3. Storage ...f. Follow "First In first Out" (FIFO) ..." On 4/30/24 at 9:08 AM, an observation and interview with the Dietary Manager (DM) revealed the following: Refrigerator #1: One (1) unopened plastic bag of purple cabbage, one (1) unopened plastic bag of carrots strips, and six (6) unopened plastic wrapped heads of iceberg lettuce with no use-by or discard date. On 5/1/24 at 8:00 AM, an observation of a shelf located outside the pantry door, contained a	F 812	* Undated food and spoiled food were disposed of on 4/30/2024 and 5/1/2024 by the facility Dietary Manager. * All residents receiving meals from the facility's kitchen has the potential to be affected by this practice. * The facility's dietary department was in serviced on Food Service Operational Standards for Purchasing, Cooking and Storage by Dietary Manager on 5/2/2024. The facility Medical Director reviewed the policy Food Service Operational Standards for Purchasing, Cooking and Storage with no recommended changes to the policy on 5/2/2024. The facility Quality Assessment and Assurance Committee met on 5/2/2024 to review the plan of correction for F tag 812. * Beginning 5/17/2024, the facility Administrator will monitor dietary services for undated or expired food, three times a week for four weeks and then weekly for two months to ensure ongoing compliance with F tag 812 and will report the QA & A Committee for three months. The first QA & A meeting will be held on June 14, 2024.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(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 812	Continued From page 12 plastic bin with 17 overly ripe onions with visible white and gray biological growth, and were soft to touch. The DM acknowledged the undated produce food items and the spoiled onions. The DM reported these incidences were unacceptable for the kitchen and explained it was her responsibility to inventory foods to ensure that outdated foods items were discarded. On 5/02/24 at 10:32 AM, an interview with the Cook revealed it was the responsibility of the DM to inventory food for expired foods. On 5/02/24 at 11:35 AM, an interview with the Administrator revealed he acknowledged he was aware of the food items not labeled and spoiled items in the kitchen. The Administrator reported it was the responsibility of the DM to inventory food for quality and to label foods.	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:	F 880		6/14/24

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F 880	Continued From page 13 §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct 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	F 880		

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F 880	Continued From page 14 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, staff interview, record review, and facility policy review the facility failed to prevent the possibility of the spread of infection, as evidenced by failure to clean a glucometer device according to manufacturer's guidelines for one (1) of two (2) observations. (Resident #32) Findings include: Review of facility's policy," Blood Glucose Quality Control", revised 01/24, revealed, " ...Maintenance of Blood Glucose Monitoring Systems Always clean the meter after each use. Gently wipe and clean surface of the meter with a disinfectant wipe ..." Record review of the "General Guidelines for Use" for the Super Sani-Cloth Germicidal Disposable Wipe, dated 2021, revealed, " ...4. Allow treated surface to remain wet for two (2) minutes. Let air dry ..." On 5/1/24 at 10:47 AM, during an observation, Licensed Practical Nurse (LPN) #3 used a glucometer to perform an accucheck on Resident	F 880	* Resident #32 was assessed by the Director of Nursing on 4/30/2024 with no adverse findings noted. * All residents receiving Accuchecks have the potential to be affected by this practice. * The facilities nursing department was in serviced on Blood Glucose Quality Control by Director of Nursing on 4/30/2024. The facility Medical Director reviewed the policy Blood Glucose Quality Control with no recommended changes to the policy on 5/2/2024. The facility Quality Assessment and Assurance Committee met on 5/2/2024 to review the plan of correction for F tag 880. * Beginning 5/17/2024, the facility Director of Nursing will monitor accuchecks three times a week for four weeks and then weekly for two months to ensure ongoing compliance with F tag 880 and will report to the QA & A Committee for three months. The first QA & A meeting will be	

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F 880	Continued From page 15 #32. After LPN #3 performed the accucheck, she returned to the medication cart, applied clean gloves, and obtained a Super Sani-cloth disposable wipe from the container. LPN #3 cleaned the glucometer for a few seconds and placed it on a barrier to dry. The surface of the glucometer did not remain wet for two minutes. On 5/1/24 at 11:01 AM, in an interview, LPN #3 confirmed she had cleaned the glucometer for about ten (10) seconds with the disposable wipe and placed it on a barrier to dry and stated that was the way she had been trained. LPN #3 said the disinfectant wipes were used to kill bacteria on the glucometer and confirmed she did not clean it long enough to kill the bacteria, which could cause other residents to acquire an infection. On 5/1/24 at 11:53 AM, in an interview with Director of Nursing (DON), she stated the nurse should clean the glucometer and let it dry for two (2) minutes. She said the facility must be interpreting the directions for use incorrectly and confirmed she had not trained the staff to ensure the glucometer remained wet for two minutes when cleaning after use. On 5/1/24 at 2:45 PM, in an interview, LPN #1/Infection Preventionist (IP) stated that cleaning the glucometer for 10 seconds would not kill any potential bacteria on the device and LPN #3 should have cleaned it longer. The IP said that if a glucometer device was not cleaned properly, bacteria could be transferred to other residents. Record review of the "Physician Orders" for the month of May 2024 revealed Resident #32 had a Physician's Order, dated 5/1/18, for "Accuchecks	F 880	held on June 14, 2024.	

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F 880	Continued From page 16 before meals and at night ..." Record review of the "Face Sheet" revealed the facility admitted Resident #32 on 10/5/16 with current diagnoses including Type 2 Diabetes Mellitus.	F 880		