| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255207 | A. BUILDING _____ B. WING _____ | 02/26/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PLAZA COMMUNITY LIVING CENTER | 4403 HOSPITAL ROAD PASCAGOULA, MS 39581 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual recertification along with a complaint investigation CI MS #17350 from 2/23/21 to 2/26/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA cited F550, F692 and F695 and F880 during the survey. The SA did not substantiate MS #17350 for neglect and quality of care with no citations related to the complaint. The census was 101 and the facility held a license for 120 beds. | F 000 | | |
| F 550 SS=D | Resident Rights/Exercise of Rights<br>CFR(s): 483.10(a)(1)(2)(b)(1)(2)<br><br>§483.10(a) Resident Rights.<br>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.<br><br>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.<br><br>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. | F 550 | | 3/26/21 |

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

Electronically Signed | 03/25/2021

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| F 550 | Continued From page 1<br>§483.10(b) Exercise of Rights.<br>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.<br><br>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.<br><br>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>Based observation, interviews, record review and facility policy review, the facility failed to interact with a resident during meal observation one (1) of ten (10) meal observations of residents fed by staff, Resident #19.<br><br>Record review of the facility's, "Residents Rights", revised November 28, 2016, revealed the resident has a right to dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility must treat each resident with respect, dignity and care for each resident in a manner and in environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the residents.<br><br>Record review of the facility policy titled " Respect and Dignity", no date, revealed the facility | F 550 | This plan of correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by the State and Federal law.<br><br>1. Resident #19 was fed her meal by Certified Nursing Assistant (CAN) # 5. Resident # 19 showed no signs of discomfort or distress from the encounter.<br><br>2. All residents in the facility who are unable to feed themselves have the potential to be affected by this practice.<br><br>3. The Director of Nursing (DON) completed an education with Certified Nursing Assistants (CNA)s on Resident | |

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| F 550 | Continued From page 2<br>promotes independence and dignity in dining by avoidance of staff standing over residents while assisting them to eat and staff interacting or conversing only with each other rather than the resident.<br><br>Record review of the facility's, "Serving Food Policy", dated August 18, 2011, revealed residents who are unable to feed themselves shall be fed with attention to safety, comfort, and dignity.<br><br>Resident #19<br><br>On 2/23/21, at 12:00 PM, State Agency (SA) observed lunch meal in the North Hall dining room. Certified Nurse Assistants (CNA) #5 spoonfed Resident #19 while talking with CNA #6. They talked to each other throughout the meal. CNA #5 and CNA #6 did not address or talk to the residents during the meal. CNA #5 stood beside the resident being fed.<br><br>On 2/23/21 SA attempt to interview Resident #19 was less than successful due to resident's inability to communicate verbally.<br><br>On 2/23/21, at 11:00 AM, interview with CNA #5 revealed training in procedures for feeding dependent residents were taught in the CNA program in which CNA #5 graduated from. When asked correct procedure for feeding dependent residents, CNA #5 stated she remembered being taught to sit next to or close to resident and giving the resident attention during meals. CNA #5 stated she was aware and remembered that she had not positioned herself appropriately nor had she been engaged with the resident during meal. CNA #5 stated "I really can't even believe I did | F 550 | Rights/Exercise of Rights in correspondence with feeding residents with attention to safety, comfort, and dignity as well as correct feeding techniques on February 26, 2021.<br>The Administrator completed a one-on-one in-service with Certified Nursing Assistant (CNA) # 5 on March 24, 2021 on Resident Rights/Exercise of Rights in correspondence with feeding residents with attention to safety, comfort, and dignity as well as correct feeding techniques.<br>Certified Nursing Assistant (CNA) # 6 is no longer an employee at Plaza Community Living Center as of March 2, 2021. Her last day worked was February 25, 2021.<br><br>4. The Director of Nursing (DON), Assistant Director of Nursing (ADON), or Unit Manager(s) will complete an audit weekly to ensure residents are receiving proper care regarding feeding etiquette and Resident Rights by making rounds during any of the 3 main mealtimes, to begin on March 15, 2021. Any concerns related to Resident Rights, Dignity, or inadequate feeding techniques will be addressed immediately.<br>The Director of Nursing (DON), Assistant Director of Nursing (ADON), or Unit Manager(s) will complete an audit to begin on March 15, 2021 weekly during any of the 3 main mealtimes to include 3 residents, 2 times a week for 30 days; then 3 residents monthly for 6 months to ensure residents are engaged during mealtimes with proper feeding techniques | |

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| F 550 | Continued From page 3<br>that because even though she don't talk back I talk to her all the time."<br><br>On 2/23/21, at 12:45 PM, interview with Director of Nursing (DON) revealed the facility provided in-service on "Supervision of Resident Nutrition" to all CNAs. The DON stated she had not observed any CNA feeding residents while standing or failing to interact with residents during meals while spoon feeding. The DON also stated she had received no complaints from residents or families regarding CNA's spoon feeding residents.<br><br>On 2/26/21 the SA attempted to contact CNA # 6 for a telephone interview because she had not been on the schedule for work on 2/25/21 or 2/26/21. The SA was unable to contact CNA #6. | F 550 | and Resident Rights are honored regarding being treated with dignity and respect. Any concerns related to Resident Rights, Dignity, or inadequate feeding techniques will be addressed immediately to begin with one-on-one in-service education and will move to disciplinary actions. The results of such audits will be reviewed at the facility's Quality Assurance Performance Improvement meeting monthly to monitor compliance for a period of 6 months to end on September 15, 2021.<br><br>5. The results of the audits will be reviewed at the facility's Quality Assurance Performance Improvement meeting monthly to monitor compliance for a period of 6 months to end on September 15, 2021. The first Quality Assurance Performance Improvement meeting to review such audits will be held on March 30, 2021. If the Quality Assurance team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education. Completion date as of March 26, 2021. | |
| F 692 SS=D | Nutrition/Hydration Status Maintenance<br>CFR(s): 483.25(g)(1)-(3)<br><br>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's | F 692 | | 3/26/21 |

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| F 692 | Continued From page 4<br>comprehensive assessment, the facility must ensure that a resident-<br><br>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;<br><br>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;<br><br>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interviews, record reviews and facility policy review it was determined the facility failed to provide dietary supplements as ordered by the physician for one (1) of six (6) residents for nutrition. Resident #33<br><br>Resident #33<br><br>The facility's, "Weight Loss Prevention " policy, dated 12/27/17, revealed the facility had a system in place to prevent weight loss if avoidable and if unplanned.<br><br>Record review of "Weights and Vitals Summary" for Resident # 33 weighed 167 lbs. on 08/19/2020. On 02/13/2021, the resident weighed 140 pounds which is a -16.17% loss in 6 months.<br><br>During meal observation on 02/23/21, at 11:45 AM, revealed staff fed Resident #33 and she ate | F 692 | This plan of correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by the State and Federal law.<br><br>1. Registered Nurse # 1 revealed that she attempted to give Resident # 33 her Boost Supplement on February 23, 2021 at 8:00am and at noon, the resident refused. The Director of Nursing (DON) completed a one-on-one in-service regarding MAR Documentation and Accurate Coding completed on March 25, 2021.<br>Licensed Practical Nurse # 1 revealed she attempted to served Resident # 33 her Boost Supplement on February 24 at | |

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| F 692 | Continued From page 5<br>100%. The resident was not served her Boost Breeze as per the doctor's order. The resident was served her ice cream and then asked for a second serving of ice cream.<br><br>During a meal observation on 02/24/21, at 12:24 PM, Certified Nurses Assistance (CNA) #1 was observed feeding Resident #33 lunch. Resident #33 ate 100%. There was no Boost Breeze on the tray. Interview with CNA #1 confirmed there was no Boost Breeze on the tray. Asked CNA #1 when Resident #33 gets Boost Breeze and she stated she doesn't know anything about her getting Boost Breeze. Review of the lunch meal slip revealed Resident #33 should get Boost Breeze with her meal.<br><br>During a meal observation on 2/25/21, at 8:05 AM, CNA #1 fed Resident #33. Review of Resident # 33's meal ticket revealed she should get Boost Breeze on her tray. CNA #33 confirmed on 2/25/21, at 8:10 AM, there was no Boost Breeze on her tray. SA asked the CNA when she gets Boost Breeze, and she stated she did not know anything about her getting Boost Breeze.<br><br>Record review of the Admission Record revealed Resident #33 has diagnoses to include: Atrial Fibrillation, Muscle Weakness, Dementia with Behavioral Disturbance and Heart Failure.<br><br>Review of the Doctor's order for Resident #33 dated 7/30/20, revealed, "Boost with meals Boost Plus tid (three times a day) with meals patient preference."<br><br>Review of the Registered Dieticians notes dated 9/25/20, revealed resident has weight loss 6.9% | F 692 | noon, however, the Resident was asleep. The MAR reflects the code.<br><br>2. All residents in the facility who have dietary supplements ordered have the potential to be affected by this practice.<br><br>3. The Dietary Manager completed an in-service with staff on February 26, 2021 regarding accuracy of meal tickets.<br>On February 24, 2021, the Director of Nursing (DON) completed an audit of all residents who receive dietary supplements and communicated to the Dietary Manager, who completed an audit of all tray tickets to ensure accuracy.<br>The Director of Nursing (DON), Assistant Director of Nursing (ADON), or Dietary Manager will complete an audit weekly of resident trays who have orders for dietary supplements to ensure meal ticket accuracy and to provide dietary supplements to residents as ordered by the Physician. The audit will be done by making rounds during any of the 3 main mealtimes, to begin on March 15, 2021.<br>Any concerns related to insufficient practices in providing dietary supplements will be addressed immediately.<br><br>4. The Director of Nursing (DON), Assistant Director of Nursing (ADON), or Dietary Manager will complete an audit to begin on March 15, 2021 weekly to include 3 residents, 2 times a week for 30 days; then 3 residents monthly for 6 months to ensure meal ticket accuracy and dietary supplements are provided to residents as ordered by the Physician. | |

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| F 692 | Continued From page 6<br>times 30 days which is significant supplement Boost Breeze at meals. On 12/15/20 Registered Dietician, note dated 2/18/21, Boost breeze, ice cream, Bid megace, pro-stat 45 ml daily.<br><br>In an interview on 02/25/21 08:20 AM Dietary staff #1 revealed I am the only one doing tray line right now. I know what to put on the trays because of what it is on the meal ticket. I put what is on the meal ticket like Boost is put on the tray prior to the trays being sent out. At that time State Agency SA observed a large supply of boost in the kitchen.<br><br>On 02/25/21 11:34 AM in an interview with the Nurse Practitioner it was revealed Resident #33 is supposed to have Boost Breeze on her tray meal trays. Then the Nurse Practitioner stated the nurse stated the nurse told her Resident # 33 is still losing weight and I am going to have to adjust some things.<br><br>Interview with the Registered Dietician on 2/25/21 at 2:12 PM revealed residents can get supplements either with their tray or in between meals depending on what is ordered. If the resident is supposed to get ice cream or a supplement with the meal it should be on the tray when it comes from the kitchen. If it is ordered in between meals the nurses provide the supplement. SA asked what happens if the resident doesn't get the supplement that is ordered? It could make a slight difference but not much.<br><br>On 2/25/21 at 2:25 PM interview with License Practical Nurse (LPN) # 1 when asked who is responsible to give the Boost to the residents, she stated if it ordered with meals then it should | F 692 | The results of such audits will be reviewed at the facility's Quality Assurance Performance Improvement meeting monthly to monitor compliance for a period of 6 months to end on September 15, 2021.<br><br>5. The results of the audits will be reviewed at the facility's Quality Assurance Performance Improvement meeting monthly to monitor compliance for a period of 6 months to end on September 15, 2021. The first Quality Assurance Performance Improvement meeting to review the audit will be held on March 30, 2021. If the Quality Assurance team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education. Completion date as of March 26, 2021. | |

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| F 692 | Continued From page 7<br>come on the lunch tray. If I don't see it on the tray, I will tell the CNA to grab one for the resident. A lot of the time the boost that is supposed to come with meals does not come with the meals. Then she stated the nurses then document the boost on the Medication Administration Recore (MAR).<br><br>On 2/25/21 at 2:30 PM in an interview with Registered Nurse (RN) #2 and RN #1 revealed if the order for supplement states between meals then the nurses give the supplement. If the order says supplements with meals, then the supplement is supposed to come on the resident's meal tray.<br><br>Review of Resident #33's MAR for February 2021 revealed an "X" for 2/23/21 and 2/24/21 at 12 noon and an "X" for 2/23/21 at 8 AM, indicating the resident did not receive the Boost supplement . | F 692 | | |
| F 695 SS=D | Respiratory/Tracheostomy Care and Suctioning<br>CFR(s): 483.25(i)<br><br>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.<br>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, record review and facility policy review, the facility failed to follow the physician order of oxygen | F 695 | This plan of correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan | 3/26/21 |

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| F 695 | Continued From page 8<br>administration for one (1) of three (3) residents' oxygen observations. (Resident # 89).<br><br>Findings Include:<br><br>The facility's, "Physician's Orders", revised November 2016, revealed the policy of this facility that resident medication and treatment are ordered by a licensed physician or other licensed health care professional as permitted by state law. Physician's orders are carried out unless the nurse or other licensed personnel believe the order to be in accurate, non efficacious, or contraindicated.<br><br>The facility's, "Medication Administration-General Guidelines", revised November 2008, revealed the policy is to provide medications are administered as prescribed in accordance with good nursing principles and practices, with written orders of the attending physician, and only by persons legally authorized to do so.<br><br>Resident #89<br><br>On 02/25/21 four (4) observations of Resident #89, between hours of 09:30 AM till 11:00 AM, Resident #89 observed not to have oxygen on per nasal cannula nor had tubing connected to oxygen concentrator. The oxygen concentrator was in the room next to Resident #89's bedside.<br><br>On 02/25/21 at 2:00 PM, interviewed Registered Nurse (RN) #2 stated if the physician ordered oxygen on a Resident it should be on the Resident, it is a medication order.<br><br>On 02/25/21 at 03:00 PM, Resident # 89 observed not to have oxygen on per nasal | F 695 | of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by the State and Federal law.<br><br>1. Upon notification from the State Surveyor, RN # 2 corrected the issue immediately and placed oxygen on Resident # 89. The Director of Nursing (DON) completed a one-on-one in-service with RN # 2 on February 25, 2021 regarding Physician Orders Policy and Procedure.<br><br>2. All residents in the facility who have an order for Oxygen have the potential to be affected by this practice.<br><br>3. The Director of Nursing (DON), Assistant Director of Nursing (ADON), or Unit Manager(s) will complete a weekly audit of residents who have orders for oxygen to ensure the facility is following the order as directed by the Physician. Any concerns related to an insufficient practice in following Physician orders will be addressed immediately.<br><br>4. The Director of Nursing (DON), Assistant Director of Nursing (ADON), or Unit Manager(s) will complete an audit to begin on March 15, 2021 weekly to include 3 residents who have orders for oxygen for 6 months to ensure staff are accurately following the Physician's Order. The results of such audits will be reviewed at the facility's Quality Assurance Performance Improvement meeting | |

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| F 695 | Continued From page 9<br>cannula.<br><br>On 02/25/21 at 3:15 PM, RN #2 and State Agency (SA) observed Resident #89 not having the physician ordered oxygen on via nasal cannula. RN #2 confirmed Resident #89 does not have her oxygen tubing in the room, nor oxygen on, and should have checked earlier in the day if the Resident had her oxygen on or off. RN #2 revealed she been very nervous with SA in the facility and will place oxygen on Resident #89 now.<br><br>On 02/25/21, at 3:30 PM, an interview with the Director of Nurses (DON) revealed oxygen is a physician order and the facility follows physician orders.<br><br>Record review of the Admission Record revealed the facility admitted Resident #89 on 01/28/21, with the diagnoses of Acute Respiratory Failure with Hypoxia, Pneumonia, Bronchitis, and Acute Pulmonary Edema.<br><br>A review of the Physician Orders for Resident #89, dated 02/16/21, Oxygen at four (4) Liters via Nasal Cannula (LNC) continuous every shift.<br><br>A review of the Comprehensive Minimum Data Set (MDS) for Resident #89, with an Assessment Reference Date (ARD) of 02/04/21, revealed the MDS was coded in Section O-Special Treatments, Procedures, and Programs, C-Oxygen coded-yes.<br><br>A review of the Care Plan for Resident #89 noted the resident has Oxygen Therapy with an intervention of Oxygen at 4 liters per minute continuously. | F 695 | monthly to monitor compliance for a period of 6 months to end on September 15, 2021.<br><br>5. The results of the audits will be reviewed monthly at the facility's Quality Assurance Performance Improvement meeting to monitor compliance for a period of 6 months to end on September 15, 2021.<br>The first Quality Assurance Performance Improvement meeting to review the audits will be held on March 30, 2021. If the Quality Assurance team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education. Completion date as of March 26, 2021. | |

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| F 880 SS=E | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to: | F 880 | | 3/26/21 |

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| F 880 | Continued From page 11<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interviews, record reviews and policy review the facility failed to prevent the possible spread of infection by failure to sanitize hands during medication administration for Resident #89 for one (1) of six (6) medication administration observations, failed to don Personal Protective Equipment (PPE) when providing care for Resident #37 for one (1) of six (6) care observations, Certified Nursing Assistant (CNA) #4 sat on the side of the bed and failed to cover her nose and mouth with a face mask when | F 880 | This plan of correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by the State and Federal law.<br><br>1. Certified Nursing Assistant (CNA) # 7 immediately adjusted her mask so that it | |

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| F 880 | Continued From page 12<br>spoon feeding Resident #54 for one (1) of six (6) in room dining observations, and placed a soiled linen bag from the floor onto Resident #60's bed for one (1) of six (6) incontinent care observations.<br><br>Findings include:<br><br>The facility's "Infection Prevention and Control Program" Policy, updated 12/10/20, revealed the purpose of the policy is to address detection, prevention, and control of infections among residents and personnel. The plan includes surveillance of infections, outbreak investigations, staff education, and other factors relating to prevention of infections. The administrator is ultimately responsible for the infection prevention and control program and delegates the Infection Preventionist the responsibility to carry out the daily functions of the infection prevention and control program.<br><br>Observation on 2/23/21, at 11:35 AM, of Certified Nursing Assistant (CNA) #7 exiting a room on the North Hall while distributing ice to the residents on that hall, revealed her mask was below her nose. CNA #7 stated that she's a CNA, but that she's working at this time as a Hospitality Aide. When questioned regarding training regarding PPE, CNA #7 stated that she knows that she is supposed to wear her mask over her nose and reached up and adjusted her mask to cover her nose.<br>Record review of the facility policy titled, "Medication Administration-General Guidelines ", revised 11/1/2008, revealed medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Hand | F 880 | was worn correctly to cover her nose.<br>Registered Nurse # 2 discarded the medication.<br>Certified Nursing Assistant (CNA) # 4 immediately adjusted her mask so that it was worn correctly and removed herself from resident's bed.<br>Resident # 60's linen was changed immediately by housekeeping.<br>The Director of Nursing (DON) immediately replaced the black and white isolation signs with signs on bright colored paper effective on February 26, 2021.<br>The Director of Nursing (DON) completed a one-on-one in-service with Certified Nursing Assistant (CNA) # 7 on March 25, 2021 regarding PPE Policy and Procedures.<br>The Director of Nursing (DON) completed a one-on-one in-service with Registered Nurse # 2 on February 25, 2021 regarding Medication Administration Policy and Procedure.<br>The Director of Nursing (DON) completed a one-on-one in-service with Certified Nursing Assistant (CNA) # 4 on February 26, 2021 regarding PPE, Infection Control, and Feeding Policies and Procedures.<br>The Director of Nursing (DON) completed a one-on-one in-service with Certified Nursing Assistant (CNA) # 1 on February 25, 2021 regarding Infection Control and coached her on proper protocol.<br>All isolation signs were replaced on February 26, 2021 with bright colored paper to draw staff attention to read and follow protocols prior to entering an isolation room.<br>On February 26, 2021, the Director of | |

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| F 880 | Continued From page 13<br>hygiene is performed, and gloves are used in accordance with standard precautions for medication administration.<br><br>Resident #89<br>During an observation and interview on 02/25/21, at 10:02 AM, Registered Nurse (RN) #2 was observed to remove Resident #89's oral medication out of the medication cards, into bare hands, with no gloves on. The State Agency (SA) did not observe RN #2 performing hand hygiene prior to medication pass. RN #2 stated he should not have punched medication in his bare hand with no gloves and that he should have performed hand hygiene. RN #2 revealed placing medication in his bare hand with no gloves and not performing hand hygiene could cause contamination of medication. RN #2 revealed the medication should have been placed in a medication cup, not in my hands even with hand hygiene or gloves. RN#2 stated, "That is not the way I was taught to give medications. I was nervous".<br><br>On 02/26/21 at 11:26 AM, interviewed the Director of Nurses (DON) revealed prior to medication administration, hand hygiene should be completed. The DON stated the staff have undergone infection control in-services and the standards of nursing, no medication should be placed into a bare hand, it could cause contamination of medication. The DON revealed this would be an infection control issue.<br><br>In a review of an in-service on Infection Control, date 12/20, revealed facility in-serviced all staff on Infection Control. | F 880 | Nursing (DON) placed signs throughout the facility on bright colored paper as a reminder to all who enter the facility to always wear a facemask.<br><br>2. All residents in the facility have the potential to be affected by this practice.<br><br>3. The Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), or Unit Manager(s) will conduct a Town Hall Meeting to educate staff on Policies and Procedures regarding Infection Control Practices, Isolation, and PPE. This meeting was completed on March 25, 2021.<br><br>4. The Director of Nursing (DON), Assistant Director of Nursing (ADON), or Unit Manager(s) will complete an audit to begin on March 15, 2021 weekly to include 3 staff members to observe for compliance regarding proper Infection Control Practices. This audit will include observations on mask compliance, proper procedures completed while providing care, and medication administration for a period of 6 months. The results of such audits will be reviewed at the facility's Quality Assurance Performance Improvement meeting monthly to monitor compliance for a period of 6 months to end on September 15, 2021.<br><br>5. The results of the audits will be reviewed monthly at the facility's Quality Assurance Performance Improvement meeting to monitor compliance for a period of 6 months to end on September | |

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| F 880 | Continued From page 14<br>Record review of the facility's policy "Standard Precautions", dated 6/6/2013, revealed respiratory hygiene should be in use by all healthcare workers to reduce the spread of respiratory illnesses.<br><br>On 02/23/21, at 12:12 PM, an observation revealed CNA #4 was sitting on Resident #54's bed feeding the resident lunch with her mask below her nose and mouth.<br><br>On 2/26/21, at 11:03 AM, in an interview with CNA #4, she stated she was not thinking when she pulled her mask down and sat on Resident #54's bed. She stated she should have not pulled her mask down or sat on Resident #54's bed. CNA #4 stated it can cause infection to spread from her to the resident. She stated that her actions could cause the resident to get sick. She stated she had training on infection control.<br><br>On 2/26/21, at 3:58 PM, in an interview with the Director of Nursing (DON), stated CNA #4 should have kept her mask covering her nose and mouth at all times. DON stated CNA #4 should sit in a chair to feed Resident #54. She stated the CNA #4's behavior put the resident and herself at risk for developing a respiratory illness. The DON stated that they are going to do a Town Hall meeting in small groups to educate the staff on infection control. She stated all new hires have an in-service on infection control upon hire.<br><br>On 2/26/21, at 4:05 PM, in an interview with the Administrator, she stated I honestly think we have had in-service about wearing a mask. We have told staff if they have to pull the face mask down to go outside to do it. The staff has been educated about what they should be doing. She | F 880 | 15, 2021.<br>The first Quality Assurance Performance Improvement meeting to review the audit will be held on March 30, 2021. If the Quality Assurance team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education. Completion date as of March 26, 2021. | |

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stated the last inservice was on COVID-19. We discussed Infection Control. The staff know what they should be doing. We have inservices monthly.

A record review of Resident #54's Face Sheet revealed the resident was admitted on 8/09/2019, with diagnoses of Dementia with Lewy Bodies and Lack of Coordination.

A record review of CNA #4's new hire training packet revealed her initials and signature for infection control training on 12/28/20.

Resident #60

Record review of the facility's policy,"Standard Precautions", dated 6/6/2013, revealed it is the intent of the facility that Standard Precautions shall be used for all residents.

On 02/25/21, at 10:37 AM, during an incontinent care observation of Resident # 60, Certified Nursing Assistant (CNA) #1 was observed to have dropped a clear plastic bag on the floor, picked it up and placed it on Resident # 60's bed.

On 2/26/21, at 10:55 AM, in an interview with CNA #1, she stated that by picking the clear bag up off the floor and placing it on Resident #60's bed could cause cross contamination. CNA#1 stated she should have not picked the bag up off the floor and placed it on Resident #60's bed. She stated that could cause an infection issue.

On 02/26/21, at 11:10 AM, in an interview with Director of Nursing (DON), she stated that CNA #1 shouldn't have picked the bag off the floor and placed it on Resident #60's the bed. The DON

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| F 880 | Continued From page 16 | F 880 | | |

stated it is against the Standard Precautions. She stated that CNA #1's actions could have caused infection to spread to Resident # 60. The DON stated that CNA #1 had prior training on Infection Control. The DON revealed all new hire staff are trained on the Quality, Safety, and Education Portal (QSEP) training on infection control upon hire.

A record review of Resident #60's Face Sheet, revealed the resident was admitted on 10/21/20, with a diagnosis of a Need for Assistance with Personal Care.

A record review of CNA #1 new hire training packet revealed CNA #1's initials and signature for infection control training, dated 1/5/21.

Resident #37

Record review of the facility's "Infection Control " policy, updated 12/10/20, revealed the facility had a system in place to monitor new and re-admissions to the facility to place patient in respiratory precautions.

Record review of the Progress Note revealed Resident #37 was re-admitted to the facility from the hospital on 2/22/21. Resident #37 had diagnoses to include Chronic Kidney Disease and Chronic Obstructive Pulmonary Disease.

During tour on 2/23/21, at 9:30 AM, Resident #37 had a sign on the door to stop and see the nurse. At 9:44 AM, the Admission Coordinator went to the room and put a black and white Droplets Precautions sign and black and white copy sign of how to put on precautions on the door for Resident #37. Then they filled the empty drawer

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next to the door with PPE. At 11:04 AM, the Hospice Nurse entered the resident room without putting on a gown, gloves and face shield and examined Resident #37. In an interview on 2/23/21, at 11:15 PM, the Hospice Nurse revealed she was assessing Resident # 37 for hospice and did not know if Resident # 37 was on droplet precautions.

On 2/25/21, at 12:16 PM, CNA # 3 took Resident #37's lunch tray into the room without putting on a gown, gloves, and face shield. CNA #3 was interviewed when she left the room and was asked if Resident #37 was on droplet precautions. CNA #3 went back to the door, checked and stated, " I did not know that was on the door and I should have dressed out. I am going to wash my hands".

During an interview on 2/25/21, at 2:25 PM with Licensed Practical Nurse (LPN) #2, she stated that the Infection Preventionist resigned a week ago. LPN #2 stated that the Infection Preventionist had been responsible for posting the Transmission-Based Precautions, but since her resignation the nurses are responsible. She stated that the nurses are responsible for monitoring their residents and should know when they should be on precautions and when precautions are no longer necessary. She further stated that all staff have been trained in infection control guidelines and are responsible for following infection control guidelines.