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	255323	A. BUILDING _____ B. WING _____	11/04/2021

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GREENBRIAR NURSING CENTER	4347 WEST GAY ROAD DIBERVILLE, MS 39540

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual survey at the facility from 11/01/21 through 11/04/21. During the survey, the SA determined the facility was not in compliance with the Medicare and Medicaid Requirements for Participation. The SA cited deficiencies at F-623, F-656, F-690, F-804 and F-880. The facility was licensed for 106 beds and had a census of 66 at the time of the survey.	F 000		
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- (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	F 623		12/26/21

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

Electronically Signed | 11/26/2021

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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 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

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F 623	Continued From page 2 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 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 staff interviews and record review, the facility failed to ensure two (2) of two (2) sampled residents received written notice of transfer to the hospital. Resident # 23 and Resident # 67. Findings include: Resident #23	F 623	1. Resident #23 was transferred out to hospital on 8/10/2021. Resident #67 was transferred to hospital on 7/9/2021. Resident #23 RP has been notified by Social Service Director (SSD) in regards to the Bed hold Policy and notified of oversight and Bed Hold Policy has been sent to resident RP. Resident #67's RP	

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F 623	Continued From page 3 During an interview on 11/03/21 at 08:50 AM, with the Administrator, stated on admission the family signs a bed hold policy and when a resident is transferred to the hospital the nurse will fill out the form. The form is sent with the resident to the hospital. The family gets the sheet when the resident arrives at the hospital. The Administrator confirmed the facility does not mail letters to the family/representatives explaining why the resident was transferred to the hospital. The Administrator said the facility emails the resident representative when the resident is sent to the hospital. The Administrator also confirmed the facility did not have a Transfer Policy. On 11/03/21 at 4:00 PM, during a phone interview with Resident #23's Representative, she explained at the time her mother was transferred to the hospital in August, the facility did call to inform her of the transfer, but the facility did not send her a letter or email regarding transfer. Record review of Progress Notes revealed Resident #23 was sent to hospital on August 10, 2021. Record review of Resident #23's Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/10/2021 revealed Resident #23 was discharged with return anticipated and the type of discharge was unplanned to an acute hospital. Section C of the MDS for staff assessment of cognitive patterns revealed Resident #23 had memory problems and cognitive skills are severely impaired and at the time of the discharge Resident #23 had altered level of consciousness.	F 623	was called via SSD, however notice was not sent at present time due to resident #67 had passed at home. 2. All residents transferred out to the hospital have the potential to be affected. 3. All Administrative Nurses, floor nurses and social Service Director (SSD) have been educated on 11/5/2021 on Notice Requirements for Hospital Transfers by the Administrator. Upon admission, the residents RP will be notified of the Bed Hold Policy and sign acknowledgement and understanding. Upon transfer out to the hospital, residents RP will be notified by floor nurse via telephone. Within twenty four (24) hours, the residents RP will be sent a copy of the Bed Hold Policy via email / mail, and this will be kept in the residents electronic health record (EHR). The Social Services Director (SSD) will print and maintain a copy of the Bed Hold notices in a binder for one (1) year. 4. The SSD will be notified by Director of Nursing or Administrator, of all residents whom have been transferred out to the hospital upon the day of transfer or for after hour transfers, by the following morning. The SSD will mail /email Bed Hold Policy notices within 24 hours of notification of transfer. The SSD will keep a list of all the monthly transfers along with a copy of the Bed Hold Policy noticed sent and/ or signed by the residents RP in a binder separated by month. The SSD will bring the list of transfers daily to the Administrative morning meetings times	

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F 623	Continued From page 4 Record review of Resident #23's Admission Record revealed the facility admitted Resident #23 on 03/03/2021 with the diagnoses of Acute Kidney Failure, Diabetes Mellitus, Dementia, and Seizures. Resident #67 During an interview on 11/04/21 at 10:41 AM, with Registered Nurse (RN) #3 confirmed the resident was sent to the hospital on 7/9/21. RN #3 revealed Resident #67 was discharged home on 8/7/21 with (Name of Local Hospice). Record review of the Admission Record revealed Resident #67 was admitted to the facility on 9/8/2020 with diagnoses that included Urinary Tract Infections, Anxiety and Neuromuscular dysfunction of bladder. Record review of the discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07//09/21 revealed Resident #67 had a Brief Interview for Mental Status (BIMS) of 3 that indicted #67 has severe cognitive impairment.	F 623	four(4) weeks. The SSD will bring the Bed Hold notices to all Quality Assurance and Assessment (QAA) meetings for review beginning 12/22/2021. This procedure has been added to the QAA agenda. The QAA committee will evaluate procedure and make recommendations as needed times three (3) months and re-evaluate.	
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 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	F 656		12/26/21

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F 656	Continued From page 5 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 observation, staff interviews, record review and facility policy review the facility failed to follow the care plan related to catheter/incontinent care and failed to develop an approach for securing a catheter tube for two (2) of 19 care plans reviewed, Resident #35 and Resident #117.	F 656	1. The leg straps were place on resident #25 and #117 by Director of Nursing on 11/4/2021 2. All residents with Foley Catheters have the potential for be affected.	

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F 656	Continued From page 6 Findings Include: Record review of the facility's policy, "Comprehensive Care Plans", dated September 2018, it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident's rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified assessment in the resident's comprehensive assessment. Resident #35 On 11/3/21 at 9:55 AM. an observation of catheter care by Certified Nursing Assistant #3 (CNA) and assisted by CNA #4 revealed CNA #3 did not change gloves after setting up supplies. She used gloved hands to close the curtain and did not change gloves and continued with care. CNA #3 did peri care before starting catheter care. She began care by cleaning the right groin, the left groin and then labia without folding the towel or using a clean towel. She then dried the groin areas and labia without clean towel or rotating the towel. CNA #3 did not change gloves throughout the care. She wiped the catheter tubing from insertion to the bag without folding the towel. On 11/4/21 at 9:16 AM, an in interview with CNA #4 stated that she assisted CNA #3. She stated	F 656	3. All floor Nurses have been educated on process to Develop/ implement Comprehensive Care Plan completed 11/12/2021 by Director of Nursing (DON). All nursing staff were in-serviced on Foley Catheter care beginning on 11/05/2021, and will be completed on 12/6/2021 by the Infection Preventionist / Quality Assurance (IP/QA) Nurse. All nursing staff have completed a return demonstration on Foley Catheter care and securing Foley catheter tubing properly will be completed by 12/6/2021. All nursing staff received in-service on Perineal care via You-tube vide titled "Peri Care for the Female" and "CNA skill Perineal Care for the Female" produced by Arizona Medical Institute. All staff has received a Directed Plan of Correction (DPOC)in-service training on Infection Control / Prevention via video from You-tube titled "Infection Control Prevention and Performance Improvement" by Karen D. Doll Registered Nurse (RN), Masters of Science in Nursing (MSN) Advanced Nurse Practitioner (ANP) to be completed by 12/6/2021. Root cause Analysis (RCA) completed by Quality Assurance Performance Improvement (QAPI) and Interdisciplinary Team (IDT)meeting on 11/23/2021 to be reviewed and make recommendations. The RCA was then brought to the Quality Assurance and Assessment(QAA) committee meeting on 11/24/2021 for final review and approval. Securing of the leg strap of a Foley Catheter has been added to the residents	

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that CNA #3 did not rotate the towels during care. She stated that CNA #3's actions could cause the resident to get a urinary tract infection. She stated she observed CNA #3 not changing gloves and rotating towels during care.

On 11/4/21 at 10:00 AM, in a phone interview with CNA #4, stated her actions could have caused the resident to get sick. She stated the resident could have gotten a bacterial infection. She stated that she should have changed gloves and that the gloves had germs on them. She stated she spread germs by not changing gloves. She stated she was trying to make sure the whole thing was clean. She stated she started orientation and did a check off sheet on care. She stated she could not remember if the check off sheet had catheter care or peri care on it. She stated she was trying to make sure the whole tubing was clean.

On 11/4/21 at 11:45 AM, in an interview with Director of Nursing (DON) stated CNA #3 should have never wiped the resident without folding the towel. She stated CNA #3 should have used a clean area of the towel for each area cleaned. She stated she should have changed her gloves. She stated CNA #3 could have caused Resident #35 to have a Urinary Tract Infection.

On 11/4/21 at 2:10 PM, in an interview with Registered Nurse #1 (RN)/ Infection Control Nurse stated CNA #3 should not have completed care without changing gloves. She stated the resident can get a Urinary Tract Infection. She stated the resident can get any kind of infection. She stated it could make the resident sick. She stated sometimes an infection is not noticed until resident gets septic, especially the elderly. She

task in the Electronic Health Record (EHR) an area for staff to designate leg strap in place as designated on resident Plan of Care (POC).Task was added on 11/26/2021 by the Care Plan Coordinator.

4. Infection Preventionist / Quality Assurance (IP/QA) nurse will observe three (3) catheter care / perineal care procedures per week beginning on 11/11/2021, for six (6) weeks.
IP/QA Nurse will report results to QAA committee. The QAA committee will review findings and make recommendations times 3 months and re-evaluate.
The Care Plan Coordinator will review physician orders weekly beginning 11/11/2021 times 6 weeks, to ensure all Foley Catheters and Foley Catheter care is addressed on the resident plan of care (POC) and on the Certified Nursing Assistants (CNA) tasks in the EHR and ensure the POC is being followed. Care Plan Coordinator will check twice weekly beginning 11/11/2021 times six (6) weeks verification of task documentation by Certified Nursing Assistant (CNA) is completed.
Care Plan Coordinator will visually verify, twice weekly, residents that have Foley catheters the leg strap is properly secured beginning 11/11/2021.
All findings from the Care Plan Coordinator and IP/QA Nurse's audits will be brought to QAA meeting times 3 months for review and recommendations and re-evaluated.

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stated if a resident gets septic, they could die.

Record review of Resident #35 Comprehensive Care Plan dated 5/6/21, revealed, "Focus: High risk for infection r/t (related to) F/C (foley catheter) ...Intervention: ...Clean foley with soap and water qs (every shift).

Record review of In-service Sign-In Sheet on hand hygiene dated 5/24/21 and 10/22/21, revealed the signature of CNA #4.

Resident #117

Record Review of Resident #117 Comprehensive Care Plan, dated 10/26/21, revealed "Focus: High risk for infection r/t (related to) F/C (Foley Catheter)." The Care plan does not address the securing device to prevent tension/trauma to the meatus and or infection.

During an observation on 11/03/21 at 11:14 AM of incontinent care with Certified Nursing Assistant (CNA) #1 and (CNA) #2 revealed the CNA's Resident #117 had a securing device that was dislodged and was not secured to the residents leg to prevent trauma. No one addressed the securing device that was not connected to the residents leg. Licensed Practical Nurse (LPN) #1 and Registered Nurse (RN) #1 were also present.

During an observation on 11/3/21 at 2:30 PM reveal Resident #117 was sitting up in wheelchair without a securing device connected to the residents leg to prevent tugging on the meatus. The catheter tubing was dangling. The catheter bag was connected to the right side of the wheelchair.

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During an interview on 11/03/21 at 02:47 PM, with CNA #1 confirmed the resident's catheter was not secured to the resident's leg. CNA #1 said this could cause trauma to the meatus and cause the catheter to come out or infection. CNA #1 said it is the CNA's responsibility to tell the nurse if the resident's leg strap or securing device has come off the Resident's leg. CNA #1 said she didn't realize the securing device was not connected to the resident. CNA #1 confirmed the resident has been sitting in the wheelchair all day with the catheter unsecured to the residents leg.

During an interview on 11/03/21 at 03:11 PM, with CNA #2 confirmed she failed to notify the nurse that Resident #117's catheter tubing was not secured while she was providing care. CNA #2 confirmed by pulling on the catheter could cause trauma to the meatus/bladder and or urinary tract infections (UTI).

During an interview on 11/3/21 at 3:15 PM, with LPN #1 confirmed she failed to secure Resident #117 catheter tubing. LPN #1 confirmed that pulling on the catheter could cause trauma to the meatus and can cause infections.

During an interview on 11/3/21 at 3:20 PM with RN #1 confirm she failed to secure Resident #117 catheter tubing while providing care and did not notice the resident's catheter was not secured to her leg. RN #1 said if the tubing is not secure it could cause trauma to the meatus, and or infection. RN #1 confirmed the resident has been sitting in wheelchair all day with the catheter tubing unsecured.

During an interview on 11/04/21 at 2:30 PM, with the Director of Nursing (DON) said the CNAs are

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trained to notify the nurse and the nurses are trained to secure the tubing to prevent tension. The DON confirmed CNA #1, CNA #2, LPN #1 and RN #1 could have caused trauma to the meatus/urethra and/or infections.

Record review of the Admission Record revealed Resident #117 was admitted to the facility on 10/22/2021 with diagnoses that included Hemiplegia, Hemiparesis, Osteoarthritis and Neuromuscular dysfunction of bladder.

Record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/28/21 revealed Resident#117 had a Brief Interview for Mental Status (BIMS) of 15 that indicted #117 is cognitively intact.

On 11/4/21 at 2:25 PM in an interview with RN #3/ Care Plan nurse stated she expects the staff to follow the care plan. She stated by them not following the care plan the resident can get an infection.

Review of the facility, "CNA Competency Based Orientation", dated 9/10/21 revealed Certified Nursing Assistant (CNA) #2 was educated on the care of residents with catheters.

Review of the facility, "CNA Competency Based Orientation", dated 4/16//21 revealed Certified Nursing Assistant (CNA) #1 was educated on the care of residents with catheters.

Review of the facility, "Nursing Competency Based Orientation", dated 9/11/21 revealed Licensed Practical Nurse (LPN) #1 was educated on the care of residents with catheters.

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F 656	Continued From page 11 Review of the facility "checklist", dated 10/25/21 revealed Registered Nurse #1 was educated on the care of residents with catheters.	F 656		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to	F 690		12/26/21

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F 690	Continued From page 12 restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review and facility policy review the facility failed to provide catheter/incontinent care in a manner to prevent infection and trauma to the meatus during catheter/incontinent care for two (2) of three (3) catheter care observations Resident #35 and Resident #117. Findings include: The facility policy, "Catheter Care Policy", dated October 2018 revealed, "Policy: The purpose of this procedure is to prevent catheter-associated urinary tract infections ...Policy Explanation and Compliance Guidelines:..9 ...Wipe from front to back with a clean cloth moistened with water and perineal cleanser (soap). Use a new part of the cloth or different cloth for each side. With a new moistened cloth, starting at the urinary meatus moving out, wipe the catheter making sure to hold the catheter in place so as to not pull on the catheter ..." The facility policy, "Perineal Care Policy", dated October 2018 revealed, "Policy: It is the practice of the facility to provide perineal care to all incontinent residents during routine baths and as needed in order to promote cleanliness and comfort, prevent infections to the extent possible, and prevent and assess for skin breakdown ...13. Females: d. Cleanse perineum by wiping in direction from front to back and repeat on opposite side using separate section of washcloth or new disposable wipe. c. Cleanse the labia folds by gently separating labia and wiping in a	F 690	1. Resident #35 was assessed by the Director of Nursing (DON) and had no signs or symptoms of infection. Resident #117 was unable to be assessed by Register Nurse (RN) due to resident #117 was readmitted to hospital on 11/8/2021 with diagnosis of recurrent Cerebral Vascular Accident (CVA). 2. All resident who receive Foley Catheter and incontinent care, have the potential to be affected. 3. All nursing staff were in-serviced on Foley Catheter care beginning on 11/05/2021, and will be completed on 12/6/2021 by the Infection Preventionist / Quality Assurance (IP/QA) Nurse. All nursing staff have completed a return demonstration on Foley Catheter care and securing Foley catheter tubing properly will be completed by 12/6/2021. All nursing staff received in-service on Perineal care via You-tube vide titled "Peri Care for the Female" and "CNA skill Perineal Care for the Female" produced by Arizona Medical Institute. All staff has received a Directed Plan of Correction (DPOC)in-service training on Infection Control / Prevention via video from You-tube titled "Infection Control Prevention and Performance Improvement" by Karen D. Doll Registered Nurse (RN), Masters of Science in Nursing (MSN) Advanced	

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F 690	Continued From page 13 downward direction from pubic area toward rectum. Clean urethral meatus and vaginal orifice using clean portion of washcloth or new disposable wipe with each stroke ..." Resident #35 On 11/3/21 at 9:55 AM, an observation of catheter care being completed by Certified Nursing Assistant #3 (CNA) and assisted by CNA #4. During incontinent care CNA #3 cleaned the groin area and labia using the same area of the towel without rotationg sites on the towel. She wiped the catheter tubing from the insertion site to the drainage bag without rotating or folding the towel to a different area. On 11/4/21 at 9:16 AM, in an interview with CNA #4, she stated that she assisted CNA #3. She stated that CNA #3 did not rotate the towels during care. She stated that CNA #3's actions could cause the resident to get a urinary tract infection (UTI). On 11/4/21 at 10:00 AM, in a phone interview with CNA #3, stated her actions could have caused the resident to get sick. She stated the resident could have gotten a bacterial infection. She stated she was trying to make sure the whole thing was clean. She stated she started orientation and did a check off sheet on resident care. She stated she could not remember if the check off sheet had catheter care or peri care on it. On 11/4/21 at 11:45 AM, in an interview with Director of Nursing (DON) stated CNA #3 should have never wiped the resident without folding the towel. She stated CNA #3 should have used the	F 690	Nurse Practitioner (ANP) to be completed by 12/6/2021. Root cause Analysis (RCA) completed by Quality Assurance Performance Improvement (QAPI) and Interdisciplinary Team (IDT)meeting on 11/23/2021 to be reviewed and make recommendations. The RCA was then brought to the Quality Assurance and Assessment(QAA) committee meeting on 11/24/2021 for final review and approval. Securing of the leg strap of a Foley Catheter has been added to the residents task in the Electronic Health Record (EHR) an area for staff to designate leg strap in place as designated on resident Plan of Care (POC). Task was added on 11/26/2021 by the Care Plan Coordinator. 4. Infection Preventionist / Quality Assurance (IP/QA) nurse will observe three (3) catheter care / perineal care procedures per week beginning on 11/11/2021, for six (6) weeks. IP/QA Nurse will report results to QAA committee. The QAA committee will review findings and make recommendations times 3 months and re-evaluate. The Care Plan Coordinator will review physician orders weekly beginning 11/11/2021 times 6 weeks, to ensure all Foley Catheters and Foley Catheter care is addressed on the resident plan of care (POC) and on the Certified Nursing Assistants (CNA) tasks in the EHR and ensure the POC is being followed. Care Plan Coordinator will check twice weekly beginning 11/11/2021 times six (6) weeks	

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F 690	Continued From page 14 towel in a different area. She stated the resident can get UTI or skin infection. She stated the CNA should have folded towel or changed the towel. She stated CNA #3 spread germs by cleaning the catheter tubing from the insertion site to the drainage bag. On 11/4/21 at 2:10 PM, in an interview with Registered Nurse #1 (RN)/ Infection Control Nurse, she stated the resident can get a Urinary Tract Infection. She stated the CNA's actions can cause all kinds of harm and the resident can get any kind of infection. She stated it could make the resident sick. She stated sometimes an infection is not noticed until a resident gets septic, especially the elderly. She stated if a resident gets septic, they could die. Record review of the Admission Record revealed Resident #35 was admitted to the facility on 7/27/20 with diagnoses that included Chronic Obstructive Pulmonary Disease and Congestive Heart Failure. Record review of Resident #35's Order Summary Report for active orders as of 11/4/21 revealed foley catheter care using soap and water every shift. Record review of Resident #35 discharge Minimum Data Set (MDS) with and Assessment Reference Date (ARD) of 10/24/21 revealed a Brief Interview of Mental Status (BIMS) score of 99 which indicated the resident was unable to complete interview. Record review of Resident #35 Comprehensive Care Plan dated 5/6/21, revealed, "Focus: High risk for infection r/t (related to) F/C (foley	F 690	verification of task documentation by Certified Nursing Assistant (CNA) is completed. Care Plan Coordinator will visually verify, twice weekly, residents that have Foley catheters the leg strap is properly secured beginning 11/11/2021. All findings from the Care Plan Coordinator and IP/QA Nurse's audits will be brought to QAA meeting times 3 months for review and recommendations and re-evaluated.	

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catheter) ...Intervention: ...Clean foley with soap and water qs (every shift).

Record review of CNA #3 Competency Based Orientation, start date of 10/22/21 and end date of 10/25/21, revealed CNA #3's signature on orientation and CNA #3's initials on competency for care of resident with a catheter and hand hygiene.

Resident #117

During an observation on 11/03/21 at 11:14 AM, of incontinent care with CNA #1 and CNA #2 revealed Resident #117 had a catheter securing device that was not secure to her leg. The securing device was dislodged and was not secured to the residents leg to prevent possible trauma. No one addressed the securing device that was not connected to the residents leg. Licensed Practical Nurse (LPN) #1 and Registered Nurse (RN) #1 were present.

During an observation on 11/3/21 at 2:30 PM, revealed Resident #117 was sitting up in her wheelchair without a catheter securing device connected to the resident's leg to prevent tugging on the meatus. The catheter tubing was dangling. The catheter bag was connected to the right side of the wheelchair.

During an interview on 11/03/21 at 02:47 PM, with CNA #1 confirmed the resident's catheter was not secured to the resident's leg. CNA #1 said this could cause trauma to the meatus and cause the catheter to come out or infection. CNA #1 said it is the CNA's responsibility to tell the nurse if the resident's leg strap or securing device

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has come off the Resident's leg. CNA #1 said she didn't realize the securing device was not connected to the resident. CNA #1 confirmed the resident has been sitting in the wheelchair all day with the catheter unsecured to the her leg.

During an interview on 11/03/21 at 03:11 PM, with CNA #2 confirmed she failed to notify the nurse that Resident #117's catheter tubing was not secured while she was providing care. CNA #2 confirmed by pulling on the catheter could cause trauma to the meatus/bladder and or urinary tract infections (UTI).

During an interview on 11/3/21 at 3:15 PM, with LPN #1 confirmed she failed to secure Resident #117 catheter tubing. LPN #1 confirmed that pulling on the catheter could cause trauma to the meatus and can cause infections.

During an interview on 11/3/21 at 3:20 PM, with RN #1 confirmed she failed to secure Resident #117's catheter tubing while providing care and did not notice the resident's catheter was not secured to her leg. RN #1 said if the tubing is not secure it could cause trauma to the meatus and/or infection. RN #1 confirmed the resident has been sitting in the wheelchair all day with the catheter tubing unsecured.

During an interview on 11/04/21 at 2:30 PM, with the Director of Nursing (DON) said the CNAs are trained to notify the nurse and the nurses are trained to secure the tubing to prevent tension. The DON confirmed CNA #1, CNA #2, LPN #1 and RN #1 could have caused trauma to the meatus/urethra and/or infections.

Record review of the Admission Record revealed

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F 690	Continued From page 17 Resident #117 was admitted to the facility on 10/22/2021 with diagnoses that included Hemiplegia, Hemiparesis, Osteoarthritis and Neuromuscular dysfunction of bladder. Record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/28/21 revealed Resident#117 had a Brief Interview for Mental Status (BIMS) of 15 that indicted she is cognitively intact. Review of the facility, "CNA Competency Based Orientation", dated 9/10/21 revealed Certified Nursing Assistant (CNA) #2 was educated on the care of residents with catheters. Review of the facility, "CNA Competency Based Orientation", dated 4/16/21 revealed Certified Nursing Assistant (CNA) #1 was educated on the care of residents with catheters. Review of the facility, "Nursing Competency Based Orientation", dated 9/11/21, revealed Licensed Practical Nurse (LPN) #1 was educated on the care of residents with catheters. Review of the facility "checklist", dated 10/25/21 revealed Registered Nurse #1 was educated on the care of residents with catheters.	F 690		
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp 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;	F 804		12/26/21

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F 804	Continued From page 18 §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, staff and resident interviews, the facility failed to ensure food was served at a palatable and satisfactory temperature for five (5) of twelve (12) residents interviewed in Resident Council. (Residents #16, #26, #38, #42, and #53) Finding Include: On 11/02/21 at 2:00 PM, during Resident Council meeting, residents complained of receiving cold food if they decide to eat in their rooms and not in the dining area. The residents explained that all three meals have been served cold in their rooms. Residents explained they have talked about food being cold in previous resident council meetings and have made the Social Worker aware of the cold food. At 3:00 PM on 11/02/21, during an interview with Social Worker, she explained she does attend the resident council meetings monthly at the request of the residents and takes the meeting minutes. She confirmed the residents did have complaints about the food being served cold. On 11/03/21 12:00 PM State Survey Agency (SSA) observed Dietary #2 and Dietary #3 preparing hall lunch trays for the residents in the rooms. Dietary #2 explained the second cart is the cart that goes to the last hall and the last residents to be served in their room. SSA requested a tray to be fixed for SSA and placed	F 804	1. On 11/2/2021 the State Survey Agency (SSA) notified the Administrator the sample tray served on the hall was cold. The Administrator informed the Dietary Manager (DM) of SSA findings and both the Administrator and DM went directly to the resident halls and asked each resident that received a meal tray in their room, if their meal was hot or cold, tasty or disliked. The Administrator and DM offered a fresh meal tray or substitution tray. Only one (1) resident stated their food was "luke warm" accepted the offer of a new meal tray. other residents questioned stated no complaints with meal. 2. All residents who eat meals in their room, have the potential to be affected. 3. All nursing, activity and dietary staff have been educated on timeliness of passing meal trays to ensure that all meals are served at a palatable and satisfactory temperature completed by Administrator and Dietary Manager began on 11/5/2021 completed 11/30/2021. 4. The Infection Preventionist / Quality Assurance (IP/QA) nurse along with the Dietary Manager (DM) developed a log / tracker to ensure temperature of food on the hall trays. The IP/QA nurse and DM will check	

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F 804	Continued From page 19 on the last cart as the last tray served. SSA tray completed at 12:10 PM by Dietary #3 and the tray was placed in the insulated delivery cart which trays are placed inside the cart, with the doors closed, and await to be taken to the residents. At 12:15 PM, the insulated tray delivery carts leave the kitchen and go to the dining area and are left. SSA ask dietary #2 after cart leaves the kitchen who transports the carts with trays to the hall and the residents, she explained the aides from the hall will pick up the delivery carts and then takes the cart and delivers the trays to the residents in their room. At 12:20 PM no aides noticed to pick up delivery carts from the dining area. SSA observed Registered Dietician (RD) started to push the delivery cart down the hallway toward rooms. SSA asked the RD does she normally push the carts to the floor, she explained she always tries to help, but mostly does the dining observations in the dining room. The last tray off the delivery cart was delivered to room 45 and then the SSA tray was handed to the SSA at 12:30 PM. Two SSA tasted all food items on the tray, including rice, chicken teriyaki, oriental mixed vegetables, and vegetable egg roll. The oriental mixed vegetables were lukewarm, and the white rice and chicken teriyaki were cold to the taste and cold to the touch. On 11/03/2 at12:35 PM the Administrator was notified of the cold food served on the tray. The Administrator explained she is sorry for the cold food and will notify the Dietary Manager. On 11/03/21 at 12:45 PM, in an interview with the Dietary Manager, she explained she is sorry about the lunch tray. On 11/03/21 at 1:00 PM during an interview with	F 804	temperatures on hall cart four (4) times a week over three (3) meals times six (6) weeks, beginning on 11/19/2021. Additionally the DM will provide temperature checks over 3 meals times six (6) weeks beginning 11/19/2021. The IP/QA nurse and the DM will calibrate the thermometer together prior to taking any readings, using the fifty/ fifty (50/50) ice to water method. Placing thermometer in 50/50 ice water until the thermometer temperature has stabilized at that point the thermometer should read thirty two (32) degrees Fahrenheit. The temperature will be taken on the food line and recorded and again as the last tray is taken off the hallway cart and recorded. IP/ QA will maintain the temperature log times 6 weeks. Findings will be brought to the Quality Assurance and Assessment meetings beginning 12/22/2021 times three (3) months for review and recommendations and process will be re-evaluated after 3 months.	

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Dietary #2, she explained she knew the food would be cold due to it took too long for Dietary #3 to serve the trays, close the door on the insulated tray delivery cart, and get the cart out of the kitchen. She explained this does happen frequently.

At 2:30 PM on 11/04/21 interview with Resident #16, she explained her breakfast is served cold.

On 11/04/21 interview with Resident #26 at 2:40 PM, she explained she tries to eat in the dining room for all meals now due to meals were always cold when served in her room.

At 2:50 PM on 11/04/2021 during an interview with Resident #38, she explained all three meals have been served cold to her in her room.

At 3:00 PM during an interview with Resident # 42 on 11/04/21, she explained her meals have been served cold to her in her room, so she tries to eat lunch in the dining room but does eat dinner in her room at times.

On 11/04/21 at 3:10 PM during an interview with Resident #53, he explained is always served cold for all meals.

On 11/04/21 at 3:30 PM during an interview with the Administrator, when ask for a food policy on serving food, she explained the facility does not have a policy regarding the temperature of food when served to residents.

Resident #16

Record review of Resident #16's Admission Record revealed the facility admitted Resident

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#16 on 02/17/2020 with the diagnosis of Type 2 diabetes mellitus.

Record review of Resident #16's Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 08/02/221 revealed Resident #16 had a Brief Interview for Mental Status (BIMS) score of 8, which indicated moderate cognitive impairment.

Resident #26

Record review of Resident #26's Admission Record revealed the facility admitted Resident #26 on 09/05/2019 with the diagnosis of Type 2 Diabetes mellitus.

Record review of Resident #26's Annual MDS 08/17/2021 revealed Resident #26 had a BIMS score of 15, which indicated cognitively intact.

Resident #38

Record review of Resident #38's Admission Record revealed the facility admitted Resident #38 on 03/05/21 with the diagnosis of Fracture of second vertebra with delayed healing.

Record review of Resident #38's Quarterly MDS with ARD of 09/08/2021 revealed Resident #38 had a BIMS score of 15, which indicated cognitively intact.

Resident #42

Record review of Resident #42's Admission Record revealed the facility admitted Resident #42 on 03/19/2015 with the diagnosis of Chronic Obstructive Pulmonary Disease.

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F 804	Continued From page 22 Record review of Resident #42's Quarterly MDS with ARD of 09/14/2021 revealed Resident #42 had a BIMS score of 15, which indicated cognitively intact. Resident #53 Record review of Resident #53's Admission Record revealed the facility admitted Resident #53 on 10/07/2020 with the diagnosis of Atherosclerotic Heart Disease of native artery. Record review of Resident #53's Annual MDS with ARD of 09/28/2021 revealed Resident #53 had a BIMS score of 15, which indicated Resident #53 is cognitively intact.	F 804		
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	F 880		12/26/21

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	255323	A. BUILDING _____ B. WING _____	11/04/2021

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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 identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.

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F 880	Continued From page 24 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 observations, interviews, record reviews, and facility policy review, the facility failed to prevent the possible spread of infection while providing incontinent care for two (2) of three (3) observations. Resident #35 and Resident #45. Findings Include: Record review of the facility's policy," Hand Hygiene Policy", dated March 2020, revealed, "Policy: The purpose of this policy is to provide guidelines for proper hand hygiene to prevent spread of infection to other personnel, residents, and visitors. Policy Guidelines: All facility personnel must perform hand hygiene for at least 20 seconds under the following conditions: ...8. Before handling clean or soiled dressings/linens/etc. 9. Before performing resident care procedures ...11. After handling soiled dressings/linen, contaminated equipment, etc. 12. After contact with blood, body fluids, excretions, secretions, mucous membranes, or non-intact skin. 13. After handling items potentially contaminated with blood, body fluids, secretions, or excretions." Record review of the facility's, "Standard Precaution Policy", dated March 2020, revealed, "Policy: Standard precautions will be used in the	F 880	1. The Director of Nursing (DON) provided peri care and assessed resident # 35 for signs and symptoms of infection. Resident # 35 did not exhibit any signs or symptoms of infection. Resident # 44 was provided peri care and assessed my the DON for signs and symptoms of infection. Resident #44 did not exhibit any signs or symptoms of infection. 2. All residents that receive incontinent care have the potential to be affected. 3. All nursing staff were in-serviced on Perineal care and Foley Catheter care and Urinary Tract Infections (UTI) beginning on 11/05/2021, and will be completed on 12/6/2021 by the Infection Preventionist / Quality Assurance (IP/QA) Nurse. All nursing staff have completed a return demonstration on Perineal care and Foley Catheter care and securing Foley catheter tubing properly will be completed by 12/6/2021. All nursing staff received in-service on Perineal care via You-tube vide titled "Peri Care for the Female" and "CNA skill Perineal Care for the Female" produced by Arizona Medical Institute. All staff has	

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F 880	Continued From page 25 care of all residents regardless of their diagnosis, or suspected or confirmed infection status ...Gloves:..j. Change gloves, as necessary, during the care of a resident to prevent cross contamination from one body site to another (when moving from a "dirty" site to a "clean" one) ...l. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, ...wash hands immediately to avoid transfer of microorganisms to other residents or environments." The facility policy, "Perineal Care Policy", dated October 2018 revealed, "Policy: It is the practice of the facility to provide perineal care to all incontinent residents during routine baths and as needed in order to promote cleanliness and comfort, prevent infections to the extent possible, and prevent and assess for skin breakdown ...13. Females: d. Cleanse perineum by wiping in direction from front to back and repeat on opposite side using separate section of washcloth or new disposable wipe. c. Cleanse the labia folds by gently separating labia and wiping in a downward direction from pubic area toward rectum. Clean urethral meatus and vaginal orifice using clean portion of washcloth or new disposable wipe with each stroke ..." Resident #35 On 11/3/21 at 9:55 AM, an observation of peri care/catheter care with Certified Nursing Assistant (CNA) #3 and assisted by CNA #4 revealed CNA #3 did not change gloves after setting up supplies. She closed the privacy curtain and did not change her gloves. She continued care with the same gloves. CNA #3 did peri care before starting catheter care. She began	F 880	received a Directed Plan of Correction (DPOC)in-service training on Infection Control / Prevention via video from You-tube titled "Infection Control Prevention and Performance Improvement" by Karen D. Doll Registered Nurse (RN), Masters of Science in Nursing (MSN) Advanced Nurse Practitioner (ANP) to be completed by 12/6/2021. Root cause Analysis (RCA) completed by Quality Assurance Performance Improvement (QAPI) and Interdisciplinary Team (IDT)meeting on 11/23/2021 to be reviewed and make recommendations. The RCA was then brought to the Quality Assurance and Assessment(QAA) committee meeting on 11/24/2021 for final review and approval. Securing of the leg strap of a Foley Catheter has been added to the residents task in the Electronic Health Record (EHR) an area for staff to designate leg strap in place as designated on resident Plan of Care (POC). Task was added on 11/26/2021 by the Care Plan Coordinator. 4. Infection Preventionist / Quality Assurance (IP/QA) nurse will observe three(3) perineal care and catheter care procedures per week for six (6) weeks. IP/QA Nurse will report results to QAA committee beginning 12/22/2021 times 3 months. The QAA committee will review findings and make recommendations. The Care Plan Coordinator will review physician orders weekly to ensure all	

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F 880	Continued From page 26 the care by cleaning the right groin, the left groin and then the labia without rotating the towel to a different area or using a clean towel. She then dried the groin areas and labia with a clean towel. She did not rotate the drying towel to a different area between sites. CNA #3 did not change gloves throughout the care. She wiped the catheter tubing from the insertion site to the drainage bag without rotating or folding the towel to a different area. On 11/4/21 at 9;16 AM, interview with CNA #4 stated that she assisted CNA #3. She stated that CNA #3 did not rotate the towels during care. She stated that CNA #3 actions could cause the resident to get a Urinary Tract Infection. She stated she observed CNA #3 not changing gloves and contaminating the catheter tubing by wiping from the insertion site to the drainage bag. On 11/4/21 at 10:00 AM, in a phone interview with CNA #3 she stated her actions could have caused the resident to get sick. She stated the resident could have gotten a bacterial infection. She stated that she should have changed gloves because the gloves had germs on them. She stated she spread germs by not changing gloves. She stated she wiped all the way to the drainage bag because she was trying to make sure the whole thing was clean. She stated she started orientation and did a check off sheet on care. She stated she could not remember if the check off sheet had catheter care or peri care on it. She stated she was trying to make sure the whole tubing was clean. On 11/4/21 at 11:45 AM, in an interview with the Director of Nursing (DON) stated CNA #3 should have never wiped the resident without folding the	F 880	Foley Catheters and Foley Catheter care is addressed on the resident plan of care (POC) and on the Certified Nursing Assistants (CNA) tasks in the EHR and ensure the POC is being followed.	

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towel. She stated CNA #3 should have folded the towel or used a clean towel between sites and should have changed her gloves. She stated the resident can get a UTI or skin infection. She stated CNA #3 spread germs by cleaning the tubing from the insertion site to the drainage bag.

On 11/4/21 at 2:10 PM, in an interview with Registered Nurse #1 (RN)/ Infection Control Nurse stated CNA #3 should have not completed care without changing her gloves. She stated the resident could get a Urinary Tract Infection. She stated it could make the resident sick. She stated sometimes an infection is not noticed until the resident gets septic. especially with the elderly. She stated if a resident gets septic, they could die.

Record review of the Admission Record revealed Resident #35 was admitted to the facility on 7/27/20 with diagnoses that included Chronic Obstructive Pulmonary Disease and Congestive Heart Failure.

Record review of Resident #35's Order Summary Report for active orders as of 11/4/21 revealed foley catheter care using soap and water every shift.

Record review of Resident #35's discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/24/21 revealed a Brief Interview of Mental Status (BIMS) score of 99 indicating Resident #35 was unable to complete the interview.

Record review of CNA #3's Competency Based Orientation, with a start date of 10/22/21 and end date of 10/25/21, revealed CNA #3's signature

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was on the orientation form. CNA #3 initials were noted on the competency for care of resident with a catheter and hand hygiene.

Resident #44

On 11/3/21 at 2:22 PM, during an observation of peri care by Certified Nursing Assistant #4 (CNA) and assisted by CNA #5 revealed CNA #4 opened a drawer in Resident #44's room with gloves on to get briefs. She did not change gloves after getting a brief out of the drawer. CNA#4 raised the head of the bed using the remote and provided peri care for Resident #44 without changing gloves. She removed the gloves and sanitized her hands. CNA #4 applied clean gloves and opened a drawer to get out skin protectant. She applied protectant to the resident's buttocks. CNA #4 picked up two clear bags off the resident's bed. One bag contained dirty towels. The second bag contained a soiled incontinent pad and a soiled brief and placed them on the floor. She then picked the bags up off the floor and placed them on the resident's bed.

On 11/4/21 at 9:16 AM, in an interview with CNA #4 revealed by putting the bags on the floor then placing the bags on the resident's bed, she cross contaminated the resident's bed. She stated the resident can get sick. She stated she should not have opened the drawer with gloved hands and continued care without changing gloves. She stated she should have made sure she had all supplies before beginning care. She stated her actions can cause the resident to get an infection.

On 11/4/21 at 11:55 AM, in an interview with the Director of Nursing (DON), she stated CNA #4 should have never placed any items on the floor.

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She stated she should have not placed the items on the bed after placing them on the floor. She stated by the CNA placing items from the floor to the bed everything that was on the floor was put on the resident's bed. She stated she could introduce the resident to bacteria and spread it all over. She stated by CNA #4 not changing gloves and sanitizing her hands she spread germs from the gloves to the Resident. She stated it is a possibility the resident could get an infection.

Record review of the Admission Record revealed Resident #44 was admitted to the facility on 11/30/16 with diagnoses which included Dementia in other diseases classified elsewhere with Behavioral disturbance.

Record review of the MDS with an ARD of 9/17/21, revealed that the resident required extensive assistance with toileting and Section C revealed a BIMS score of 00 section indicating severe cognitive impairment.

Record review of CNA #4's signature on the In-service Records dated 10/22/21 and 5/24/21 on the topic of hand hygiene.