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	255114	A. BUILDING _____ B. WING _____	06/06/2019

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CLEVELAND NURSING AND REHABILITATION CENTER LLC	4036 HIGHWAY 8 EAST CLEVELAND, MS 38732

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual survey along with a complaint investigation (CI #15960) from 6/4/19 to 6/6/19. The result of the complaint investigation was substantiated with a deficiency cited at F600. During the annual recertification survey from 6/4/19 to 6/7/19, the SA determined that facility was not in compliance with Medicare and Medicaid requirements for participation. The SA cited the regulatory deficiencies cited at F561 and F880 for the recertification survey. At the time of the survey, the census was 119, and the facility held a license for 120 beds.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact	F 561		7/1/19

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

Electronically Signed | 07/01/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 561	Continued From page 1 with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, record review, and facility policy review, the facility failed to honor resident food preferences at mealtime for one (1) of 14 residents interviewed during initial tour, Resident #33. Findings include: Review of the facility's "Food Preferences" policy, dated 2016, revealed the guideline for food and nutrition services department will gather information upon admission to the facility regarding resident food preferences. Following admission to the facility, and periodically as necessary, the Director of Food and Nutrition Services and/or Registered Dietitian will interview the resident to determine foods preferred and inform resident about meal services at community. A form such as a Food Preferences Form may be used to document this information and filed in the Food and Nutrition Services department or the medical record according to facility practice. The resident food preferences are kept on file in the Food and Nutrition Services Department and used to ensure each resident's needs and desires are met.	F 561	Please consider this Plan of Correction as Cleveland Nursing and Rehabilitation Center, LLC credible allegation and compliance. This plan constitutes a written allegation of substantial compliance under the Federal Medicare and Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exist or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our Residents and are submitted solely as a requirement of provisions of Federal and State Law. 1. Resident #33 was offered his salad for supper 6/4/2019 after Risk Manager was notified of issue. Resident #33 refused his salad 6/5/2019. Resident #33 was screened by Speech Therapist on 6/5/2019 to ensure resident was able to tolerate a salad. Registered Nurse #1 was in-serviced on 6/5/2019 by the Director of Nurses on the facility's Resident Food Preference policy. 2. All Residents that receive meals from	

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F 561	Continued From page 2 On 06/04/19 at 4:00 PM, an interview with Resident #33 revealed "they" will not give me salads anymore and they only give me chopped up meat. He stated he doesn't like the chopped up meat and really want his salads back. Resident #33 revealed he was not sure why they changed his diet, because he did not get choked, he just has coughing spells. Resident #33 revealed he told several people he wanted his salads back. On 06/04/19 at 5:20 PM, interview and observation of Resident #33 sitting at a table in the dining room revealed the resident being served his supper meal, which included chicken and dumplings, cornbread and fruit. Resident #33's meal ticket had chicken and dumplings, tossed salad, and fruit circled. No salad was served to the resident. Resident #33 revealed he was asked by a nurse what he wanted for supper and he told them salad. On 06/04/19 at 5:35 PM, an interview with Registered Nurse (RN) #1, while in the dining room, revealed Resident #33 did not have a salad served to him for supper and salad was listed as a choice and was circled as his request for supper on his meal ticket. On 06/06/19 at 11:30 AM, an interview with the Speech Therapist (ST) revealed she was not aware of Resident #33 not being served salads, and there had been no recommendation from Speech services that he not be served salads. On 06/06/19 at 12:15 PM, an interview with the ST, while in the dining room observing Resident # 33 eating a salad, revealed she saw no issues	F 561	Dietary have the potential to be affected. 3. An in-service was initiated on 6/5/2019 by the Director of Nurses on ensuring that documentation accurately affects Resident's Food Preference. A 100% audit was completed by Dietary Manager on 6/6/2019 on the facility's Food Preference Policy. Nursing staff was in-serviced on 6/5/2019 by Risk Manger on Resident's Rights and review of the facility's Food Preference Policy. No other concerns identified. 4. The Director of Nurses,and/or Unit Manager will monitor meal services three x week for four weeks to ensure accuracy of documentation to reflect Resident's Food Preference starting 6/10/2019. Any concerns will be immediately corrected. The Director of Nurses will forward the results of the audit to the Executive Director. The Executive Director will forward the results of the audits to the monthly Quality Assurance Committee. The monthly Quality Assurance Committee will determine the frequency and continuation of audits based on the results achieved and make recommendations as needed.	

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F 561	Continued From page 3	F 561		

with his eating the salad; no choking or difficulty swallowing. The ST stated she saw no problems with Resident #33 eating salads.

On 06/06/19 at 1:30 PM, an interview with the Dietary Manager (DM) revealed she was told by Licensed Practical Nurse (LPN) #3 that Resident #33 could not be served salads because he would get choked. The DM revealed she understood that if a resident was on a mechanical soft diet they could not have salads, but she found out yesterday that was not right. The DM revealed a Registered Nurse (RN) #1 was in the dining room on 6/4/19, and asked Resident #33 what he wanted for supper, the RN then circled the items he requested and gave the meal ticket to the Medical Records staff. The Medical Records staff then should have read the resident's request to the dietary department. The DM stated the salad was not read off to dietary on 6/4/19. The DM revealed she did not witness Resident #33 have a choking episode. The DM revealed she stopped giving Resident #33 salads a few weeks ago. The DM stated that before she was instructed not to give Resident #33 salads, he was asking for them and she would send them to him, but after she was told he could not have them, she quit sending them to him.

On 06/06/19 at 1:40 PM, an interview with LPN #3 revealed he understood that when a resident is on a mechanical soft diet they should not get salads, and he thought Resident #33 had choked on a salad. LPN #3 revealed Resident #33 was upset with him and blamed him for having his salads stopped.

On 06/6/19 at 1:50 PM, an interview with RN #1 revealed she did question Resident #33 on what

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F 561	Continued From page 4 he wanted for supper on 6/4/19, and he told her a salad, chicken and dumplings, corn bread, and the dessert of the day, so she marked that on his meal ticket and handed the ticket to the Medical Records staff. On 06/06/19 at 2:00 PM, an interview with Medical Records staff revealed she did get Resident #33's ticket for requested lunch items and when she read it off to the dietary department, she told them he should not get the salad, because she understood he could not have a salad. She did not remember who told her that. On 06/06/19 at 1:045 PM, an interview with the Director of Nursing (DON) revealed she did not know why some of the staff thought that Resident #33 could not get a salad. The DON stated she is not sure Resident #33 ever really got choked, or if he just had a coughing spell, due to his Chronic Obstructive Pulmonary Disease. The DON revealed the residents should have their food preferences honored if there is not an doctor's order contradicting their preference. The DON revealed Resident #33 should have been given the salad. Record review of Resident #33's meal ticket, for 6/4/19 supper, revealed chicken and dumplings, with tossed salad, and fruit circled to be served. The resident was not served the salad.	F 561		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property,	F 600		7/1/19

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F 600	Continued From page 5 and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on staff interview, resident interview, record review, and facility policy review, the facility failed to ensure residents were free from abuse for one (1) of five (5) residents reviewed for resident to resident incidents, Residents #60. Findings include: Review of facility's Abuse Prevention policy, with an effective date July 1, 2003, revealed: The facility is committed to protecting the residents from abuse by anyone including, but not limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual. Review of a Resident to Resident incident that occurred on 2/19/19 at 3:00 PM, revealed Resident #60 entered Resident #99's room at 3:00 PM, and a physical altercation occurred between the two (2) residents. This resident was last seen on 2/19/19 at 2:45 PM, and was not exhibiting any behaviors at that time. The facility staff were not able to determine who the	F 600	Please consider this Plan of Correction as Cleveland Nursing and Rehabilitation Center, LLC credible allegation and compliance. This plan constitutes a written allegation of substantial compliance under the Federal Medicare and Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exist or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our Residents and are submitted solely as a requirement of provisions of Federal and State Law. 1. Resident #60 care plan was reviewed and revised on 5/28/2019 by Activities Director with new interventions for activities to decrease wandering behaviors and entering other Resident's room. Resident #99 was placed on one-on-one (1:1) monitoring 5/25/2019 until he was transferred to the Behavior Unit on 5/27/2019. Resident #99 returned	

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F 600	Continued From page 6 aggressor was, but did witness Resident #99 make contact with Resident #60's face. Resident #60 had an abrasion under his left eye and to the left side of his forehead. Resident #99 was placed on one-on-one (1:1) observation and transferred to the Behavior Health Unit and Resident #60's medications were adjusted. Review of an incident that occurred on 5/25/19, revealed Resident #99 and Resident #60 were involved in a physical altercation when Resident #60 entered Resident #99's room and Resident #99 asked him to leave and he wouldn't. Resident #99 hit Resident #60. Further review of Resident #60's record revealed he was transferred to the local hospital where X-rays were obtained and revealed a nasal fracture. Review of the physician documentation at the Emergency Room revealed the resident did not experience any loss of consciousness. The severity of the symptoms: At their worst the symptoms were mild and were unchanged in the Emergency Room. Review of the CT of Brain revealed Acute bilateral nasal bone fractures with minimal displacement. On 6/4/19 at 5:00 PM, an interview with the Risk Manager stated when resident #60 was first admitted he was very lethargic and once the lethargy wore off resident became more aggressive and started to wander. The Risk Manager revealed Resident #60 is hard to redirect and will not sit any longer than it takes to eat, or a short activity. She stated when you try to redirect the resident he will become agitated and aggressive. The Risk Manager stated after the incident in February (2019) with Resident #99, Resident #60's medications were changed. She stated that Resident #60 was restarted on his Depakote 250 milligrams(mg) per feeding tube	F 600	to facility on 6/4/2019. An additional stop sign was placed on Residents #99's door. A door alarm was placed on Resident #99's door to alert staff to door opening. 2. All Residents have a potential to be affected. 3. Nursing staff was in-serviced on the facility's Abuse Prevention Policy on 6/5/2019 by Risk Manager. 4. The Director of Nurses will audit incident reports three x week for four weeks starting 6/10/2019 to ensure appropriate supervision and interventions. Any concerns will be immediately corrected. The Director of Nurses will forward the results of the audits to the monthly Quality Assurance Committee. The monthly Quality Assurance Committee will determine the frequency and continuation of audits based upon the results achieved and make recommendations as needed.	

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two (2) times a day and Zyprexa 5 mg per feeding tube daily. The Risk Manager stated that staff started involving the resident in more small group activities and this helped the resident's behaviors and wandering for a while. The Risk Manager revealed Resident #60 was wandering the day of the incident on 5/25/19, and had been redirected by staff. She stated he was last seen at 1:15 PM by staff, at the Memory Care Unit door, and was redirected to his room. The Risk Manager revealed that at 1:34 PM, Resident #99 hollered for staff to assist Resident #60. Resident #99 stated the resident came in his room and was messing with his stuff, and he asked him to get out and he wouldn't. When staff responded to the room they found Resident #60 laying on the floor with a bloody nose. The Risk Manager stated the physician and the Responsible Party were notified and Resident #60 was transferred to the hospital and diagnosed with a nasal fracture. The Risk Manager stated the resident's day to day activities have not been altered. She revealed that Resident #60 has not complained of any pain and continues with his normal activities.

On 6/04/19 at 4:00 PM, an observation of Resident #60 revealed he was in his room laying in his bed. Resident #60 appeared calm and resting.

On 6/05/19 at 10:00 AM, an observation of Resident #60 revealed he was outside with Activity staff. Resident #60 was noted with a broom in his hand, sweeping around patio area. Resident #60 was walking around outside. There were other residents in attendance along with staff and volunteers.

On 6/5/19 at 2:15 PM, an observation of Resident

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F 600	Continued From page 8 #60 revealed he was outside engaging in activities, Ball toss, sweeping, music being played, and swaying to the music at times. Resident #60 appeared calm. On 6/5/19 at 3:00 PM, an interview with the Activity Director (AD) revealed Resident #60 likes to be outside; he enjoys sweeping, and cleaning up surroundings. The AD stated they (activity staff and volunteers) take him out at least twice a day. The AD stated the resident does not participate in group activities, only one to one activities. During an interview on 6/06/19 at 11:24 AM, Resident #99 stated that man (Resident #60) had come into his room a couple of times and fooled with his stuff. Resident #99 stated, "I asked him nicely to get out and he wouldn't". Resident #99 stated the resident said, "Make me." Resident stated, "That's just what I did." Resident #99 stated, "I don't think I will have any more problems with him coming up in my cell". Resident #99 kept referring to his cell and people coming in that didn't have any business being in there. Resident #99 stated he couldn't call for help if someone comes in his room, because then he would be labeled a "punk." On 6/06/19 at 11:42 AM, an interview with Licensed Practical Nurse (LPN) #1 revealed she witnessed Resident #99 hit Resident #60 on 2/19/19. She stated she was at the Nurse's Station and heard a commotion coming from the direction of the resident's room and went to the room. LPN #1 stated as she was entering the room, she saw Resident #99 hit Resident #60. LPN #1 revealed Resident #60 had an abrasion under his left eye. She stated the residents were immediately separated and placed on one-on-one	F 600		

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F 600	Continued From page 9 (1:1) until Resident #99 was transferred to the Behavior Unit. LPN #1 stated outside the room Resident #99 gets along well with all staff and residents. She stated he does not want anyone in his room, which he refers to as a cell. During an interview on 06/06/19 at 1:30 PM, Certified Nursing Assistant (CNA) #1 revealed Resident #99 does for himself; she provides assistance with showers. She stated the resident is outgoing and friendly until someone goes in his room and then he gets upset and angry. CNA #1 stated she was working 5/25/19, the day he hit Resident #60, but she did not witness the altercation. CNA #1 stated she heard a commotion and went to the room and saw the resident on the floor. CNA #1 revealed she and other staff assisted him up and took him to the nurse's station. On 6/06/19 at 1:42 PM, an interview with LPN #2 revealed Resident #60 required frequent redirection and will wander into other residents room. She stated the resident will get aggressive toward staff, but has never seen him be aggressive toward other residents. LPN #2 stated other residents will say "this is not your room and you need to get out", and he will or they will call for help and staff will go in the room and assist the resident out. LPN #2 stated she has never witnessed the resident being aggressive toward any residents; only staff. On 6/06/19 at 2:06 PM, an interview with CNA #2 revealed Resident #60 required frequent redirection and will try to fight staff if he's in a bad mood. She stated he spends a lot of time outside now and he really enjoys that. The CNA stated the activity staff take him outside with them.	F 600		

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F 600	Continued From page 10 On 6/06/19 at 2:15 PM, an interview with LPN #5 revealed she heard Resident #99 holler for someone to get this man out of his room. LPN #5 stated when she and other CNAs went in the room, Resident #60 was on the floor. She stated the residents were immediately separated. LPN #5 stated Resident #60 wanders and has to be redirected throughout the day. She stated Activity staff work hard to keep him engaged in activities but his attention span is so short that he can't remember. On 6/06/19 at 4:00 PM, an interview with the Director of Nursing (DON) stated after the incident in February 2019, the Physician changed Resident #60's medications and staff implemented small group activities rather than encouraging large group activity participation, which the resident would not participate in. The DON stated after the incident in May 2019, staff implemented 1:1 activities throughout the day. She stated that Resident #60 continued to require redirection. She stated the CNAs care guide was also updated to include diversional activities when behaviors occur. The DON stated after the incident in February 2019, Resident #99 was sent to the Behavioral Health Unit and a stop sign was placed on the resident's door to discourage wanderers from entering his room. The DON stated the only time Resident #99 exhibits behaviors is if someone enters his room uninvited. She revealed Resident #99 refers to his room as his cell and protects his belongings. The DON stated after the incident in May 2019, Resident #99 was placed 1:1 until transferred out of the facility to the Behavioral Health Unit. The DON stated since the resident's return to the facility on 6/4/19, staff have added a second stop	F 600		

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F 600	Continued From page 11 sign to the resident's door. The DON stated one is located at ambulatory height and the other is located at wheelchair height. She stated staff have also added a door alarm to the resident's door that alarms when the door is opened; this was done in an effort to keep wanderers from entering the resident's room. Review of Resident #99's Face Sheet revealed the facility admitted him on 4/9/13, with diagnoses which included, Schizophrenia, and Hypertension. Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/2/19, revealed Resident #99 had a Brief Interview for Mental Status score of 15, which indicated Resident #99 was cognitively intact. Review of Resident #60's Face Sheet revealed the facility admitted him on 1/4/19, with diagnoses which included, Alzheimer's Disease, and Anxiety. Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/8/19, revealed Resident #60 had a Brief Interview for Mental Status score of 3, which indicated Resident #60 was severely cognitively impaired.	F 600		
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	F 880		7/1/19

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	255114	A. BUILDING _____ B. WING _____	06/06/2019

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F 880	Continued From page 12 diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility	F 880		

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F 880	Continued From page 13 must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to prevent the possible spread of infection as evidence by failure to change gloves and wash hands appropriately and failure to provide a clean barrier for items taken into residents' rooms during medication administration, for two (2) of 12 residents observed for medication administration, Unsampled Resident #314 and Resident #264. Findings include: Review of the facility's policy titled "Subject: Standard Precautions", HISTORY: (A) CMP 8/03; (B) P&P Comm 10/09, revealed, "Policy: Standard Precautions will be utilized to provide a primary strategy for the prevention of healthcare-associated infectious (HAI) agents	F 880	Please consider this Plan of Correction as Cleveland Nursing and Rehabilitation Center, LLC credible allegation and compliance. This plan constitutes a written allegation of substantial compliance under the Federal Medicare and Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exist or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our Residents and are submitted solely as a requirement of provisions of Federal and State Law. 1. Licensed Practical Nurse # 2 was in	

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F 880	Continued From page 14 among patients and healthcare personnel". Unsampled Resident #314 On 06/06/19 at 11:06 AM, an observation of Unsampled Resident #314 revealed that after blood glucose testing, Licensed Practical Nurse #2 brought a container of Super Sani-Cloth Germicidal Disposable Wipes into the resident's room and placed it on the over bed table while she cleaned the glucometer. She then took the wipe container into the bathroom and placed it on the resident's lavatory while she washed her hands. She took the container and placed it on top of the medication cart and prepared the resident's injection. After she gave the injection, she washed her hands and went to the cart to dispose of the syringe. She took the wipe container back into room and placed it on the over bed table while she cleaned the table with a Super Sani-Cloth. She then carried the container into bathroom and placed it on the toilet lid while she washed her hands. She placed the container back into the medication cart. In an interview with Licensed Practical Nurse #2 on 06/06/19 at 2:25 PM, she stated that by taking the Super Sani-Cloths into the resident's room and placing them on the lavatory and toilet lid, it would be an infection control problem that could spread germs to the medication cart. During an interview, with the Director of Nursing on 06/06/19 at 2:36 PM, she confirmed, "This is an infection control problem", referring to the actions of the nurse taking the container of wipes into the resident's room and placing the container on several surfaces, then taking it back to the medication cart.	F 880	serviced on 6/7/2019 by The Director of Nurses on the facility's Infection Control Policy on ensuring to provide clean barriers for items taken into resident's room during medication administration. Licensed Practical Nurse #4 was in serviced on 6/7/2019 by the Director of Nurses on ensuring that gloves are changed appropriately and washing hands during medication administration. 2. All Residents have a potential to be affected. 3. Licensed nurses were in-serviced on 6/7/2019 by the Director of Nurses, on ensuring that infection control measures are followed during medication administration. 4. The Director of Nurses will monitor medication administration three x week for four weeks starting 6/10/2019 to ensure that the facility's Infection Control Policy is followed during medication administration. Any concerns will be immediately addressed. The Director of Nurses will forward the results of the audits to the Executive Director. The Executive Director will forward the results of the audits to the monthly Quality Assurance Committee. The monthly Quality Assurance Committee will determine the frequency and continuation of audits based upon the results achieved and make recommendations as needed.	

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F 880	Continued From page 15 On 06/07/19, at 09:45 AM, during an interview with the Registered Nurse Risk Manager, she stated, "It is an infection control problem. We don't teach them to take the wipe container into the room. I've never known anyone to do that. They always clean the glucometer on the cart. Sitting the container on the toilet could cause a lot of problems, because you don't know what kind of germs are on that toilet and then putting it in the med cart contaminated the cart". Record review of an in-service performed by the Risk Manager on 2/19/19, titled "Infection Control" revealed that LPN#2 attended. Resident #264 Review of the facility's "Enteral Tube Medication Administration Procedures" policy, amended 2/18, revealed the facility policy is to safely and accurately administer oral medications through an enteral tube. The procedure included, #1. Check Medication Administration Record. #2. Prepare medications for administration. #3. Provide privacy and position resident. #4. Wash hands and apply gloves. The facility utilized the "Association for Professionals in Infection Control and Epidemiology (APIC) Do's and Don'ts for Wearing Gloves in the Healthcare Environment". Review of this document revealed, "Do clean hands and change gloves between each task (e.g., after contact with a contaminated surface or environment) and don't touch your face when wearing gloves". An observation, on 6/6/19 at 1:45 PM, during medication pass, revealed Licensed Practical	F 880		

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F 880	Continued From page 16 Nurse (LPN) #4 donned gloves and pushed her hair back, while wearing her gloves, during medication set up for Resident #264. LPN #4 then put her gloved hand inside the Silent Knight medication pouch and touched the inside of a medication cup with her gloves. She then took her keys out of her pocket and opened the medication cart and removed a bottle of water. She again pushed her hair back over her shoulder and removed a bagged 60 millimeter (mm) syringe from the medication cart drawer. She administered medications to Resident #264 via enteral tube. LPN #4 did not change gloves and/or wash her hands at any time during the medication pass for Resident #264. Upon completion of the medication administration, LPN #4 removed her gloves and washed her hands. An interview on 6/6/19 at 2:11 PM, revealed LPN #4 stated she did not even realize she pushed her hair back with her gloves on. She confirmed that this contaminated her gloves and also touching her keys and opening the medication cart drawer also contaminated her gloves. She stated she contaminated everything she touched with her gloves. She stated that she should have changed her gloves and washed her hands during the medication pass. An interview, on 6/6/19 at 4:02 PM, with the Director of Nursing (DON), revealed LPN #4 should have washed her hands and/or used hand sanitizer and changed her gloves when they got contaminated. The DON confirmed touching objects with contaminated gloves transferred germs and cross-contaminated whatever was touched. She stated LPN #4 should have changed her gloves two (2) or three (3) times during the procedure.	F 880		

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F 880	Continued From page 17 Record review revealed LPN #4 attended an in-service on Infection Control and Handwashing on 2/19/19.	F 880		

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 07/03/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 6/6/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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