STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355128	A. BUILDING _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSOURI SLOPE	**4916 N WASHINGTON ST BISMARCK, ND 58503**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification and complaint survey started on 03/24/25 and concluded 03/27/25. During the complaint investigation, the facility was found noncompliant with regulatory requirements.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the	F 550		4/21/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/11/2025

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F 550	Continued From page 1 resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide care in a manner and environment that maintains or enhances residents' quality of life for 5 of 9 residents (Residents #3, #44, #45, #70, and #112) observed during medication administration and in 3 of 8 dining rooms (1st floor C/D wing, 2nd floor C/D wing, and 4th floor C/D wing). Failure to refer to residents by their preferred name and dispose of bags containing trash/dirty linens prior to entering dining rooms does not promote resident dignity or respect. Findings include: Review of the facility policy titled "Promoting Dignity and Resident Rights" occurred on 03/27/25. This policy, dated December 2024, stated, ". . . All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights . . . Staff members should converse with the resident while doing cares . . . Speak respectfully to residents . . ." Observations of medication administration on	F 550	1. Staff caring for Residents #3, #44, #45, #70, and #112 were educated to refer to residents by their preferred name and to dispose of bags of trash and dirty linens prior to entering dining room. 2. All residents have the potential to be affected. 3. Nursing staff received re-education on calling residents by their preferred name and disposing of bags containing trash and dirty linens prior to entering dining rooms on April 18, 2025. 4. The Unit Directors, Charge Nurses, Lead CNA, and Mentor CNAs will be responsible to monitor/audit. The Infection Preventionist/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure residents are called by their preferred name and bags of trash and dirty linens are disposed of prior to entering the dining rooms. The first quality assurance monitor will be completed on April 18.	

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F 550	Continued From page 2 03/26/25 showed a medication aide (MA) (#9) using endearing terms as follows: - 8:09 a.m. Called Resident #45 "Hon, Sweetheart, Babe." Resident #45's current care plan stated ". . . My preferred name: [Resident's name]." - 8:22 a.m. Called Resident #70 "Hon." Resident #70's current care plan stated ". . . My preferred name: [Resident's name]." - 8:32 a.m. Called Resident #112 "Hon." Resident #112's current care plan stated ". . . My preferred name: [Resident's name]." - 8:38 a.m. Called Resident #3 "Hon, Sweetheart." Resident #3's current care plan stated ". . . My preferred name: [Resident's name]." -8:47 a.m. Called Resident #44 "Hon, Deary, My Dear, Sweetie, Babe." Resident #44's current care plan stated ". . . My preferred name: [Resident's name]." During an interview on 03/27/25 at 1:15 p.m., an administrative staff member (#1) confirmed she expected staff to call residents by their preferred name unless care planned otherwise. - Observation on 03/24/25 at 4:40 p.m. showed an unidentified certified nurse aide (CNA) carrying a bag of garbage, while he/she pushed Resident #126's wheelchair to the 1st floor C/D dining room and up to a table where two residents were sitting. - Observation on 03/25/25 at 8:30 a.m. showed a CNA (#3) completed Resident #4's morning cares, gathered two bags of garbage and dirty linen, and exited the room carrying the bags while she assisted the resident to a table with two	F 550	QAPI monitoring will be performed weekly for four weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to re-educate staff. Monitoring results will be reviewed by the QAPI committee at each scheduled meeting.	

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F 550	Continued From page 3 residents who were eating breakfast in the 4th floor C/D dining room. - Observation during the breakfast meal on 03/25/25, showed an unidentified CNA brought an unidentified resident to the dining table in the second floor C/D dining room holding a bag of soiled linen and garbage. - Observation on 03/26/25 at 8:01 a.m. showed a CNA (#7) stood in the first floor C/D dining room next to Resident #85 holding a bag of garbage and a bag of dirty linen. Resident #85's table mate had her breakfast tray in front of her. During an interview on 03/26/25 at 11:45 a.m., a nurse manager (#4) stated she expected staff to dispose of dirty linen/garbage before taking residents to the dining room or activities.	F 550		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure the interdisciplinary team assessed the appropriateness to self-administer medications (SAM) for 1 of 9 residents (Resident #70) observed during medication administration. Failure to determine whether SAM is a safe practice has the potential to result in a medication error and/or harm to a resident.	F 554	1. For Resident #70, the self-administer medication assessment was completed and a physician order was obtained stating it is OK to keep Genteal Tear Solution (artificial tears) medication at bedside for resident to self-administer. 2. All residents who are capable of self-administering medications have the potential to be affected.	4/21/25

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F 554	Continued From page 4 Findings include: Review of the facility policy titled "Self-Administration of Medications" occurred on 03/27/25. This policy, revised May 2024, stated, ". . . Missouri Slope is committed to respecting resident's rights to self-administer medication, after an interdisciplinary assessment, when and if they desire and are able to. In order to facilitate this each resident will be evaluated for their ability to do so safely. . . ." Review of Resident #70's medical record occurred on 03/26/25 and identified a physician's order for Genteal Tear Solution (artificial tears) 1 drop in both eyes twice a day. The current care plan stated, ". . . [Resident name] has impaired cognitive function/dementia . . . moderate to severe cognitive impairment . . . has an ADL [activities of daily living] self-care performance deficit & limited physical mobility. . . ." Observation on 03/26/25 at 8:22 a.m. identified a medication aide (MA) asked Resident #70 if she had taken her eye drops. The resident replied "Yes." When asked about the eye drops, the MA stated, "The resident keeps them in her room and puts them in herself." The MA signed off the eye drops as administered in Resident #70's medication administration record (MAR). Resident #70's medical record lacked a SAM assessment and a provider order stating the resident may keep the eye drops at bedside. During an interview on 03/27/25 at 1:45 p.m., an administrative nurse (#1) confirmed the record lacked a SAM assessment for Resident #70's	F 554	3. Nurses and MAIIs received re-education indicating that if resident has a medication at bedside, the resident must have a self-administration medication assessment completed indicating the resident is capable to self-administer the medication and there must be a physician order stating that it is OK for the resident to keep the medication at bedside for self-administration on April 18, 2025. 4. The Unit Directors, Charge Nurses, and Mentor MAIIs will be responsible to monitor/audit. The Infection Preventionist/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure residents who are self-administering medications have a self-administer medication assessment completed and a physician order to keep medication at bedside for the resident to self-administer. The first quality assurance monitor will be completed on April 18. QAPI monitoring will be performed weekly for four weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to re-educate staff. Monitoring results will be reviewed by the	

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F 554	Continued From page 5 eye drops.	F 554	QAPI committee at each scheduled meeting.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review, policy review, professional reference, and staff interview, the facility failed to follow professional standards of practice for medication administration for 1 of 9 resident's observed during medication administration. Failure to document medications after administration, does not reflect the actual time of administration or any refusals which may cause adverse effects for the resident. Findings include: Kozier & Erb's "Fundamentals of Nursing: Concepts, Process, and Practice," 11th Edition eText, 2021, Pearson, Boston, Massachusetts, page 836, stated, ". . . Administering Medications Safely . . . Document medication administration after giving it, not before. . . ." Review of the facility policy titled "Medication Administration" occurred on 03/27/25. This policy, dated December 2024, stated, ". . . Proper steps for identification of medication and identification of resident should be carried out each time medications are administered. . . .	F 658	1. MAII, noted to administer medications to Resident #45, was re-educated to not pre-dish medications for future medication pass. 2. All residents have the potential to be affected. 3. Nurses and MAIIs received re-education on not pre-dishing medications for future medication passes on April 18, 2025. 4. The Unit Directors, Charge Nurses, and Mentor MAIIs will be responsible to monitor/audit. The Infection Preventionist/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure medications are not pre-dished for future medication passes. The first quality assurance monitor will be completed on April 18. QAPI monitoring will be performed weekly for four weeks, monthly for three months, and then quarterly thereafter for one year. After that time,	4/21/25

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F 658	Continued From page 6 Medications should not be pre-dished for future medication passes . . . Right documentation . . ." - Observation on 03/26/25 at 8:09 a.m., identified a Medication Aide (MA) (#9) administered medications to a resident in the dining room. The MA (#9) returned to the medication cart and retrieved an unlabeled cup of medications from the top drawer. The MA stated, "I usually dish medications right away for residents that have pills from the narcotic drawer." When asked what narcotic the MA dished the MA stated, "Die-something." A review of Resident #45's medication record identified an order for Diphenoxylate/Atropine, a controlled medication for treatment of diarrhea. The MA took the unlabeled medication cup to Resident #45's room where the resident was in the bathroom. The MA returned to the cart with the medication cup and asked a nurse what she should do with them. The nurse stated, "you have to hold onto them now until the resident is available. The MA (#9) returned to Resident #45's room, waited for the resident to be available, administered the medications, and returned to the cart. Observation of the medication administration record (MAR) identified the MA already documented the medication as administered prior to administering the medications. During an interview on 03/27/25 at 1:15 p.m., an administrative nurse (#1) stated she expected staff to document medications after administration.	F 658	continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to re-educate staff. Monitoring results will be reviewed by the QAPI committee at each scheduled meeting.	
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors.	F 759		4/21/25

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F 759	Continued From page 7 The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, review of manufacturer's instructions, and staff interview, the facility failed to ensure a medication error rate of less than five percent for 2 of 9 residents (Resident #44 and #70) observed during medication administration. Four medication errors occurred during staff administration of 41 medications, resulting in a nine percent error rate. Failure to properly prepare and administer medications may inhibit the effectiveness of the medication and may have a negative impact on the resident's overall health. Findings include: Review of the facility policy titled "Medication Administration" occurred on 03/27/25. This policy, dated December 2024, stated, ". . . Medications included in this definition may include those administered orally . . . optic . . . c. right dosage d. right route. e. right time. f. right documentation . . . A resident may refuse a medication. This should be documented on the eMAR [electronic medication administration record] and the nurse notified. The physician should be notified of repeated refusals. . . ." Review of administration instructions found at Timolol Maleate Eye Drops, Solution 0.5% Novartis . . . Package Insert, 25 June 2020, https://www.novartis.com/sgen/sites/novartis_sg/files/TimololMaleate-Jun2020.SIN-App110920.pdf	F 759	1. MAII, noted to administer medications to Residents #44 and #70, was re-educated on giving eye drops only in the eye specified in the physician order, administering the correct number of eye drops, waiting the appropriate length of time before administering a second eye medication, administering medication dose on the physician order, and to notify the nurse if the resident requests a different dose than ordered. 2. All residents have the potential to be affected. 3. Nurses and MAIIs received re-education on giving eye drops only in the eye specified in the physician order, administering the correct number of eye drops, waiting the appropriate length of time before administering a second eye medication, administering medication dose on the physician order, and to notify the nurse and provider if the resident requests a different dose than ordered on April 18, 2025. 4. The Unit Directors, Charge Nurses, and Mentor MAIIs will be responsible to monitor/audit. The Infection Preventionist/QAPI Director and Vice President of Resident Services will	

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F 759	Continued From page 8 stated, ". . . If more than one topical ophthalmic drug is being used, the drugs should be administered at least 5 minutes apart. . . ." - Review of Resident #44's medical record occurred on 03/26/25. Physician's orders included Timolol Maleate Solution (an eye drop to reduce eye pressure) 0.5% 1 drop in the right eye twice a day and Lubricant eye drops 2 drops in both eyes four times a day. Observation on 03/26/25 at 8:47 a.m. showed a medication aide (MA) (#9) administered Timolol eye drops in both of Resident #44's eyes, waited 20 seconds, and administered 1 drop of the lubricant eye drops in both eyes. When asked to confirm the dosage of the Timolol eye drops, the MA referred to the pharmacy label on the medication box which showed 1 drop in the right eye only. The MA (#9) confirmed the administration error. The MA also failed to wait the appropriate length of time before administering the lubricant drops and failed to administer 2 drops as ordered. - Review of Resident #70's medical record occurred on 03/26/25. A physician's order stated Polyethylene Glycol Powder (a laxative mixed with water) 8.5 grams by mouth once daily. Observation on 03/26/25 at 8:22 a.m. showed a MA (#9) dispensed 8.5 grams of laxative powder into a 6-ounce cup, filled it with ice water, and brought it to Resident #70. The resident stated the water was "too cold" and "I don't want too much." The MA returned to the medication cart, wasted the medication, and placed half of the 8.5-gram dose into a plastic cup. The MA (#9)	F 759	compile QAPI data and monitor to ensure eye medications are given correctly, medication doses are administered as ordered, and if resident requests a different dose that the nurse and provider are notified of the resident□s preference. The first quality assurance monitor will be completed on April 18. QAPI monitoring will be performed weekly for four weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to re-educate staff. Monitoring results will be reviewed by the QAPI committee at each scheduled meeting.	

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F 759	Continued From page 9 filled the glass with tap water per resident's request, administered the lower dose to the resident, and documented administration of the full dose in Resident #70's medication administration record (MAR). The MA (#9) failed to report to the charge nurse the resident's refusal of the full dose before administering a different dose. During an interview on 03/27/25 at 1:15 p.m., an administrative staff member (#1) confirmed she expected medications to be administered as ordered and report a refusal or request to the charge nurse and provider.	F 759		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812		4/21/25

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F 812	Continued From page 10 by: Based on observation and staff interview, the facility failed to ensure food is stored in accordance with professional standards for food service sanitation in 6 of 8 nutrition stations (first floor A/B and C/D, second floor A/B and C/D, and third floor A/B and C/D). Failure to ensure food is safe from contamination by resident ice packs has the potential to result in a foodborne illness or adverse effects for residents, visitors, and staff. Findings include: When requested, the facility failed to provide a policy for storage of ice packs. Observation of the nutrition stations on 03/24/25 showed the following items stored with food items: - 2:25 p.m. First floor A/B nutrition station freezer, two blue gel cooling packs with a resident label, alongside ice cream cups. First floor C/D nutrition station freezer, two unlabeled blue gel cooling packs alongside a box of snack breads. - 2:38 p.m. Second floor A/B nutrition station freezer, one unlabeled blue gel cooling pack alongside ice cream cups. Second floor C/D nutrition station freezer, one unlabeled blue gel cooling pack alongside ice cream cups, a piece of a resident's ice cream cake in a ziploc bag, and two dishes of what a dietary aide identified as "dessert from Saturday." An administrative nurse (#5) stated staff should not store cooling packs in nourishment freezers. - 2:46 p.m. Third floor A/B nutrition station freezer, two unlabeled blue gel cooling packs alongside ice cream cups. Third floor C/D	F 812	1. Staff working evening shift on 1st, 2nd, and 3rd floor on March 24 were educated on storing gel cooling packs in the nurses station freezer designated for that purpose. 2. All residents have the potential to be affected. 3. Nursing staff received re-education on storing gel cooling packs in the nurses station freezer designated for that purpose on April 18, 2025. 4. The Unit Directors, Charge Nurses, Lead CNA, Mentor CNAs, and Nutritional Services Supervisors will be responsible to monitor/audit. The Infection Preventionist/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure gel cooling packs are stored in the nurses station freezer designated for that purpose. The first quality assurance monitor will be completed on April 18. QAPI monitoring will be performed weekly for four weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to re-educate staff. Monitoring results will be reviewed by the	

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	355128	A. BUILDING _____ B. WING _____	C 03/27/2025

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F 812	Continued From page 11 nutrition station freezer, two unlabeled blue gel cooling packs alongside ice cream cups. A staff nurse (#6) stated cooling packs are "not supposed to be in there [nourishment freezers]" and should be kept in the nurse's station freezer. During an interview on 03/27/25 at 1:15 p.m., an administrative staff member (#1) confirmed she expected staff to store gel packs in the nurse's station freezer designated for that purpose.	F 812	QAPI committee at each scheduled meeting.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and	F 880		4/21/25

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F 880	Continued From page 12 procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.	F 880		

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F 880	Continued From page 13 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, review of facility policy, and staff interview, the facility failed to follow standards of infection control and prevention for 2 of 14 sampled residents (Resident #116 and #164) requiring enhanced barrier precautions (EBP). Failure to practice infection control standards related to EBP and hand hygiene has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled "Hand Hygiene, Artificial Nails" occurred on 03/27/25. This policy, revised December 2024, stated, ". . . Hand hygiene is considered the single most important procedure for preventing the spread of health-care associated infections. . . . The use of gloves does not eliminate the need for hand hygiene. . . . Indications for Hand Hygiene . . . 7. After removing gloves. . . ." Review of the facility policy titled "Isolation, Standard Precautions, and Enhanced Barrier Precautions" occurred on 03/27/25. This policy, dated September 2024, stated, ". . . In addition to Standard Precautions, use Enhanced Barrier Precautions when providing high contact cares for residents at increased risk of an MDRO [multidrug-resistant organism] acquisition; includes residents with . . . indwelling medical devices. . . Use gowns and gloves for high contact direct cares including . . . device care . . . examples of devices include . . . central line. . . .	F 880	1. Nurse caring for Resident #116 was re-educated on performing hand hygiene before and after glove changes. Nurse caring for Resident #164 was re-educated on wearing gown in resident room if resident is in EBP and nurse is performing a task requiring PPE, discarding used supplies in resident room trash, removing PPE prior to exiting a resident room, and performing hand hygiene prior to exiting resident room. 2. All residents have the potential to be affected. 3. Nursing staff received re-education on performing hand hygiene before and after glove changes, wearing gown in resident room if resident is in EBP and staff is performing a task requiring PPE, discarding used supplies in resident room trash, and removing PPE prior to exiting a resident room on April 18, 2025. 4. The Unit Directors, Charge Nurses, Lead CNA, and Mentor CNAs will be responsible to monitor/audit. The Infection Preventionist/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure staff are performing hand hygiene before and after glove changes, wearing gown in resident room if resident is in EBP and staff is performing a task requiring PPE,	

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F 880	Continued From page 14 remove PPE [personal protective equipment] and discard appropriately and perform hand hygiene before leaving room. . . ." - Review of Resident #116's medical record occurred on all days of survey. The current care plan stated, ". . . is on Enhanced Barrier Precautions due to history of an MDRO . . . indwelling medical device . . ." Observation on 03/25/25 at 8:32 a.m. showed a sign on Resident #116's door indicating enhanced barrier precautions, and the resident resting in bed. A nurse (#2) entered the resident's room, donned a gown, gloves, and a facemask, and removed the resident's oxygen mask. The nurse (#2) removed her gloves, and without performing hand hygiene, prepared a suction kit, donned the sterile gloves from the kit, and suctioned Resident #116's tracheostomy (a surgically placed airway). The nurse (#2) changed her gloves without performing hand hygiene and performed tracheostomy cares. The nurse (#2) then changed her gloves without performing hand hygiene, prepared Resident #116's nutritional supplement and tubing, changed her gloves without performing hand hygiene, flushed the feeding tube, administered medications, and connected the resident's nutritional supplement. The nurse (#2) removed her gloves, and without performing hand hygiene, retrieved a walkie talkie from her pocket to call for assistance, cleaned up the supplies, removed her gown, washed her hands, and exited the room. The nurse (#2) failed to perform hand hygiene before and after glove changes.	F 880	discarding used supplies in resident room trash, and removing PPE prior to exiting a resident room. The first quality assurance monitor will be completed on April 18. QAPI monitoring will be performed weekly for four weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until performance demonstrates sustained compliance and discontinuation is approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to re-educate staff. Monitoring results will be reviewed by the QAPI committee at each scheduled meeting.	

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F 880	Continued From page 15 During an interview on 03/27/25 at 10:00 a.m., an administrative nurse (#1) confirmed she expected staff to perform hand hygiene after removing gloves and before donning new gloves. - Review of Resident #164's medical record occurred on all days of survey. The current care plan stated, ". . . is on Enhanced Barrier Precautions due to indwelling medical device, PICC [Peripherally Inserted Central Catheter] . . ." A physician order stated, "Aztreonam 2 GM [grams] [an antibiotic medication] . . . Infuse . . . intravenously [IV] . . . every 8 [eight] hours . . ." Observation on 03/25/25 at 2:35 p.m. showed a sign on Resident #164's door indicating EBP. A nurse (#8) donned a mask and gloves, entered Resident #164's room, connected an antibiotic IV infusion set to the resident's PICC line, and started the antibiotic administration via an IV pump. The nurse (#8) removed her gloves and mask, performed hand hygiene, and exited the resident's room. At 3:10 p.m., the nurse (#8) donned a new mask and gloves, entered Resident #164's room, and disconnected the IV tubing from the resident's PICC line. While wearing the mask and gloves, and carrying the antibiotic infusion set, the nurse exited the resident's room. The nurse (#8) failed to wear a gown during Resident #164's PICC line IV antibiotic infusion, failed to discard the infusion set in the residents' room, and failed to remove her mask and gloves and perform hand hygiene prior to exiting the resident's room.	F 880		

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F 880	Continued From page 16 During an interview on 03/25/25 at 4:45 p.m., an administrative nurse (#1) confirmed all nurses are trained on appropriate PPE use and medication administration for residents with PICC lines and on EBP.	F 880		