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	175250	A. BUILDING _____ B. WING _____	11/30/2022

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. This 25676 was electronically sent to the facility on 12/5/22.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility reported a census of 48 residents and identified three as confused and self-mobile. The facility failed to keep hazardous chemicals out of the reach of the identified three confused self- mobile residents to prevent incidental ingestion and accidents. Findings included: - Observation on 11/30/22 at 07:50 AM, revealed an unlocked whirlpool/shower room door on the Meadowlark area. An unlocked cabinet next to the whirlpool contained a gallon bottle of "12% bleach." The bottle label documented, "Keep out of the reach of children." On 11/30/22 at 07:55 AM, Licensed Nurse G verified the door to the whirlpool/shower room was to be locked at all times.	F 689		

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

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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Observation on 11/30/22 at 08:00 AM, revealed an unlocked whirlpool/shower room door on the Countryview area. A spray bottle containing "Pro-con turquoise 3 cleaner disinfectant" sat out directly available on a sink countertop. The bottle had a label that documented, "Keep out of the reach of children."

On 11/30/22 at 08:15 AM, housekeeping employee U verified the doors to the whirlpool/shower door in the Meadowlark area were to always remain locked. They can be unlocked by either key, or a code being entered into a keypad on the lock. She did not know how long the door had been unlocked or who had unlocked it. Housekeeping employee U also verified that the Meadowlark whirlpool/shower room door was unlocked. Additionally, housekeeping employee U confirmed the "12% bleach" bottle was in an unlocked cabinet.

On 11/30/22 at 08:20 AM, housekeeping employee U verified the doors to the whirlpool/shower door in the Countryview area were to always remain locked. They can be unlocked by either key, or a code entered a keypad on the lock. She did not know how long the door had been unlocked or who had unlocked it. Housekeeping employee U also verified that the Countryview area whirlpool/shower room door was unlocked. Additionally, housekeeping employee U confirmed the bottle of "Pro-con turquoise 3 cleaner disinfectant" was on a sink countertop. There was a lock on a cabinet under the sink that was unlocked. Housekeeper U did not know where the key was.

On 11/30/22 at 09:40 AM, Administrative Staff A

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F 689	Continued From page 2 reported staff should keep hazardous chemicals locked up. The facility's policy for "Control of Hazardous Chemicals, with no date, documented "all substances with warning labels, including but not exclusive to "Keep out of reach of children," would be locked and inaccessible at all times. All hazardous chemicals are to be locked at all times to avoid accessibility of any elder in the facility." The facility failed to keep these hazardous chemicals out of the reach for the three confused, self-mobile residents to prevent accidental ingestion and accidents.	F 689		
F 692 SS=E	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care	F 692		

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provider orders a therapeutic diet.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 48 residents and identified four residents on physician ordered pureed diets. Based on observation, interview and record review, the facility failed to ensure staff prepared the pureed (a process to render foods to a consistency of pudding or mashed potatoes) foods in a manner to provide nutritional support as planned in the recipes and menus.

Findings included:

- Interview, on 11/28/22 at 08:44 AM, with Dietary Staff BB, revealed four residents received pureed foods.

Review of the "Diet Spreadsheet" for Wednesday (11/29/22) for pureed diet lunch, revealed the following for the planned pureed consistency meal: grilled chicken, oven roasted rosemary potatoes, California blend vegetables, chef's choice of dessert, and buttered dinner roll.

Review of the recipe for pureed foods for five servings of the pureed oven roasted rosemary potatoes, instructed staff to measure 2.5 cups of potatoes and add 0.5 cup of hot milk gradually to blend until smooth consistency. The recipe indicated that the liquid specified in the recipe was a suggested amount.

Review of the recipe for the planned pureed biscuit, for five servings, instructed staff to place five biscuits in the food processor and add 1.5 cups of milk.

Interview, on 11/29/22 at 11:15 AM, with Dietary

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F 692	Continued From page 4 Staff BB, revealed she did not have the recipe to puree the oven roasted rosemary potatoes and used chicken broth to obtain the desired pudding/mashed potato consistency. At that time Dietary Staff BB proceeded to place the potatoes in the food processor and added an unmeasured amount of chicken broth. Dietary staff BB proceeded to puree the California vegetables grilled chicken and placed them in the oven to reheat to ensure they were reheated to 165 degrees Fahrenheit. At approximately 12:00PM, Dietary Staff BB sent the pureed hot foods and pureed pineapple upside down cake to the nursing unit to serve to the four residents with pureed diets. Interview on 11/29/22 at 12:10 PM, Dietary Staff BB, confirmed she did not provide the four pureed diet residents the buttered dinner roll per the menu. Dietary Staff BB stated the facility did not have dinner rolls and so she obtained four slices of unbuttered bread and placed them in the food processor. Dietary Staff BB confirmed she did not have a recipe for pureed bread but would use chicken broth to obtain the correct texture. The facility policy "Diet and Nutrition Care Manual" dated 2021, instructed staff that standardize pureed recipes are the first step to assure a product that is consistent in taste, appearance, consistency, and nutrient content. The facility failed to ensure these four residents receiving pureed foods, received the full nutritional support as planned in the menus and recipes to prevent weight loss.	F 692		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)	F 695		

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§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.
The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 48 residents with 13 residents sampled, including two residents reviewed for respiratory. Based on interview, record review and observation, the facility failed to ensure sanitary use of respiratory equipment to prevent respiratory infections for one of the two sampled residents, Resident (R)4, regarding storage of distilled water for the oxygen (O2) concentrator.

Findings included:

- Review of Resident (R)4's electronic medical record (EMR) included the following diagnoses: Alzheimer's (progressive mental deterioration characterized by confusion and memory failure), lung cancer (cancer of the lung) and chronic respiratory failure (a condition that occurs when the lungs cannot get enough oxygen into the blood or eliminate enough carbon dioxide from the body).

The annual "Minimum Data Set" (MDS), dated 04/07/22, documented the resident had a Brief Interview for Mental Status (BIMS) score of seven, indicating severe cognitive impairment. She had a diagnoses of cancer, Chronic

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Obstructive Pulmonary Disease (COPD-progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and respiratory failure. The resident received oxygen (O2) therapy while a resident at the facility.

The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential" Care Area Assessment (CAA), dated 04/07/22, documented the resident admitted to the facility on hospice services and required continuous supplemental oxygen.

The quarterly "MDS," dated 10/06/22, documented the resident had a BIMS score of seven, indicating severe cognitive impairment. She had a diagnoses of cancer, Chronic Obstructive Pulmonary Disease (COPD-progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and respiratory failure. The resident received oxygen therapy while a resident at the facility.

The care plan for respiratory, updated 10/04/22, instructed staff the resident used supplemental oxygen continuously due to diagnoses of COPD and lung cancer.

Review of the resident's EMR, included a physician's order, dated 07/09/22, which included: instructions for the staff to administer oxygen at two to five liters (L) per nasal cannula (NC), to maintain oxygen saturations above 90%.

On 11/28/22 at 02:14 PM, the resident rested in bed with her eyes closed. The resident received oxygen via NC at 2L, as ordered. The oxygen

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concentrator had a humidifier bottle attached with the water bubbling, indicating the resident's oxygen had humidification. A gallon jug of distilled water sat directly on the floor next to the oxygen concentrator, lacking a barrier.

On 11/29/22 at 07:53 AM, the resident rested in bed with her eyes closed. The resident received oxygen via NC at 2L, as ordered. The oxygen concentrator had a humidifier bottle attached with the water bubbling, indicating the resident's oxygen had humidification. A gallon jug of distilled water sat on the floor next to the oxygen concentrator, lacking a barrier.

On 11/28/22 at 08:30 AM, Certified Nurse Aide (CNA) M stated the resident used oxygen at all times.

On 11/29/22 at 01:45 PM, CNA N stated the resident used oxygen at all times. CNA N was unsure of the care required by the resident's oxygen concentrator.

On 11/29/22 at 02:36 PM, Licensed Nurse (LN) G stated the distilled water container should not be stored on the floor.

On 11/30/22 at 09:52 AM, Administrative Nurse D stated the gallon jug of distilled water should not be stored on the floor without a barrier.

The facility policy for "Administration of Oxygen", undated, included: Oxygen concentrators will be kept and maintained in such a way as to be compliant with all relevant health and safety guidelines.

The facility failed to ensure proper care of oxygen

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F 695	Continued From page 8 equipment for this dependent resident with respiratory issues, to prevent respiratory infections.	F 695		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility reported a census of 48 residents. Based on observation, interview and record review, the facility failed to store, prepare, and serve food in a sanitary manner for the residents of the facility. Findings included: - Observation, on 11/28/22 at 08:44 AM, revealed the following areas of concern in the refrigerators in the main kitchen:	F 812		

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1) Five condiment squeeze bottles without caps over the open tips.
2) Three sausage patties in a baggie dated 11/21/22.
3) Biscuit gravy in a plastic container dated 11/23/22.
4) An opened bag of bacon bits dated 11/12/22.
5) Sliced black olives in a plastic bag dated 11/15/22.
6) Two ice packs for resident treatments.
7) A resident's personal bowl of turkey and mashed potatoes covered with plastic wrap dated 11/25/22.

The pantry contained the following areas of concern:

1) No open date or expiration date on a bag of crushed cornflakes.
2) An opened and unsealed bag of flour.
3) A box of bread dated 11/18/22, with no date on the individual loaves of bread.
4) Raisin Bran in a plastic cereal container dated 07/22.
5) Rice crisp cereal in a plastic cereal container dated 07/22.

Interview, on 11/28/22 at 08:45 AM, with Dietary Staff BB, revealed all refrigerated items must be dated when opened and confirmed the identified items above noted were past their safe use by timeframe. Dietary Staff BB stated the resident family brought in the turkey and mashed potatoes and explained that it should contain the name and date. The ice pack for resident treatments should not be kept in the kitchen refrigerator with resident foods.

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The Country View kitchen refrigerator contained the following areas of concern:

1) Five slices of sausage pizza in a plastic bag dated 11/23/22.
2) An open package of cheddar cheese with an open date of 10/14/22.
3) A plastic bag containing lunchmeat with a noted white slime contained no open date.
4) No date on sliced turkey lunchmeat in a baggie.
5) Five boiled eggs in a baggie with no date.
6) One half of a tomato in a baggie with no date.
7) Three large tortillas in a bag with no expiration date or open date.
8) A resident's personal, opened strawberry jam dated 08/15/22.
9) A plastic squeeze bottle of ranch dressing dated 11/08/22 with no cover over the open tip.
10) A plastic squeeze bottle of French dressing undated and with no cover over the open tip.
11) Two plastic squeeze bottles with an unknown white and yellow substance with no date or cover over the open tips.
12) BBQ sauce in a plastic squeeze bottle with no cover over the open tip.
13) Salsa in a plastic squeeze bottle dated 10/18/22 and no cover over the tip.
14) Two plastic bags of ham and turkey both with no dates.
15) An open plastic bag of bacon bits dated 10/12/22.
16) A jar of salsa dated 08/2/22 with expiration dated 11/23/22.
17) A staff member's personal lunch bag.

Interview, on 11/28/22 at 09:30 AM, with Dietary Staff EE, confirmed the above areas of concern, and stated the staff member should not keep their

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personal lunch bag in the kitchen refrigerator.

Observation, on 11/29/22 at 02:00 PM, during the environmental tour of the main kitchen revealed the following areas of concern:

1) The entire surface of the back of the prep table contained multiple splashes and drips of an unknown substance.
2) Two air vents above the prep table contained dust build up and the two air vents above the stove also contained dust build up.
3) Eight vents above the stove contained grime and dust.
4) The lids and interior surfaces of eight plastic boxes containing cooking utensils contained dust, dirt crumbs and grime.
5) Three small skillets contained scratches and chipping of the nonstick surface.
6) One large skillet contained unknown substances in areas of the interior surface.
7) Five of the six burners of the stove contained an accumulation of grime and burnt on substances.
8) The left oven of the stove contained burnt on substance and brown discolorations across all of the interior surfaces.
9) The right oven contained a large amount of brown greasy substance down the door and on the floor of the oven.

Interview, on 11/29/22 at 02:30 PM, with Dietary Staff BB, confirmed the above and stated she did have a cleaning schedule, but staff did not keep up with the cleaning. Dietary Staff BB stated she thought the spillage in the right oven occurred with the noon meal.

Observation, on 11/29/22 at 02:00PM, revealed

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the dishwasher in the Country View unit, contained an empty bottle of sanitizer as staff ran it for the dishware from the noon meal. Interview at that time with dietary staff CC revealed he did not check the dishwasher sanitation level and did not know if the dishwasher provided high temperature or chemical sanitation.

Interview, on 11/29/22 at 03:30 PM, with Administrative Staff A, revealed the dishwashers utilized a low temperature water with a chemical sanitizing agent and staff should ensure the sanitizer feeds into the machine.

The facility policy "Food brought in by Family and Visitors: undated, instructed staff that food must be kept in resealable containers with tightly fitting lids and labeled with resident name and use by date.

The "Food Storage Policy", undated, instructed staff to monitor the refrigerator daily and discard the food when it has been in the refrigerator for 72 hours or when food is past the printed expiration date, which ever comes first.

The facility failed to store, prepare, and serve food in a sanitary manner for the residents of the facility.