

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/08/2023
NAME OF PROVIDER OR SUPPLIER SPRINGS REHABILITATION AT BRANDYWINE		STREET ADDRESS, CITY, STATE, ZIP CODE 505 GREENBANK ROAD WILMINGTON, DE 19808		
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F 761	<p>Continued From page 100</p> <p>DON confirmed that the medications should have been pulled from the medication cart and sent back to the pharmacy.</p> <p>Observation on 10/27/23 from 6:10 PM to 7:20 PM, with Registered Nurse (RN) 1, of the Unit E medication cart revealed R34, R56, R118, and R128 had on hand medications with no current orders.</p> <p>Review of R34's quarterly " MDS" with an ARD of 8/22/23, located in the resident's EMR under the "MDS" tab revealed she was readmitted to the facility on 2/2/22.</p> <p>Review of R34's "Order Summary Report" located in the resident's EMR under the "Orders" tab revealed an order started on 9/18/23 and ended on 10/19/23 for Losartan Potassium Tablet (used to treat high blood pressure) 25 mg, give 25 mg by mouth one time a day.</p> <p>R34 had a blister pack of Losartan Potassium Tablet 25 mg that was filled on 09/26/23 with 28 tablets placed in the blister pack with eight tablets remaining in the pack.</p> <p>Review of R56's admission MDS" with an ARD of 7/27/23, located in the resident's EMR under the "MDS" tab, revealed the resident was admitted on 7/23/23.</p> <p>Review of R56's "Order Summary Report" located in the resident's EMR under the "Orders" tab revealed an order started on 8/18/23 and ended 9/26/23 on for Tramadol HCl Tablet (a narcotic pain medication) 50 mg "Controlled Drug" give one tablet by mouth every four hours a needed for moderate and sever pain.</p>	F 761		

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F 761	<p>Continued From page 101</p> <p>R56 had a blister pack of Tramadol HCl Tablet 50 mg that was filled on 9/20/23 with 30 tablets placed in the blister pack and 30 tablets were remaining in the pack.</p> <p>Review of R65's admission "'MDS" with an "ARD of 7/24/23, located in the resident's EMR under the "MDS" tab, revealed the resident was admitted on 07/18/23.</p> <p>Review of R65's "Order Summary Report" located in the resident's EMR under the "Orders" tab revealed an order started on 9/28/23 and ended on 9/29/23 for Lexapro Oral Tablet (an antidepressant medication) 10 mg give one tablet by mouth one time a day.</p> <p>R65 had a blister pack of Lexapro Oral Tablet 10 mg that was filled on 09/28/23 with 28 tablets placed in the blister pack and 28 tablets were remaining in the pack.</p> <p>Review of R118's admission "'MDS" with an ARD of 12/01/22, located in the resident's EMR revealed the resident was admitted on 11/25/22.</p> <p>Review of R118's "Order Summary Report" located in the resident's EMR under the "Orders" tab revealed an order started on 9/12/23 and ended 09/27/23 for Auvelity oral tablet extended release 45-105 mg give one tablet by mouth one time a day.</p> <p>R118 had a blister pack of Auvelity oral tablet extended release (an antidepressant) 45-105 mg that was filled on 9/26/23 with seven tablets placed in the blister pack and 5 tablets remaining in the pack.</p>	F 761		

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F 761	Continued From page 102 Review of R128's quarterly "MDS" with an ARD of 8/4/23, located in the resident's EMR under the "MDS" tab revealed the resident was admitted on 5/3/23. Review of R128's "Order Summary Report" located in the resident's EMR under the "Orders" tab revealed an order started on 10/10/23 and ended 10/15/23 for Tessalon Perles oral capsule (used to treat cough) give one capsule three times a day for cough for five days. R128 had a blister pack of Tessalon Perles oral capsule that was filled on 9/26/23 with seven tablets placed in the blister pack and five tablets remaining in the pack. Observation on 10/27/23 from 4:49 PM to 6:00 PM, with LPN10, of the Unit F medication cart, revealed R122, R124, R125, R301, and R302 had medications on hand with no current order. During an interview at the time of the observation, LPN10 confirmed the observation. Review of R122's undated "Admission Record" located in the resident's EMR under the "Profile" tab revealed the resident was admitted on 3/10/23. Review of R122's "Clinical Physician Orders" located in the resident's EMR under the "Orders" tab revealed an order for Xarelto (a blood thinning medication) 2.5mg tablets, give one tablet by mouth twice daily for 35 days dated 3/11/23-5/22/23. R122 had Xarelto 2.5mg tablets filled 5/9/23 with 24 of 28 tablets remaining in the blister pack.	F 761			

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F 761	Continued From page 103 Review of R124's undated "Admission Record" located in the EMR under the "Profile" tab revealed she was admitted on 8/18/23. Review of R124's "Order Summary Report" located in the EMR under the "Orders" tab revealed an order dated 8/18/23 for trazodone hydrochloride (an antidepressant) 50mg tablets, give one tablet by mouth every 24 hours as needed for insomnia for 14 days, to be discontinued 9/1/23. R124 had trazodone 50mg tablets filled on 8/18/23 with five of 14 tablets remaining in the blister pack. Review of R125's undated "Admission Record" located in the resident's EMR under the "Profile" tab revealed the resident was admitted to the facility on 4/7/23. Review of R125's "Clinical Physician Orders" located in the resident's EMR under the "Orders" tab revealed an order for trifluoperazine hydrochloride (an antipsychotic) oral tablet 10mg, give one tablet by mouth twice daily dated 9/15/23. Review of R125's "Clinical Physician Orders" located in the EMR under the "Orders" tab revealed an order for trifluoperazine hydrochloride oral tablet 5mg, give one tablet by mouth twice daily dated 9/15/23. R125 had trifluoperazine hydrochloride 5mg tabs filled on 10/24/23 with directions on the blister pack indicating to take two tablets (10mg) by mouth every morning. This blister pack had two	F 761			

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F 761	<p>Continued From page 104</p> <p>tablets remaining (two tablets in one bubble). The directions on the blister pack did not match the physician's order.</p> <p>R125 had trifluoperazine hydrochloride 5mg tabs filled on 10/24/23 with directions on the blister pack indicating to take two tablets (10mg) by mouth every evening. This blister pack had 14 tablets remaining (two per bubble over seven days). The directions on the blister pack did not match the physician's order.</p> <p>Review of R301's undated "Admission Record" located in the resident's EMR under the "Profile" tab revealed the resident was admitted to the facility on 11/02/15.</p> <p>Review of R301's "Order Summary Report" located in the resident's EMR under the "Orders" tab revealed an order for hydroxyzine hydrochloride (an antihistamine) 10mg tablets to be given once a day for anxiety. Order effective 3/31/23-9/14/23.</p> <p>R301 had hydroxyzine hydrochloride 10mg filled on 8/29/23 with directions indicating to take one tablet by mouth once a day for anxiety. This blister pack had 13 of 14 tablets remaining in the blister pack.</p> <p>Review of R302's undated "Admission Record" located in the resident's EMR under the "Profile" tab revealed the resident was admitted to the facility on 10/09/23.</p> <p>Review of R302's "Order Audit Report" provided by the facility included metoprolol succinate extended release (a beta blocker) 25mg tablet, give one tablet by mouth once daily from 10/09/23</p>	F 761			

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F 761	<p>Continued From page 105 and discontinued 10/20/23.</p> <p>R302 had metoprolol succinate 25mg tablets filled on 10/17/23 with directions indicating to take one tablet by mouth once a day for hypertension. This blister pack had three of seven tablets remaining in the blister pack.</p> <p>During an interview on 10/27/23 at 4:49 PM, LPN10 confirmed the facility protocol was for all discharged residents' medications to be pulled from the cart and if any medications were narcotics, then the medications would be disposed of and witnessed by two nurses. LPN10 stated typically the supervisor disposed of medications.</p> <p>During an interview on 10/27/23 at 7:21 PM, the DON stated all narcotics to be disposed of go to two supervisors where they counted the medications together. The DON also stated for medications that were not narcotics, if the resident discharged from the facility, the nurse on cart or the manager would take the medications out of the cart and send them back to the pharmacy.</p> <p>Observation and interview on 10/27/23 from 7:30 PM to 8:50 PM, with LPN15, of the Unit G medication cart revealed R13, R103, R129, R140, R457, and R458 had discontinued medications in the medication cart with no current orders the mediations.</p> <p>Review of R13's admission " MDS" with an ARD of 9/21/23, located in the resident's EMR under the "MDS" tab, revealed the resident was admitted on 09/20/23.</p>	F 761			

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F 761	<p>Continued From page 106</p> <p>Review of R13's "Order Audit Report" provided by the facility included Lasix (a diuretic medication) 20 mg give one tablet by mouth one time a day for edema. Start date was 9/20/23 and discontinued on 9/21/23.</p> <p>R13 had a blister pack of Lasix 20 mg which was filled on 9/20/23 with seven tablets in the blister pack with four tablets remaining in the pack.</p> <p>Review of R103's admission "MDS" with an ARD of 7/31/23, located in the resident's EMR under the "MDS" tab, revealed she the resident was admitted on 7/26/23.</p> <p>Review of R103's "Order Audit Report" provided by the facility included cyclobenzaprine HCl (a muscle relaxant) 10 mg give one tablet by mouth every eight hours as needed for muscle spasms. Start date was 8/30/23 and was discontinued on 9/13/23.</p> <p>R103 had a blister pack of cyclobenzaprine HCl 10 mg was filled on 8/31/23 with 30 tablets in the blister pack and 27 tablets remaining in the pack.</p> <p>Review of R129's admission "MDS" with an ARD of 8/1/23, located in the resident's EMR under the "MDS" tab, revealed the resident was admitted on 7/27/23.</p> <p>Review of R129's "Order Audit Report" provided by the facility included finasteride (used to treat benign prostate) tablet 5mg; give one tablet by mouth one time a day for enlarged prostate. Start date was 7/27/23 and was discontinued on 10/9/23.</p> <p>R129 had a blister pack of finasteride tablet 5mg</p>	F 761			

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F 761	<p>Continued From page 107</p> <p>was filled on 10/10/23 with 16 tablets in the blister pack and seven tablets remaining in the pack.</p> <p>Review of R140's admission "MDS" with an ARD of 9/26/23, located in the resident's EMR under the "MDS" tab, revealed the resident was admitted on 9/20/23.</p> <p>R140 had an order for Lovenox (an anticoagulant medication) inject 30 mg subcutaneously one time a day until 10/5/23. Start date was 9/25/23.</p> <p>R140 had a box of Lovenox 30 mg syringes which one syringe was left in the box.</p> <p>Review of R457's admission "MDS" with an ARD" of 8/01/23, located in the resident's EMR under the "MDS" tab, revealed the resident was admitted on 7/26/23.</p> <p>Review of R457's "Order Audit Report" provided by the facility included metoprolol (used to treat high blood pressure) 25 mg give one tablet by mouth two times a day. Start date was 8/15/23 and was discontinued on 9/18/23.</p> <p>R457 had six tablets remaining in the blister pack.</p> <p>Review of R458's entry tracking " MDS" with an ARD of 10/4/23, located in the resident's EMR under the "MDS" tab, revealed the resident was admitted on 10/4/23.</p> <p>Review of R458's "Order Audit Report" provided by the facility included tizanidine (used to treat muscle spasms) 4 mg give one tablet every six hours as needed for spasms. Start date was 10/4/23 and was discontinued on 10/5/23.</p>	F 761			

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F 761	<p>Continued From page 108</p> <p>R458's tizanidine medication was filled by the pharmacy on 10/4/23 at which time there were 30 tablets dispensed and 29 tablets were remaining in the blister pack.</p> <p>2. The facility policy for medication storage effective 1/1/16 indicated, "Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications are allowed to access medications, medication rooms, carts and medication supplies are locked or attend by persons with authorized access."</p> <p>The facility policy for medication destruction last reviewed 9/20/22, indicated, "Medication destruction occurs only in the presence of two licensed individuals."</p> <p>8/8/22 - A controlled drug receipt documented that thirty oxycodone tablets were received from the pharmacy by the facility for R315.</p> <p>9/3/22- The controlled drug receipt documented that twenty-eight of R315's oxycodone tablets were destroyed by Registered Nurse (RN)10 and witness Licensed Practical Nurse (LPN)15.</p> <p>9/3/22- A statement written by Licensed Practical Nurse (LPN)26 indicated, "I had a strange encounter with [Registered Nurse (RN)10] a supervisor that works during the week, The CNA voiced to me someone was at my cart looking through my narcotic book. Registered Nurse (RN)10 asked for my keys ... Then he took all my discharged resident's medications and brought them back to the medication room. The RN10 did not ask me to waste medication."</p> <p>9/3/22 - A statement written by Licensed Practical Nurse (LPN)15 indicated, "On 9/3/22 during the</p>	F 761			

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F 761	<p>Continued From page 109</p> <p>3-11 shift, [Registered Nurse (RN)10] supervisor told this writer that he had come in to the facility to complete some work from the previous week and he had also come to remove all discharged narcotics from our carts so that they could be wasted to avoid medication errors ...He then proceeded to show this nurse the narcotic sheet of one of the residents from the split cart along with the blister pack of narcotics we then signed the sheet with two nurse and he proceed to go waste the medications since this nurse was administering care to a resident ... at no time did [RN10] ever ask me to waste the meds with him." Review of the controlled drug receipt revealed LPN15 signed as the witness, however written statement indicated LPN15 did not witness the wasting.</p> <p>9/4/22 - A statement written by Registered Nurse (RN)3 documented, "On 9/3/22, [Registered Nurse (RN)10] evening shift nurse was in the facility, he never asked me to waste narcotics, now was I aware of him wasting medications. I observed him enter the staff restroom with a folded sheet of paper, heard the toilet flush."</p> <p>9/4/22 - 9/6/22 - Education entitled, "Cart - Keys - Anytime you hand keys to your cart over, cart must be counted and signed in narcotic book" was completed by facility nursing staff.</p> <p>9/5/22- A statement written by Registered Nurse Supervisor (RN) 11 indicated, "On 9/3/22 I had been working as RN supervisor ... a weekend nurse [LPN26] stated she was very uncomfortable with what was taking place when [Registered Nurse (RN)10] arrived in [the]building. I then instructed [LPN26] to put all that occurred in writing and give to Director of</p>	F 761		

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F 761	<p>Continued From page 110</p> <p>Nursing (DON) because I was leaving for the day. Then [LPN15] and [LPN26] both nurses on the medication carts came to me and stated [RN10] had approached them reason medications that needed destroyed. I also instructed them to write statements."</p> <p>9/6/22 - A facility reported incident submitted to the State Agency alleged, "On 9/3/22 facility was made aware for suspicion of drug diversion. The alleged perpetrator was [Registered Nurse (RN)10] ...allegedly wasted oxycodone 28 tablets with no staff member witnessed the wasting ...".</p> <p>During an interview on 11/6/23 at 10:48 AM Director of Nursing (DON) confirmed that Registered Nurse (RN)10 was not in uniform and not clocked in on 9/3/23 when he entered the facility and was provided access to R315's oxycodone. DON also confirmed it was unusual for employees to enter the facility unscheduled. DON stated, "We were able to identify a blister pack of oxycodone missing and some discharged resident's non-narcotic medications. [Licensed Practical Nurse (LPN)15] gave [Registered Nurse (RN)10] the keys to get it and he removed the meds. So, we did some education because that was not our policy."</p> <p>During an interview on 11/6/23 at 11:36 AM Licensed Practical Nurse (LPN)26 confirmed that she gave Registered Nurse (RN)10 a discharged resident's medication. When LPN 26 was asked for the keys to the locked medication cart, LPN26 stated, "I went with [RN10] to the cart. He said the medications he was looking for had already been wasted. I gave him the discarded medications in the bottom of the drawer my they were not narcotics." LPN26 confirmed that RN10 was not</p>	F 761		

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F 761	Continued From page 111 in uniform when RN10 requested keys/access to resident medications. LPN26 later reported the encounter to the nursing supervisor on duty and wrote at statement. During an interview on 11/6/23 at 12:32 PM Registered Nurse (RN)10 stated, "I went in to finish work I hadn't completed. I had been told before to waste in the bathroom when the waste room was locked. I wasted in the bathroom with the door open in front of [Registered Nurse (RN)3], [RN10] then confirmed that [RN3] was not inside of the bathroom with him and was sitting nearby at the nurse's station, and that [Licensed Practical Nurse (LPN)15] the nurse who signed as witness was not present in the bathroom. RN10 stated, a second nurse was "at the desk, but not inside the bathroom, it was typical for the nurse to be too busy who may have signed and for me and for me to grab another nurse." When asked whether RN10 notified the supervisor on duty of his presence and intention to finish work, RN10 confirmed he did not. These findings were reviewed during the exit conference on 11/8/23 at 1:18 PM with Nursing Home Administrator (NHA).	F 761			
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	F 812		1/3/24	

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F 812	<p>Continued From page 112 and local laws or regulations.</p> <p>(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.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§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:</p> <p>Based on observations and interview, it was determined that the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. Findings include:</p> <p>The following were found during the initial kitchen tour on 10/24/23 from 8:15 AM through 9:00 AM:</p> <ul style="list-style-type: none"> - The cantaloupes in the walk-in were not stored 6 inches above floor; - There were 2 packages of ham improperly thawing in the prep sink; - The food disposal was not cleaned properly. <p>Findings were reviewed and confirmed by Food Service Director (FSD) on 10/24/23 at 9:15AM.</p>	F 812	<p>A. Cantaloupe was placed on an appropriate shelf in walk-in fridge and the two packages of Ham were discarded. The food disposal sink was inspected by the maintenance director on 10/24/23, food debris was removed from sink and sanitized.</p> <p>B. All residents have the potential to be affected by the deficient practice.</p> <p style="padding-left: 40px;">Kitchen staff will be in-serviced to ensure items are on the appropriate shelf and proper thawing techniques.</p> <p>Kitchen inspection to ensure all items are on the appropriate shelf and proper thawing techniques are observed was completed on 11/30/23.</p> <p>C. The root cause was determined to be an oversight by the assistant kitchen manager and AM supervisor.</p>		

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F 812	Continued From page 113	F 812	FSD/designee will in-service all dietary personnel on proper food storage and HACCP guidelines. FSD or designee will in-service all dietary staff on proper thawing methods.		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842	D. Daily audit by FSD/designee to ensure all food items are stored and prepared safely x 7 days until 100% compliance is achieved and sustained. The following will be a weekly audit x 4 then monthly x 3 until a 100% compliance is achieved. Monthly audit will be conducted to ensure proper food storage and thawing methods are followed based on guidelines.	12/26/23	

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F 842	Continued From page 114 §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening	F 842			

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F 842	<p>Continued From page 115 and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, interviews, and facility policy review, the facility failed to ensure a complete and accurate medical record was in place for two (Resident (R)43, R307) of three residents reviewed for medical record accuracy. Specifically, R43 did not have orders in place for supplemental oxygen with humidification. This failure increased the risk of improper care and treatment. For R307, there was lack of documentation of the surgical wound. Findings include:</p> <p>Review of the facility's undated policy titled, "Documentation in Medical Record" stated, "Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation ...Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy."</p> <p>1. Review of R43's clinical record revealed:</p> <p>Review of R43's undated "Admission Record," located in the resident's Electronic Medical Record (EMR) under the "Profile" tab revealed R43 was admitted to the facility on 08/08/15 with</p>	F 842	<p>A. R43's oxygen order was clarified on 10/27/23. No adverse effects.</p> <p>R307 no longer resides in the building. No adverse effects.</p> <p>B. Active residents receiving oxygen therapy will be reviewed to ensure a physician order is in place.</p> <p>Active residents with surgical wounds will be reviewed to ensure surgical wounds are reflected in skilled notes.</p> <p>C. The root cause was determined to be due to an oversight during admission process review.</p> <p>Staff Development/Designee will in-service licensed nurse to ensure residents receiving oxygen have a physician's order.</p> <p>Unit Manager/Designee will assess resident prior to completing admission chart check to ensure appropriate order is in place.</p> <p>The root cause is determined to be due to the staff's lack of understanding of the importance of documentation of</p>		

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F 842	<p>Continued From page 116</p> <p>diagnoses included chronic respiratory failure, emphysema, and tracheostomy status.</p> <p>Review of R43's "Care Plan" revised on 09/16/20, located in the resident's EMR under the "Care Plan" tab revealed R43 had a tracheostomy which required nebulizer treatments and oxygen administration via tracheostomy mask as needed.</p> <p>Review of R43's "Order Summary Report" located in the resident's EMR under the "Orders" tab, revealed as of 10/24/23 there was no documented evidence of an order for the resident's use of supplemental oxygen with humidification.</p> <p>Review of R43's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 09/13/23, revealed the facility assessed R43 to have the resident to have shortness of breath; however, the MDS did not reflect the resident's supplemental oxygen use or the resident's tracheostomy status.</p> <p>Review of R43's Respiratory Therapist "Progress Notes" dated 10/24/23, located in the EMR under the "Progress Notes" tab indicated R43 was to receive oxygen at 4 liters per minute (LPM) via tracheostomy collar.</p> <p>During an observation on 10/27/23 at 2:05 PM, R43 was lying in bed. The resident was receiving oxygen at 5 LPM with humidification via his tracheostomy.</p> <p>During an interview on 10/27/23 at 2:05 PM, Licensed Practical Nurse (LPN) 19 confirmed R43 was being administered continuous oxygen with humidification. LPN19 confirmed R43 did not have an order for the administration of oxygen or</p>	F 842	<p>pertinent information on their skilled notes.</p> <p>Staff Development/Designee will in-service staff regarding documentation of pertinent information on skilled notes.</p> <p>D. Daily audit by ADON/Designee to ensure residents receiving oxygen therapy has a respective physician's order x 7 days until 100% compliance is achieved and sustained. The following will be a weekly audit x 4 then monthly x 3 until a 100% compliance is achieved. In an event where compliance is consistently below the goal, the Interdisciplinary Team (IDT) will meet with the QA Committee to review the process and revision will be made to maintain and sustain compliance.</p> <p>Daily audit by ADON/Designee to ensure skilled notes to ensure surgical wounds are documented in the skilled notes documentation x 7 days until 100% compliance is achieved and sustained. The following will be a weekly audit x 4 then monthly x 3 until a 100% compliance is achieved. In an event where compliance is consistently below the goal, the Interdisciplinary Team (IDT) will meet with the QA Committee to review the process and revision will be made to maintain and sustain compliance.</p>		

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F 842	<p>Continued From page 117</p> <p>humidification; however, there should have been an order since the resident was receiving supplemental oxygen. LPN19 was not able to state how much oxygen R43 was supposed to be receiving at the time of the observation.</p> <p>During an interview on 10/27/23 at 2:30 PM, LPN8 stated that R43 was not oxygen dependent; however, the resident was currently receiving oxygen at 5LPM via trach collar along with humidification. LPN8 stated the supplemental oxygen was for resident's comfort, and it was also the resident's family's preference. LPN8 also stated R43 should have had an order for oxygen and humidification in the EMR to ensure that the nurses knew the liter flow and humidification settings.</p> <p>During an interview on 10/30/23 at 9:54 AM, the Respiratory Therapist (RT) confirmed R43 required continuous oxygenation at 4-5 LPM via trach collar with humidification. The RT stated it was not his responsibility to write oxygen orders and when he made a visit to the facility, he let the nurse on duty know his recommendations. The RT also stated it would then be the nurse's responsibility to obtain a physician order for oxygen and humidification.</p> <p>During an interview on 10/30/23 at 2:48 PM, the Medical Director confirmed R43 required continuous oxygenation with humidification. A reason was not given as to why there was not an order for oxygen, however, her expectation was that an order for oxygen be in place.</p> <p>2. Review of R307's clinical record revealed: 2/2/22 - R307 underwent bilateral above the knee</p>	F 842			

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F 842	Continued From page 118 (AKA) amputations. 2/17/22 - R307 was admitted to the facility with diagnoses including, but were not limited to, stroke, diabetes and bilateral above the knee amputations. 2/18/22 - NP's progress note documented, "... Physical exam:... Skin: Bilateral AKA's with staples, clean, dry and intact. Left AKA with light purple ecchymosis...". 2/23/22 - E17's (Wound Specialist NP) progress note documented, "... Pt seen this am on wound round and noted with: L (left) abdomen- trauma." Review of Daily Skilled Notes revealed: 2/25/22 - E18 (Unit manager) documented, "... No surgical wound noted. No wound noted...". 3/2/22 10:45 PM - LPN15 documented, "... No surgical wound noted. No wound noted...". 3/13/22 9:00 PM - LPN2 documented, "... No surgical wound noted. No wound noted...". 3/14/22 7:52 PM - LPN2 documented, "... No surgical wound noted. No wound noted...". 3/15/22 9:46 PM - LPN2 documented, "... No surgical wound noted. No wound noted...". 3/16/22 8:37 PM - LPN27 documented, "... No surgical wound noted. No wound noted...". 3/20/22 3:04 AM - E19 (RN) documented, "... No surgical wound noted. No wound noted...". 3/21/22 10:09 PM - LPN2 documented, "... No surgical wound noted. No wound noted...". 3/23/22 7:40 PM - LPN15 documented, "... No surgical wound noted. No wound noted...". 3/27/22 8:50 PM - LPN2 documented, "... No surgical wound noted. No wound noted...". 3/28/22 9:24 PM - LPN27 documented, "... No surgical wound noted. No wound noted...".	F 842			

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F 842	Continued From page 119 3/30/33 9:10 PM - E17's (Wound Specialist NP) wound note documented, "...Wound rounds L AKA, surgical...". 5/2/22 11:10 AM- LPN15's Daily Skilled Note documented, "... Skin is warm and dry. No surgical wound noted. No wound noted...". 5/4/22 5:06 PM - E17's (Wound Specialist NP) wound note documented, "Pt seen this am on wound rounds today and noted with: L AKA-surgical...". 5/16/22 2:05 PM - E20's (RN) Daily Skilled Note documented, "... No wound noted...". 5/18/22 9:08 PM - E17's (Wound Specialist NP) wound note documented, "Pt seen this am on wound rounds today and noted with: L AKA-surgical...". Review of Daily Skilled Notes revealed: 5/21/22 2:50 PM - E20's (RN) documented, "... No wound noted...". 5/22/22 1:42 PM - E20's (RN) documented, "... No surgical wound noted. No wound noted...". 5/25/22 1:54 PM - E20's (RN) documented, "... No wound noted...". 5/25/22 5:45 PM - E17's (Wound Specialist NP) wound note documented, "Pt (patient) seen this am on wound rounds today and noted with: L AKA- surgical...". Review of Daily Skilled Notes revealed: 5/27/22 1 PM - E20's (RN) documented, "... No surgical wound noted. No wound noted...". 5/28/22 1:41 PM - E20's (RN) documented, "...	F 842			

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F 842	Continued From page 120 No surgical wound noted. No wound noted...". 5/29/22 12:52 PM- E20's (RN) documented, "... No surgical wound noted. No wound noted...". 5/31/22 12:29 PM - E20's (RN) documented, "... No surgical wound noted. No wound noted ...". 6/1/22 1:59 PM - E17's (Wound Specialist NP) wound note documented, "pt seen for wound rounds ...". Record review revealed 20 days of inaccurate documentation from 2/25/22 to 5/31/22 regarding R307's wounds from six different nurses. 11/3/23- 9:15 PM - Findings were reviewed at the Annual Survey Exit conference with E1 (NHA), DON, REG, E4 (Regional Clinical Director) and E5 (Director of Operations).	F 842			
F 880 SS=E	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,	F 880		1/3/24	

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F 880	<p>Continued From page 121</p> <p>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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F 880			

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F 880	<p>Continued From page 122</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 have an effective infection control program to mitigate the spread of infections. The facility failed to ensure proper cleaning and disinfecting of multi-use glucometers; failed to ensure proper use of Personal Protective Equipment for residents on enhanced precautions; failed to ensure PPE was properly used for standard precautions; and failed to ensure proper hand hygiene was performed in between glove changes.</p> <p>Findings include:</p> <p>Review of the "Licensed Nurse New Hire Competency Checklist" under "Infection Control" read in part, " ... Sanitizes hands between patients, washes hands when gloves are removed ..."</p> <p>The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings which includes, " ...Healthcare personnel should use an alcohol-based hand rub or wash</p>	F 880	<p>A. R460 has no adverse effects. LPN was educated on the spot on infection control practice when sanitizing the finger for a blood sugar check and drying of glucometer machine.</p> <p>R53 had no adverse effect. Wound nurse was educated on the spot regarding technique during wound dressing.</p> <p>R147 had no adverse effect. LPN18 was educated on the spot regarding equipment availability in rooms for residents on Isolation. LPN18 sanitized the machine prior to use.</p> <p>R15 had no adverse effect. LPN14 was educated on the spot regarding dry time for the sanitizer prior to next use.</p> <p>R43 had no adverse effect. LPN14 was educated on the spot-on proper disinfecting of glucometer after use and EBP/PPE requirement as applicable to the resident. LPN19 was educated on the spot on PPE doffing prior to exiting the room.</p>		

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F 880	<p>Continued From page 123</p> <p>with soap and water for the following clinical indications: Immediately after glove removal ..." This can be found at http://www.cdc.gov/handhygiene/providers/index.html.</p> <p>In the facility policy titled, "Enhanced Barrier Protection" under "Initiation of Enhanced Barrier Precautions" read in part, "...Make gowns and gloves available in the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray ..."</p> <p>Review of the facility's policy titled, "Glucometer Disinfection" read "...The glucometers will be disinfected with a wipe pre-saturated with an EPA registered healthcare disinfectant that is effective against HIV, Hepatitis C, and Hepatitis B virus ...Clean and wipe to disinfect the glucometer thoroughly with the disinfectant wipe, following the manufacturer's instructions. Allow the glucometer to dry ..."</p> <p>Per the CDC guidelines on "How To Safely Remove Personal Protective Equipment (PPE)" read "...Remove all PPE before exiting the patient room ...Turn gown inside out, Fold or roll into a bundle and discard in a waste container ..."</p> <p>Review of the facility's policy titled, "Infection Prevention and Control Program" under "Equipment Protocol: ...All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment ...Single-use disposable equipment is an alternative to sterilizing reusable medical instruments. Single-use devices must be</p>	F 880	<p>R95 has no adverse effects. LPN23 will be educated on EBP/PPE requirement as applicable to the resident.</p> <p>R304 had no adverse effect. LPN22 will be educated on ensuring gloves integrity is intact before proceeding with a procedure.</p> <p>R311 had no adverse effects. LPN23 will be educated on appropriate cleaning of glucometer cleaning after use.</p> <p>B. Residents requiring fingerstick blood sugar, wound dressings, on EBP precaution could potentially be affected.</p> <p>R460 and R311 had no adverse effect. Licensed staff will be educated in appropriate glucometer disinfection techniques and dry time for sanitizer No adverse effect on R53. Licensed staff will be re-educated on maintaining aseptic technique during wound dressing No adverse effect on R147. Licensed staff will be re-educated regarding equipment use when a resident is in isolation. No adverse effect on R43 and R95 Licensed staff will be re-educated on PPE requirement when a resident is on EBP precaution. No adverse effect on R304 Licensed staff will be re-educated to ensure gloves</p>		

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F 880	<p>Continued From page 124</p> <p>discarded after use and are never used for more than one resident ..."</p> <p>Review of Resident (R) 460's undated "Admission Record" located in the Electronic Medical Record (EMR) under the "Profile" tab revealed she was admitted on 04/14/23 with diagnoses which included diabetes mellitus.</p> <p>Observation on 10/30/23 at 7:13 AM, revealed Licensed Practical Nurse (LPN) 18 cleaned the fingertip of R460 with an alcohol prep pad. While LPN18 was waiting for the alcohol to dry, LPN18 began blowing on R460's fingertip. LPN18 performed the fingertip stick to obtain R460's blood sugar. LPN18 returned to the medication cart and cleaned the glucometer. While LPN18 was waiting for the glucometer to dry, moved the glucometer back and forth and blew on the glucometer. LPN18 then placed the glucometer in the drawer of the medication cart.</p> <p>During an interview on 10/30/23 at 7:16 AM, LPN18 was asked how long he had to wait after cleaning the glucometer before he stored it back in the medication cart. LPN18 read the container of the cleaner and stated, "It takes five minutes." LPN18 was asked if he waited that long and he stated, "No." LPN18 was asked if he was to blow on the resident's fingertip after he cleaned it with alcohol or after he cleaned the glucometer. LPN18 stated, "I didn't blow on them."</p> <p>During an interview on 10/30/23 at 3:51 PM, the Director of Nursing (DON) and the Infection Prevention/Staff Development (IP/SD) stated regarding the drying time of the wipes, "It is one minute, so they need to wait the whole minute before they use it again or store it in the</p>	F 880	<p>are of good integrity prior to procedures.</p> <p>C. The root cause was determined to be due to staff's lack of understanding on the importance of following appropriate glucometer and area of Accu-Chek disinfection technique.</p> <p>The root cause was determined to be due to the staff was distracted while performing the wound dressing.</p> <p>The root cause was determined to be due to lack of understanding on the PPE requirement for residents on EBP.</p> <p>The root cause was determined to be due to staff lack of understanding on the importance of maintaining integrity of the gloves used when performing procedure.</p> <p>D. Daily audit by Staff Dev/Designee to ensure staff is utilizing appropriate technique when performing fingerstick, sanitizing in between use and use of gloves daily x 7 days until a 100% compliance is achieve and sustained. The following will be weekly x 4 then monthly x 3. Audit results will be submitted to the QA committee.</p> <p>Weekly Audit by Staff Dev./Designee to ensure staff is following aseptic technique when performing wound dressing x 4 weeks until a 100% compliance is achieved and sustained, then monthly x 3 months. Audit result will be submitted to QA committee.</p>	

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F 880	<p>Continued From page 125 medication cart." The DON stated, "They are to never blow on the fingertip after use of an alcohol prep on it or blow on the glucometer to make it dry faster."</p> <p>Review of R53's undated "Admission Record" located in the EMR under the "Profile" tab revealed she was admitted on 10/11/23 with diagnoses which included diabetes mellitus.</p> <p>Observation on 10/30/23 at 10:20 AM revealed the Wound Nurse (WND) performed dressing changes on R53's right and left heel. While performing the dressing change to the resident's right heel, WND cleaned the wound with saline, turned to the clean barrier, and proceeded to cut the honey dressing holding it with her dirty glove. The WND then removed her gloves, washed her hands, then reapplied clean gloves to apply the honey dressing to the resident's heel. Once dressed, the nurse laid her heel on the towel that had drainage from her heel on it. The WND proceeded to dress the resident's left heel and after the clean dressing was applied, WND laid the heel on the towel that was soiled with the drainage from the resident's heel before she dressed it.</p> <p>During an interview on 10/30/23 at 11:40 AM, WND stated, "I should had changed my gloves before I cut the honey dressing. I didn't think about placing her heels back on the dirty towel that had drainage from the heel before I did her dressing change."</p> <p>Review of R147's undated "Admission Record" located in the EMR under the "Profile" tab revealed she was admitted on 10/28/23 with diagnoses which included respiratory syncytial</p>	F 880	<p>Daily audit by Staff Dev/Designee to ensure staff are utilizing appropriate PPE as applicable to resident with utilization of vital signs machine in the rooms as applicable x 7 days until 100% compliance is achieved and sustained. The following will be weekly x 4 then monthly. Audit result will be submitted to QA committee.</p> <p>Plan of Correction 2023 Education Lesson Plan</p> <p>Date: January 3, 2024 Subject: F Tag 880 Staff: Licensed staff</p> <p>Learning objective: Licensed nurses will verbalize and demonstrate in Infection Control practices when donning and doffing PPE, PPE integrity, PPE use and sanitization of equipment and appropriate steps when obtaining fingerstick blood glucose level. (competency checklist) Licensed staff will be able to verbalize and demonstrate aseptic technique when performing wound dressing. (competency checklist)</p> <p>Education: Ensure appropriate steps are followed when donning and doffing PPE and PPE use as applicable. Ensure appropriate infection control practices are maintained when obtaining blood sugar level, sanitization of</p>		

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F 880	<p>Continued From page 126</p> <p>virus. R147 was in an isolation room for droplet precautions.</p> <p>Observation on 11/1/23 at 4:51 PM revealed LPN18 came out of R147's isolation room with a blood pressure machine that was on a rolling caddie into the hallway.</p> <p>During an interview 11/1/23 at 4:52 PM, LPN18 stated, "I'm not sure ...droplet in air, no I wasn't supposed to take it in."</p> <p>During an interview on 11/1/23 at 5:00 PM, the IP/SD stated, "We just in serviced everyone again yesterday concerning this."</p> <p>Review of R15's undated Admission Record" located in the EMR under the "Profile" tab revealed she was admitted on 7/25/23 with diagnoses which included diabetes mellitus.</p> <p>Observation on 11/2/23 at 7:48 AM revealed LPN14 performed the fingerstick BS check on R15. After BS check was completed, LPN14 brought the glucometer back to the medication cart and cleaned it with the disinfecting wipe. LPN14 removed his gloves, applied a new pair of gloves, and picked up the glucometer to go to the next resident. LPN14 waited 40 secs for the glucometer to dry.</p> <p>During an interview on 11/2/23 at 7:58 AM, LPN14 stated, "Yeah, you are supposed to wait a minute before you use the glucometer again." LPN14 was asked if he was to wash his hands after he removed his gloves and he stated, "Yes."</p> <p>During an interview on 11/2/23 at 11:30 AM, the DON stated, "The expectation of the nurse is to</p>	F 880	<p>glucometer, including dry time, sanitization of resident finger. Ensure gloves are removed after removal of dressing. Aseptic technique should be maintained when using scissors and ensuring newly dressed wound does not come in contact with the contaminated field.</p>		

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F 880	<p>Continued From page 127</p> <p>change gloves after obtaining a BS, use the hand sanitizer on the cart after they remove their gloves then go to the next one. They have to wait a full minute for the dry time after they clean the glucometer."</p> <p>During an interview on 11/2/23 at 2:30 PM, the IP/SD stated, "This was covered on the Medication Administration Competency that every nurse is checked off on."</p> <p>Review of the facility's policy titled, "Enhanced Barrier Protection" dated 1/2023 stated, "It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms ...Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves ...Make gowns and gloves available in the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray ...Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room ...High-contact resident care activities include: dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, wound care ..."</p> <p>Review of the facility's undated policy titled "Sequence for putting on personal protective equipment (PPE)" stated to " ...change gloves when torn or heavily contaminated ...Remove all</p>	F 880			

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F 880	<p>Continued From page 128</p> <p>PPE before exiting the patient room except a respirator ..."</p> <p>Review of R43's undated "Admission Record" located in EMR under the "Profile" tab revealed R43 was admitted to the facility on 08/08/15 with diagnoses including chronic respiratory failure, emphysema, and tracheostomy status.</p> <p>Review of R43's "Care Plan" revised on 9/16/20, located in EMR under the "Care Plan" tab revealed R43 had a tracheostomy, requiring nebulizer treatments and oxygen administration via tracheostomy mask as needed. Additionally, enhanced barrier precautions to be used due to peg tube/ bodily fluids initiated 6/1/23.</p> <p>Review of R43's "Order Summary Report" located in EMR under the "Orders" tab, dated 7/27/23 included enhanced barrier precautions related to trachea [tracheostomy in place], Peg Tube [feeding tube in place] and MRSA (methicillin resistant staphylococcus aureus) history. The order also revealed a gown, mask, face shield (if splattering expected to occur), and gloves to be worn.</p> <p>Observation on 10/27/23 at 11:25 AM revealed R43 had an orange dot next to his name outside his bedroom door, as well as PPE bag hanging from the inside of his bedroom door. There was a large trash can in his bedroom near the restroom stating "trash only" written in black marker on top of the trash can lid.</p> <p>During an observation and interview on 10/28/23 at 11:17 AM, LPN14 failed to properly disinfect a multi-use glucometer for R43. LPN14 cleaned the glucometer before and after the glucose check</p>	F 880			

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F 880	<p>Continued From page 129</p> <p>for R43 with an alcohol prep. LPN14 stated it was okay to clean the glucometer with an alcohol prep before and after using the glucometer. Additionally, R43 was on enhanced barrier precautions related to tracheostomy and gastric tube status. LPN14 donned a surgical mask and gloves but did not don eye protection or gown. LPN14 confirmed that he should have worn full PPE during care provided to R43.</p> <p>During an observation and interview on 10/27/23 at 11:29 AM LPN19 exited R43's room with a used blue gown rolled up in her right hand, walked down the hall, and discarded the used PPE in the trash bin on the side of the medication cart. When questioned by this surveyor regarding the blue gown, LPN19 stated she just performed trach care for R43. LPN19 stated she did not discard the gown in the trash can in his room because it is written "trash only." LPN19 stated she discarded the mask and gloves in a plastic bag that the aides were using during incontinence care.</p> <p>During an interview on 10/27/23 at 11:51 AM, LPN19 stated she checked with LPN8 who the Unit Supervisor was, and he told her that all PPE should be discarded in the trashcan in the resident's room and not leave the resident's room with soiled PPE.</p> <p>Review of R95's undated "Admission Record" located in the EMR under the "Profile" tab revealed R95 was admitted to the facility on 7/2/21.with diagnoses which included dysphagia.</p> <p>Review of R95's "Care Plan" revised on 07/26/23, located in EMR under the "Care Plan" tab revealed R95 had a tube feeding related to</p>	F 880			

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F 880	<p>Continued From page 130 dysphagia.</p> <p>Review of R95's "Physician Orders" located in EMR under the "Orders" tab, included liquid protein supplement twice daily 30ml via PEG (10/20/23), gabapentin oral solution 250mg/5ml give two ml three times (TID) daily for neuropathic pain (7/28/23), and guaifenesin 100mg/5ml- give 10ml for seven days TID for cough (10/26/23).</p> <p>During an observation and interview on 10/30/23 at 1:01 PM, LPN23 prepared R95's medications, donned a face shield and gloves and then proceeded into R95's room to administer medication via PEG tube. LPN23 did not don a gown. The entrance to R95's room had an orange dot indicating EBP. Continued observation revealed a bag of PPE hanging on the back side of the door. LPN23 confirmed that R95 was on enhanced barrier precautions related to g-tube status, that she had not worn a gown, and did not give a reason or state if she should have when asked about EBP.</p> <p>Review of R304's undated "Admission Record" located in the EMR under the "Profile" tab revealed R95 was admitted to the facility on 10/25/23 with diagnoses including type two diabetes mellitus.</p> <p>Review of R304's "Care Plan" revised on initiated 10/25/23 included diabetes mellitus with "monitoring of blood sugar/accuchecks as ordered ..."</p> <p>Review of 304's "Order Summary Report" located in EMR under the "Orders" tab dated 10/25/23, included insulin aspart injection solution per sliding scale four times a day for DM. Call MD if</p>	F 880			

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F 880	<p>Continued From page 131 blood sugar was greater than 400.</p> <p>During an observation and interview on 11/1/23 at 5:23 AM, LPN22 cleaned the multiuse glucometer with Oxivir wipes (antimicrobial/disinfectant wipes), performed hand sanitizing, donned gloves, and wore a surgical mask. While preparing for R304's accucheck the glove to his right hand sustained a tear to the pinky and third finger. LPN22 continued with the accucheck. LPN22 confirmed that his glove tore and that he should have donned intact gloves prior to checking R304's blood sugar.</p> <p>Review of R311's undated "Admission Record" located in the EMR under the "Profile" tab revealed R311 was admitted to the facility on 10/26/23 with diagnoses including type two diabetes mellitus.</p> <p>Review of 311's "Order Summary Report" located in the resident's EMR under the "Orders" tab dated 10/27/23, included accucheck twice daily and record results two times a day.</p> <p>During an observation and interview on 11/2/23 at 7:59 AM Registered Nurse (RN) 7 prepared supplies for R311's accucheck. RN7 cleaned the glucometer with Oxivir wipes, performed hand sanitizing, donned gloves, wore surgical mask, gloves, and eye protection. There was an orange dot next to the resident's name outside the room and PPE was hanging from the door as well. RN7 did not know which resident was on isolation, did not don a gown and proceeded into the room. RN7 then exited the room with soiled PPE, doffed gloves at the medication cart, and then sanitized multiuse glucometer. When asked what training he had received regarding accuchecks and</p>	F 880			

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F 880	<p>Continued From page 132</p> <p>donning/doffing PPE he stated that he should have removed soiled PPE prior to exiting the room.</p> <p>Review of R123's undated "Admission Record" located in the EMR under the "Profile" tab revealed R123 was admitted to the facility on 9/1/23 with diagnoses including type one diabetes mellitus with ketoacidosis without coma.</p> <p>Review of R123's "Care Plan" initiated on 9/1/23 included diabetes mellitus with interventions including monitoring blood sugar/accuchecks as ordered and prn for acute distress or symptoms of hypoglycemia or hyperglycemia and report abnormal findings to MD.</p> <p>Review of 123's "Medication Administration Record (MAR)" located in EMR under the "Orders" tab, included insulin aspart injection 100 unit/ml per sliding scale subcutaneously with meals for DM. Call MD if BS less than 60 and greater than 400 (8:00 AM, 11:30 AM, and 5:30 PM).</p> <p>During an observation and interview on 11/2/23 at 8:32 AM, LPN23 failed to properly clean a multiuse glucometer prior to accucheck for R123. LPN23 cleaned the glucometer with an alcohol prep prior to accucheck. After accucheck was completed, LPN23 cleaned the glucometer with Oxivir wipe and stated she had to let it dry for at least one minute prior to using on the next resident. LPN23 did not give a reason as to why she did not clean with Oxivir wipe prior to use, but stated she should have.</p> <p>During an interview on 10/31/23 at 3:57 PM Regional Nurse and DON confirmed that for all</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/08/2023
NAME OF PROVIDER OR SUPPLIER SPRINGS REHABILITATION AT BRANDYWINE			STREET ADDRESS, CITY, STATE, ZIP CODE 505 GREENBANK ROAD WILMINGTON, DE 19808		
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F 880	Continued From page 133 residents with g-tube medication administration nurses should be wearing goggles, gown, and gloves. A mask should be worn if they expect splatter. All PPE should be removed prior to exiting the room, and all multiuse glucometers should be cleaned with OxiVir wipes, allow the machine to dry for one minute and then put away or use for next resident. During an interview on 10/25/23 at 3:30PM with Registered Nurse (RN5) indicated that orange dots beside the resident's name on the outside of their door indicated the resident was on Enhanced Barrier Precautions (EBP). For example, if the resident has a foley catheter, a trach, or a feeding tube, this alerts the staff to wear gown, gloves and shields for PPE when they are performing care to any resident who has one of those examples."	F 880			
F 908 SS=D	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observations and interview, it was determined that the facility failed to ensure all mechanical, electrical and patient care equipment is maintained in safe operating condition. Findings include: The following were found during the initial kitchen tour on 10/24/23 from 8:15AM through 9:00AM: The reach in refrigerator by the hand washing sink had broken gaskets on the door.	F 908	A. Reach in refrigerator was inspected by director of maintenance on 10/24/23, gaskets ordered for reach in on 10/24/23. New gaskets will be installed 12/8/23. B. Equipment in the kitchen will be inspected to ensure all are in running condition.	12/26/23	

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F 908	Continued From page 134 Findings were reviewed and confirmed by Food Service Director (FSD) on 10/24/23 at 9:15AM.	F 908	<p>C. The root cause was determined to be due to lack of oversight and understanding in the process of reporting broken equipment.</p> <p>FSD and supervisory dietary staff will be in serviced on process for reporting broken equipment to maintenance director and administrator. Requests will be submitted via REQQER system and followed up accordingly.</p> <p>D. Daily audit by FSD/designee to ensure all equipment is operational x 7 days until 100% compliance is achieved and sustained, The following will be a weekly audit x 4 then monthly x 3 until a 100% compliance is achieved. Audit result will be submitted to QA committee.</p>		

