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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was sent electronically on 6/30/21 A revised 2567 was sent to the faciltiy on 7/12/21.	F 000		
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 by: The facility identified a census of 39 residents. Based on observation, record review, and interviews, the facility failed to ensure safe and sanitary food storage in the designated resident refrigerator and failed to ensure appropriate hair net usage in unit kitchenette. Findings included:	F 812		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/30/2021

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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- An observation of the resident designated refrigerator on 06/22/21 at 08:56 AM revealed the following items in the freezer:

1. A cup with a lid and straw had frozen unidentified contents, dated 03/25/21.
2. A cold pack (used for muscle pain) was placed on top of ice cream boxes.
3. An insulated bag, which contained ice cream, with a used by date of 5/19/21.
4. A frozen shake, not labeled or dated.
5. A frozen dinner with a use by date of 6/19/21.

Further observation of the refrigerator side of the resident designated refrigerator revealed the following items:

1. A carton of milk with an expiration date of 6/15/21.
2. Two bowls of dark pudding like substance, not labeled or dated.
3. Three slices of individually wrapped cheese, dated 04/09/21 with a use by date of 04/12/21.
4. A container of yogurt, dated 5/18/21 with a use by date 5/19/21.
5. A to-go container from a restaurant, not labeled or dated.
6. An opened bottle of pomegranate juice, dated 06/18/21, with no name or use by date.
7. An opened, unsealed bag of salad mix, dated 05/05/21.
8. A sandwich bag of carrots, not labeled or dated.
9. A container with a half-eaten sandwich, not dated
10. A container of food, dated 05/09/21.
11. A container with a cinnamon roll, not labeled or dated.

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F 812	Continued From page 2 12. A bag of fruit, not labeled or dated. 13. A bag of fruit with dark fuzzy substance, dated 05/07/21. 14. A bowl of fruit, dated 04/23/21 with a use by date of 04/27/21. 15. A container of chocolate pie, not labeled or dated. 16. An unidentified, foil wrapped item, not labeled or dated. 17. An opened bottle of "Ensure", not labeled or dated. 18. A stapled paper brown bag, not labeled or dated. 19. An insulated green lunch bag, not labeled or dated. 20. A paper bag of unidentified food and french fries, not labeled or dated. 21. A container of cut cucumbers, not labeled or dated. 22. An opened box of individual bottles of "Boost" with an expiration date of 06/09/21. 23. Three small sandwich sized bags marked as kale salad, dated 06/01/21 with a use by date of 06/07/21. 24. An opened jug of orange juice, dated 05/24/21 with an expiration date of 06/13/21. 25. An opened bottle of peak tea, not labeled or dated. 26. A box of unidentified food, not labeled or dated. 27. A plastic bag that contained a container of watermelon and container of pasta salad with a store sticker dated 06/05/21, not labeled. 28. Two containers of unidentified food, not labeled or dated. 29. An opened bottle of coffee creamer, not labeled or dated. 30. An opened a bottle of "Ensure", not labeled or dated.	F 812		

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31. An opened bottle of unidentified juice, dated 06/19/21 with a use date of 06/20/21.
32. A bowl of unidentified food, dated 05/14/21.
33. An opened bottle of "Gatorade", not labeled or dated.
34. An opened bottle of Italian salad dressing, not labeled or dated.
35. An opened bottle of "Boost", dated 05/06/21.
36. A bag with two bagels, dated 03/28/21 with use by date 04/01/21.
37. An opened bottle of chocolate syrup, dated 03/21/21 with a use by date of 04/30/21.

In an observation on 06/21/21 at 08:31 AM, Dietary Staff BB entered the food preparation area in the kitchenette on the unit without wearing a hair net. A sign posted outside the door stated that a hair net must be worn before staff entered the kitchen.

During an interview on 06/22/21 at 09:42 AM, Dietary Staff DD stated all items placed in the resident's refrigerator were to be dated, have a use by date, and the resident's name. Dietary Staff DD also stated that it was everyone's responsibility to monitor and check the items in the refrigerator.

During an interview on 06/22/21 at 09:52 AM, Dietary Manager BB stated that all items placed in in the resident's refrigerator were to be dated, have a use by date, and the resident's name. Dietary Manager BB also stated that it was everyone's responsibility to monitor and check the items in the refrigerator and that the facility planned to review the current policy.

During an interview on 06/23/21 at 01:56 PM, Dietary Manager BB stated that a hairnet should

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F 812	Continued From page 4 have been worn by staff when in a food production area, when serving food, and when in the unit kitchenette area. The "Food Storage in Activity/Resident's Refrigerator" facility policy, last reviewed August 2016, directed staff that perishable and potentially hazardous items were to be stored no more than 72 hours. Food items that remained in the refrigerator after the three days were to be discarded. The "Food Labeling and Dating" facility policy, dated April 2016, directed that all opened food items or items not in original containers were to be covered, clearly labeled, and dated. The "Infection Prevention and Control Preventing Transmission of Infectious Agents" facility policy, last revised June 2021, lacked direction on hair net usage in kitchen areas. The facility failed to ensure safe and sanitary storage of perishable food in the designated resident refrigerator and appropriate hair net usage in the unit kitchenette. This deficient practice had the potential to spread foodborne illness and infection among residents and staff.	F 812		
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.	F 880		

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F 880	Continued From page 5 §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable	F 880		

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disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 39 residents. The sample included 13 residents. Based on observations, interviews, and record review, the facility failed to ensure the staff practiced infection control precautions, in order to prevent the spread of infection, when staff failed to properly wear face masks and perform hand hygiene. This had the potential to increase the residents' risk for transmission of infectious disease.

Findings included:

- On 06/21/21 at 08:16 AM, an unidentified staff member assisted a resident, in a wheelchair, into the dining room. She performed hand hygiene, removed her face mask from nose and mouth and placed the face mask under her chin. She did not perform hand hygiene, opened a cereal container, and poured milk from a cup into the

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cereal container. She then performed hand hygiene and exited dining room with the face mask still under her chin.

On 06/21/21 at 08:25 AM, Licensed Nurse (LN) H assisted a resident with writing an order on the paper menu at the dining room table. LN H went into the serving kitchen and obtained coffee for a resident. She did not perform hand hygiene.

On 06/21/21 at 08:36 AM, Certified Nurse Aide (CNA) N assisted a resident with a drink. After she finished helping one resident with the drink she immediately went to a different table and assisted a different resident. She opened a banana, took the banana out of the peel with her hands, and handed the banana to a resident. She did not perform hand hygiene between the two residents.

On 06/21/21 at 08:45 AM, an unidentified staff member who wore a face mask covering only her mouth, removed goggles from her face and placed them onto the top of her head. The staff member entered the serving kitchen and prepared coffee for a resident without performing hand hygiene. She then pulled the face mask up to cover her nose and delivered coffee to the table. She did not perform hand hygiene before and after touching face mask.

On 06/21/21 at 08:53 AM, Dietary Staff CC delivered a plate of food to a table, returned to the kitchen, obtained another plate and delivered the plate of food to a different resident. She did not perform hand hygiene.

On 06/23/21 at 01:56 PM, Dietary Staff BB stated hand hygiene was performed after every task. He

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stated staff performed hand hygiene using soap and water before and after glove use.

On 06/23/21 at 02:02 PM, CNA N stated a face mask covered both the nose and mouth. She stated hand hygiene was performed in between each resident task in the dining room. She stated hand hygiene and infection control in-services were held annually.

On 06/23/21 at 02:22 PM, LN G stated a face mask covered both the nose and mouth. She stated hand hygiene was performed anytime something was touched in the dining room. She stated hand hygiene in-services were held annually.

On 06/23/21 at 02:42 PM, Dietary Staff DD stated a face mask covered both the nose and mouth. She stated hand hygiene was performed after four plate passes in the dining room. She stated hand hygiene in-services were held every two months.

On 06/23/21 at 02:47 PM, Administrative Nurse D stated a face mask covered both the nose and mouth. She stated hand hygiene was performed after three plate passes in the dining room. She stated hand hygiene and infection control in-services were held annually and at random audits throughout the year.

The facility's "Infection Prevention and Control Preventing Transmission and Infectious Agents" policy revised 05/2021 documented hand hygiene was performed immediately after exposure or possible exposure to infectious materials or sources of potentially infectious materials. If hands were not visibly soiled, staff used an

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F 880	Continued From page 9 alcohol-based hand cleaner. The policy documented face masks were to be worn for all tasks or procedures that were likely to generate droplets, sprays, spatters, or splashes of blood, or other potentially infectious materials where eye, nose, or mouth contamination was anticipated. According to the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov protective face masks were to be worn over the nose and mouth and secured under the chin, snugly fitted to the face. The facility failed to ensure staff properly wore face masks and performed hand hygiene. This has the potential to increase the residents' risk for transmission of infectious disease.	F 880		
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the	F 883		

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following:
(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and
(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-
(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;
(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;
(iii) The resident or the resident's representative has the opportunity to refuse immunization; and
(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:
(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and
(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 39 residents. The sample included 13 residents with five

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residents sampled for pneumococcal immunizations (vaccine used to help prevent pneumonia- inflammation of the lungs). Based on record reviews and interviews the facility failed to provide information regarding the status of past pneumococcal vaccinations and failed to provide documentation which indicated education regarding the pneumococcal vaccine was provided to Residents (R)14 and R32.

Findings included:

- Review of R14's Electronic Medical Record (EMR) under the "Holistic Assessment" dated 06/23/21 revealed a lack of documentation of a pneumococcal vaccine administration history or education provided to the resident regarding the benefits and potential side effects of the pneumococcal vaccine.

Review of R32's Electronic Medical Record (EMR) under the "Holistic Assessment" dated 09/03/20 revealed a lack of documentation of a pneumococcal vaccine administration history or education provided to the resident regarding the benefits and potential side effects of the pneumococcal vaccine.

The "Center for Disease Control" at https://www.cdc.gov recommended the "PPSV23" pneumococcal vaccine for all adults over 65 years of age and recommended the "PCV13" pneumococcal vaccine to people over two years of age with certain medical conditions.

On 06/23/21 at 02:22 PM Licensed Nurse G stated the staff asked residents about their pneumococcal vaccination history upon admission. The information was then

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documented in the "Holistic Assessment".

On 06/23/21 at 02:48 PM Administrative Nurse D stated admissions to the facility were generally from the "Independent Living Center" of the facility's complex and the staff had access to the residents' immunization records. The staff checked the residents' immunization history, upon admission, and documented the information in the "Holistic Assessment". Administrative Nurse D was not aware if education on pneumococcal vaccines was provided to residents upon admission.

The facility's "Infection Prevention and Control Preventing Transmission of Infectious Agents" policy dated May 2021 documented a resident's pneumococcal vaccination history was obtained and vaccines offered per the "Centers for Disease Control" guidelines on vaccine administration.

The facility failed to provide information regarding the status of possible past administration of pneumococcal vaccinations and failed to provide documentation, which indicated education regarding the pneumococcal vaccine was provided to R14 and R32. This had the potential for the resident's inability to make an informed decision for their healthcare needs.