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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility. The 2567 was sent electronically on 04/28/22.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the	F 550		

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

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resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 71 residents. The sample included 19 residents with two reviewed for dignity. Based on observation, record review, and interview the facility staff failed to treat Resident (R)30 and R51 with dignity, when staff failed to cover their urinary catheters (insertion of a catheter into the bladder to drain the urine into a collection bag) with a privacy bag leaving the urine collection bag visible to other residents and guests in the facility. This placed the resident at risk for impaired psychosocial well-being.

Findings Included:

- R30's Electronic Medical Record (EMR) documented she had diagnoses of hemiplegia (paralysis of one side of the body), hemiparesis (muscular weakness of one half of the body), and urinary retention (lack of ability to urinate and empty the bladder).

R30's "Quarterly Minimum Data Set" (MDS) dated 02/02/22 documented R30 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated moderately impaired cognition. The MDS documented the resident required total staff assistance with activities of daily living (ADLs)

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and had an indwelling urinary catheter.

R30's "Indwelling Urinary Catheter Care Plan" revised 03/18/22 documented R30 had a 15 french (fr) indwelling urinary catheter in place for urinary retention and comfort related to her terminal status. The care plan directed staff to position the catheter bag and tubing below the level of the bladder and away from entrance room door and check the catheter tubing for kinks during cares. The care plan instructed staff to empty the catheter bag and record output every shift and ensure that a dignity bag was placed over the catheter drainage bag at all times.

R30's "Physician Order Sheet," dated 11/20/21, instructed staff to change the urinary catheter drainage bag weekly and urinary catheter every month for urinary retention.

On 04/19/22 at 07:44 AM, observation revealed R30 sat in a Broda chair in the family living area with an uncovered urinary catheter bag clearly visible.

On 04/21/22 at 09:02 AM, observation revealed R30's room door wide open and her uncovered urinary catheter bag was on the side of the bed closest to the door, clearly visible from the hall.

On 04/21/22 at 09:05 AM, Licensed Nurse (LN) H verified R30's room door was wide open and her urinary catheter bag was uncovered. LN H stated staff were to cover R30's urinary catheter bag with a dignity bag only when she was out of her room.

On 04/21/22 at 09:55 AM, Administrative Nurse D stated staff should cover the resident's urinary

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catheter bag when she was out of her room. She stated the bag did not require a cover when the resident was in her room.

The facility's "Resident Orientation Booklet, "revised 07/01/18, under the "Residents Rights" section documented residents had the right to be treated with respect and dignity.

The facility failed to treat R30 with dignity, when staff failed to cover her urinary catheter bag with a privacy bag when it was visible to others. This placed the resident at risk for impaired psychosocial well-being.

- R171's "Physician Order Sheet" dated 04/13/22 recorded a diagnosis of urinary retention (lack of ability to urinate and empty the bladder) and hyponephrosis (swelling of a kidney due to a back up of urine.)

R171's "Admission Minimum Date Set" (MDS) dated 04/20/22 recorded R171 had a Brief Interview for Metal Status (BIMS) score of 15, indicating intact cognition, and an indwelling urinary catheter.

The temporary "Peri Care and Toileting Care Plan" dated 04/13/22 did not address or document the resident had a urinary catheter.

On 04/18/22 at 11:30 AM, observation revealed R171 sat in a recliner in her room. An uncovered urinary catheter bag hung on her walker frame, with yellow urine in the catheter tubing and bag.

On 04/19/22 at 08:30 AM, observation revealed R171 rested in bed, with the uncovered urinary

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F 550	Continued From page 4 catheter bag hung on the right side of the bed, with yellow urine in the catheter tubing and bag. On 04/21/22 at 10:45 AM, Administrative Nurse D stated the resident's urinary catheter bag should be covered to protect her dignity. She stated the bag did not ahve to be covered when the resident was in her room regardless of whether it was visible to other residents or guests. The facility's undated "Resident Rights" policy documented the facility would promote care for the resident in a manner that maintains each resident's dignity and respect. The facility failed to cover R171's urinary catheter bag placing the resident at risk for embarrassment and an undignified living environment.	F 550		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist	F 756		

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during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.
(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 71 residents. The sample included 19 residents with six reviewed for unnecessary medications. Based on observation, record review and interview, the facility's consultant pharmacist (CP) failed to notify the Director of Nursing (DON), medical director, or physician about an inappropriate diagnosis for the use of an antipsychotic medication (medication used to treat significant mental health problems, and/or the facility failed to act upon the pharmacist recommendations for two sampled residents, Resident (R) 36 and R51. This placed the residents at risk to receive unnecessary antipsychotic medications and have adverse side effects.

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Findings included:

- The "Physician Order Sheet," dated 04/01/22, recorded R36 had diagnoses of dementia with behaviors (persistent mental disorder marked by memory loss and impaired reasoning), anxiety (mental health disorder characterized by worry and fear that interferes with daily life), and insomnia (difficulty sleeping).

The "Quarterly Minimum Data Set" (MDS), dated 03/02/22, recorded R36 had a Brief Interview for Mental Status (BIMS) score of three (severe cognitive impairment) with physical and verbal behaviors. The MDS recorded R36 required extensive staff assistance with most Activities of Daily Living (ADLs), had a diagnosis of dementia, and received scheduled antipsychotic medication seven days a week.

The "Medication Care Plan," dated 02/10/22, recorded R36 had physical and verbal behaviors, difficulty sleeping, and often rejected cares related to her progressing dementia. The "Medication Care Plan" recorded R36 received Seroquel (antipsychotic medication) with a Black Box Warning (highest safety-related warning that medications can have assigned by the Food and Drug Administration) that recorded the medication was not approved for treatment of elderly patients with dementia due to the medication's ineffectiveness and life-threatening side effects.

The "Physician's Order," dated 12/11/21, directed staff to administer Seroquel 12.5 milligrams (mg) two times a day to R36 for dementia with behaviors.

The "Pharmacist Medication Reviews," dated

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01/10/22 and 02/08/22 lacked documentation the pharmacist addressed the inappropriate diagnosis of dementia with behaviors for R36's use of Seroquel.

The "Pharmacist Medication Recommendation," dated 03/10/22, recorded dementia was an inappropriate diagnosis for the use of Seroquel, and recommended the physician attempt a dose reduction or provide a risk versus benefit statement for the inappropriate antipsychotic use.

The "Pharmacy Medication Recommendation," dated 03/25/22, recorded the physician did not address the inappropriate diagnosis, and refused the gradual dose reduction for R36's use of Seroquel.

Review of R36's medical record lacked documentation the facility acted upon the pharmacist's recommendation for an appropriate diagnosis for the resident's use of an antipsychotic medication.

The "Pharmacist Medication Review," dated, 04/05/22, lacked documentation the pharmacist addressed the inappropriate diagnosis of dementia with behaviors for R36's use of Seroquel.

On 04/19/22 at 12:18 PM, observation revealed R36 sat in her wheelchair at the dining table eating lunch with two other residents and had no behaviors.

On 04/19/22 at 02:19 PM, Licensed Nurse (LN) G stated R36 had severe cognitive impairment due to dementia, was resistive to cares at times, and the resident's occasional behaviors were easily

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directed.

On 04/21/22 at 09:32 AM, Administrative Nurse D stated the consultant pharmacist had not addressed R36's inappropriate diagnosis for the use of Seroquel on the January 2022, February 2022, and April 2022 medication reviews. Administrative Nurse D stated the facility had not acted upon the pharmacist's March 2022 recommendation that the resident had an inappropriate diagnosis for the use of an antipsychotic medication.

The facility's "Medication Regimen Review" policy, dated 07/17/19, directed the consultant pharmacist to ensure the residents' medications had an appropriate diagnosis or adequate indication for use.

The facility's consultant pharmacist failed to notify the DON, medical director, or physician about R36's inappropriate diagnosis for the use of an antipsychotic medication, and/or the facility failed to act upon the pharmacist recommendation, placing the resident at risk to receive unnecessary antipsychotic medications and have adverse side effects.
- R51's Electronic Medical Record (EMR) documented R51 had a diagnose of dementia (progressive mental disorder characterized by failing memory, confusion) without behavioral disturbance.

R51's "Significant Change Minimum Data Set" (MDS), dated 03/21/22, documented R51 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated mildly impaired cognition. The MDS documented R51 required extensive staff assistance with bed mobility, transfers, dressing,

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locomotion on unit, and toilet use, limited staff assistance with walk in room and corridor, and locomotion off unit, and supervision with eating. The MDS documented the resident received scheduled antipsychotic (class of medications used to treat any major mental disorder characterized by a gross impairment in reality testing and other mental emotional conditions) medication seven days a week.

R51's "Cognitive Loss/Dementia Care Area Assessment" (CAA), dated 03/21/22, documented the resident had a diagnosis of dementia, had BIMS score of 12, and required assistance with major decision making. The CAA documented R51 at times had physical behaviors directed at others and declined care, and had confusion and at times had exit seeking behaviors.

R51's "Psychotropic Drug Use CAA" documented the resident received Zyprexa (antipsychotic(medication used to treat severe agitation associated with certain mental/mood conditions) such as schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought), bipolar mania(major mental illness that caused people to have episodes of severe high and low moods) for a diagnosis of anxiety(mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) and she was at risk for adverse side effects from the medication.

R51's "Multiple Medication Care Plan," revised 03/16/22, instructed staff to administer to R51 all her medications and treatments as ordered,

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monitor her for possible drug interactions, obtain routine labs and notify physician of lab results.

R51's "Physician Order," dated 01/31/22, instructed staff to administer Zyprexa tablet, 2.5 milligram (mg), by mouth at bedtime for diagnosis of anxiety.

R51's "Pharmacist Regimen Review," dated 02/15/22, recorded the facility's consultant pharmacist recommended the physician provide an appropriate diagnosis for R51's Zyprexa, per Centers for Medicare and Medicaid Services (CMS) guidelines which only the Federal Drug Administration (FDA) approved diagnoses of Tourette's(a disorder that involves repetitive movements or unwanted sounds (tics) that can't be easily controlled), Huntington's (rare abnormal hereditary condition characterized by progressive mental deterioration; a disabling central nervous system movement disorder), or schizophrenia were allowed for the continued use of antipsychotics in residents with dementia, due to increased rate of mortality (incidence of deaths) and lack of efficacy when used in patients with dementia related psychosis. The pharmacist also recommended a gradual dose reduction in R51's Zyprexa. The physician responded no change in dosage but failed to address the change in diagnosis of Zyprexa.

On 04/21/22 at 10:11 AM, Administrative Nurse D verified on the 02/15/22 pharmacist regimen review, the physician failed to address the CP's recommendation for an appropriate diagnosis for R51's Zyprexa.

The facility's "Pharmacy Services" policy, updated 12/14/21, documented staff should not administer

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F 756	Continued From page 11 an antipsychotic drug to a resident unless the antipsychotic drug therapy was necessary to treat a specific condition as diagnosed and documented in the resident's clinical record. The facility failed to ensure the physician responded to the CP request to document an acceptable reason for continuing or an appropriate diagnosis for the use of an antipsychotic medication for R51. This placed the resident at risk to receive unnecessary antipsychotic medications and have adverse medication side effects.	F 756		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and	F 758		

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behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.

§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 71 residents. The sample included 19 residents with six reviewed for unnecessary medications. Based on observation, record review and interview, the facility failed to ensure an appropriate diagnosis for the use of an antipsychotic medication (medications used to treat significant mental health problems) for two sampled residents, Residents (R) 36 and R51. This placed the residents at risk to receive unnecessary antipsychotic medications and have adverse medication side effects.

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Findings included:

- The "Physician Order Sheet," dated 04/01/22, recorded R36 had diagnoses of dementia with behaviors (persistent mental disorder marked by memory loss and impaired reasoning), anxiety (mental health disorder characterized by worry and fear that interferes with daily life), and insomnia (difficulty sleeping).

The "Quarterly Minimum Data Set" (MDS), dated 03/02/22, recorded R36 had a Brief Interview for Mental Status (BIMS) score of three (severe cognitive impairment) with physical and verbal behaviors. The MDS recorded R36 required extensive staff assistance with most Activities of Daily Living (ADLs), had a diagnosis of dementia, and received scheduled antipsychotic medication seven days a week.

The "Medication Care Plan," dated 02/10/22, recorded R36 had physical and verbal behaviors, difficulty sleeping, and often rejected cares related to her progressing dementia. The "Medication Care Plan" recorded R36 received Seroquel (antipsychotic medication) with a Black Box Warning (highest safety-related warning that medications can have assigned by the Food and Drug Administration) that recorded the medication was not approved for treatment of elderly patients with dementia due to the medication's ineffectiveness and life-threatening side effects.

The "Physician's Order," dated 12/11/21, directed staff to administer Seroquel 12.5 milligrams (mg) two times a day to R36 for dementia with behaviors.

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	175044	A. BUILDING _____ B. WING _____	04/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BREWSTER HEALTH CENTER	1001 SW 29TH ST TOPEKA, KS 66611

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The "Pharmacist Medication Reviews," dated 01/10/22 and 02/08/22 lacked documentation the pharmacist addressed the inappropriate diagnosis of dementia with behaviors for R36's use of Seroquel.

The "Pharmacist Medication Recommendation," dated 03/10/22, recorded dementia was an inappropriate diagnosis for the use of Seroquel, and recommended the physician attempt a dose reduction or provide a risk versus benefit statement for the inappropriate antipsychotic use.

The "Pharmacy Medication Recommendation," dated 03/25/22, recorded the physician did not address the inappropriate diagnosis, and refused the gradual dose reduction for R36's use of Seroquel.

The "Pharmacist Medication Review," dated, 04/05/22, lacked documentation the pharmacist addressed the inappropriate diagnosis of dementia with behaviors for R36's use of Seroquel.

On 04/19/22 at 12:18 PM, observation revealed R36 sat in her wheelchair at the dining table eating lunch with two other residents and had no behaviors.

On 04/19/22 at 02:19 PM, Licensed Nurse (LN) G stated R36 had severe cognitive impairment due to dementia, was resistive to cares at times, and the resident's occasional behaviors were easily directed.

On 04/21/22 at 09:32 AM, Administrative Nurse D stated dementia with behaviors was an inappropriate diagnosis for R36's use of

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Seroquel.

The facility's "Medication Administration" policy, dated 12/14/21, directed staff to ensure antipsychotic medications had an appropriate diagnosis for use, and nursing staff should monitor antipsychotic medications for adverse side effects.

The facility failed to ensure an appropriate diagnosis for the use of an antipsychotic medication for R36, placing the resident at risk to receive unnecessary antipsychotic medications and have adverse medication side effects.
- R51's Electronic Medical Record (EMR) documented R51 had a diagnose of dementia (progressive mental disorder characterized by failing memory, confusion) without behavioral disturbance.

R51's "Significant Change Minimum Data Set" (MDS), dated 03/21/22, documented R51 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated mildly impaired cognition. The MDS documented R51 required extensive staff assistance with bed mobility, transfers, dressing, locomotion on unit, and toilet use, limited staff assistance with walk in room and corridor, and locomotion off unit, and supervision with eating. The MDS documented the resident received scheduled antipsychotic (class of medications used to treat any major mental disorder characterized by a gross impairment in reality testing and other mental emotional conditions) medication seven days a week.

R51's "Cognitive Loss/Dementia Care Area Assessment" (CAA), dated 03/21/22, documented the resident had a diagnosis of

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dementia, had BIMS score of 12, and required assistance with major decision making. The CAA documented R51 at times had physical behaviors directed at others and declined care, and had confusion and at times had exit seeking behaviors.

R51's "Psychotropic Drug Use CAA" documented the resident received Zyprexa (antipsychotic medication) such as schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought), bipolar mania(major mental illness that caused people to have episodes of severe high and low moods) for a diagnosis of anxiety(mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) and she was at risk for adverse side effects from the medication.

R51's "Multiple Medication Care Plan," revised 03/16/22, instructed staff to administer to R51 all her medications and treatments as ordered, monitor her for possible drug interactions, obtain routine labs and notify physician of lab results.

R51's "Physician Order," dated 01/31/22, instructed staff to administer Zyprexa tablet, 2.5 milligram (mg), by mouth at bedtime for diagnosis of anxiety.

R51's "Pharmacist Regimen Review," dated 02/15/22, recorded the facility's consultant pharmacist (CP) recommended the physician provide an appropriate diagnosis for R51's Zyprexa, per Centers for Medicare and Medicaid Services (CMS) guidelines which only the Federal Drug Administration (FDA) approved diagnoses of

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F 758	Continued From page 17 Tourette's (a disorder that involves repetitive movements or unwanted sounds (tics) that can't be easily controlled), Huntington's (rare abnormal hereditary condition characterized by progressive mental deterioration; a disabling central nervous system movement disorder), or schizophrenia were allowed for the continued use of antipsychotics in residents with dementia, due to increased rate of mortality (incidence of deaths) and lack of efficacy when used in patients with dementia related psychosis. The pharmacist also recommended a gradual dose reduction in R51's Zyprexa. The physician responded no change in dosage but failed to address the change in diagnosis of Zyprexa. On 04/21/22 at 10:11 AM, Administrative Nurse D verified on the 02/15/22 pharmacist regimen review the physician failed to address the recommendation for an appropriate diagnosis for R51's Zyprexa and the facility failed to follow up with the CP's recommendation and obtain an appropriate diagnosis from the physician. The facility's "Pharmacy Services" policy, updated 12/14/21, documented staff should not administer an antipsychotic drug to a resident unless the antipsychotic drug therapy was necessary to treat a specific condition as diagnosed and documented in the resident's clinical record. The facility failed to ensure an acceptable reason for continuing or an appropriate diagnosis for the use of an antipsychotic medication for R51. This placed the resident at risk to receive unnecessary antipsychotic medications and have adverse medication side effects.	F 758		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary	F 812		

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F 812	Continued From page 18 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 had a census of 71 residents. The sample included 19 residents. Based on observation, record review, and interview the facility failed to prepare, store, distribute, and serve food under sanitary conditions for the 71 residents in the facility who received their meals from the facility kitchen. This placed the residents at risk for foodborne illness. Findings included: - On 04/18/22 at 07:10 AM, during initial tour, observation revealed the following: Four - 24 inches by 24 inches ceiling air vent grills/registers, located above the food	F 812		

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preparation area, covered with brownish-gray, fuzzy substance.

Two - 24 inches by 24 inches ceiling air vent grills/registers, located above the dishwasher area, covered with brownish-gray, fuzzy substance.

On 04/21/22 at 09:20 AM, Maintenances Staff U verified maintenance staff were responsible to clean the air vents grills/registers, and confirmed maintenance did not have a routine cleaning schedule. Maintenance Staff U verified the vents were covered with a brownish-gray, fuzzy substance.

The facility's "Main Kitchen Cleaning Schedule" policy, dated December 01, 2012, documented the dining service staff are responsible for checking the cleaning schedules to ensure tasks scheduled for that day are performed. Environmental Services Team would ensure the following equipment would be cleaned monthly stove hood and filters, vent, ice machine, refrigerator, condenser, pans and coils. The dietary manager would review documentation or cleaning task and perform quality assurance process at least once a month.

The facility failed to prepare, store, distribute and serve food under sanitary conditions for the 71 residents residing in the facility, who received meals from the facility kitchens.