STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185484	A. BUILDING _____ B. WING _____	R-C 08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SEASONS AT ALEXANDRIA	7341 E ALEXANDRIA PIKE ALEXANDRIA, KY 41001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS Based on the facility's acceptable Plan of Correction (POC) and the on-site revisit initiated on 08/07/2024 and concluded 08/14/2024, it was determined the facility had corrected F600, F607, and F812 on 06/13/2024, as alleged. However, the facility was still in noncompliance because of F656 and F689, both cited with a scope and severity (S/S) of a "J" in the Abbreviated/Partial Extended Survey with an exit date of 08/14/2024.	{F 000}		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	INITIAL COMMENTS An Abbreviated/Partial Extended Survey investigating KY00037550, KY00038637, KY00039163, KY00039402, KY00039240, KY00039350, KY00040435, KY00040759, KY00041073, KY0004125, KY00041876, KY00041265, and KY00042538 was concluded on 06/06/2024. Deficiencies were cited for KY00042538 at 42 CFR 483.12 Freedom from Abuse, Neglect, and Exploitation F600 and F607 with a Scope and Severity (S/S) of a "J". A deficiency was issued related to KY00041265 at CFR 42 483.60 Food and Nutrition Services F812 with a (S/S) of "D". No deficient practice was identified related to KY00037550, KY00038637, KY00039350, KY00041073, KY00041265, KY00039402, KY00039163, KY00041245, KY00041876, KY00040759, and KY00039240. On 05/31/2024 at 6:00 PM, the Administrator and Director of Nursing (DON) were provided a copy of the CMS IJ Template and notified that the failure to ensure residents were protected from verbal and physical abuse constituted Immediate Jeopardy (IJ) at F600 and F607. The immediate jeopardy at F600 and F607 also constituted Substandard Quality of Care (SQC) at 42 CFR 483.12. The Immediate Jeopardy was determined to exist on 05/19/2024 when the facility became aware abuse had occured. During the first week of May 2024 (exact date	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/01/2024

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F 000	Continued From page 1 unknown), State Tested Nurse Aide (STNA) 20 witnessed STNA 9 providing care to Resident (R) 24, and observed STNA 9 being rough while providing care to the resident. However, STNA 20 failed to report the incident of possible physical abuse by STNA 9 towards R24 to administrative staff as required and per facility policy. Therefore, STNA 9 continued to work, and on 05/19/2024, STNA 9 held R11's wrist and hit the resident repeatedly with her fist in the left upper arm. STNA 8 heard STNA 9 tell R11, "I told you not to hit me. I hit harder than you" and "you don't hit women." The incident resulted in R11 sustaining a large bruise to the left upper arm. The facility provided an acceptable plan for the removal of the Immediate Jeopardy on 06/06/2024, which alleged removal of the Immediate Jeopardy on 06/06/2024. The State Survey Agency (SSA) validated the Immediate Jeopardy was removed on 06/06/2024 prior to exit on 06/06/2024, following the facility's implementation of the plan for removal of the Immediate Jeopardy. The deficient practice remained at a S/S of a "D," following the removal of the Immediate Jeopardy. Survey Dates: 05/28/2024 to 06/06/2024. Survey Census: 102 Sample Size: 39	F 000		
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This	F 600		7/19/24

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F 600	Continued From page 2 includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy, the facility failed to protect two (2) of thirty-nine (39) sampled residents (R) from physical and verbal abuse by staff (R24 and R11). During the first week of May 2024 (exact date unknown), State Tested Nurse Aide (STNA) 20 witnessed STNA 9 providing care to R24, and observed STNA 9 being rough while providing care to the resident. However, STNA 20 failed to report the incident of possible physical abuse by STNA 9 towards R24 to administrative staff. Therefore, STNA 9 continued to work, and on 05/19/2024, STNA 9 held R11's wrist and hit the resident repeatedly with her fist in the left upper arm. STNA 8 heard STNA 9 state to R11, "I told you not to hit me. I hit harder than you" and "you don't hit women." The incident resulted in R11 sustaining a large bruise to the left upper arm. The facility's failure to have an effective system in place to ensure residents were protected from verbal and physical abuse is likely to cause serious injury, impairment, or death if immediate	F 600	Tag Cited: F-600 & F-607 ¿483.12 □ Free From Abuse and Neglect Issue Cited: Free From Abuse and Neglect Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility□s credible allegation of compliance. 1. Immediate action(s) taken for the resident(s) found to have been affected include: A thorough investigation was conducted by the Director of Nursing Services and the facility Administrator regarding the allegations made by STNA # 20. Results of the investigation were reported to the State Survey Agency. The following actions were taken to prevent Resident # 11 from additional	

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F 600	Continued From page 3 action is not taken. Immediate Jeopardy (IJ) was identified on 05/31/2024 at 42 CFR 483.12 Freedom From Abuse, Neglect, and Exploitation (F600) at the highest Scope and Severity (S/S) of a "J." Substandard Quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse, Neglect, and Exploitation (F600). The Immediate Jeopardy was determined to exist on 05/19/2024. The facility was notified of Immediate Jeopardy on 05/31/2024. An acceptable Immediate Jeopardy Removal Plan was received on 06/06/2024, which alleged removal of the Immediate Jeopardy on 05/19/2024. However, the State Survey Agency (SSA) validated the Immediate Jeopardy was removed on 06/06/2024, prior to exit on 06/06/2024. Non-compliance remained in the areas of 42 CFR 483.12 Free from Abuse, Neglect, and Exploitation (F600) at a Scope and Severity (S/S) of a "D;" while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: Review of the facility's policy entitled, "Abuse, Neglect, and Misappropriation of Resident Property" dated 11/01/2023, revealed it was the facility's policy for each resident to be free from "Abuse." Continued review revealed abuse could include verbal, mental, sexual, or physical abuse, corporal punishment or involuntary seclusion. Additionally, policy review revealed residents were to be protected from abuse, neglect, and harm while they were residing at the facility. Further review revealed no abuse or harm of any	F 600	abusive behaviors. (Completion Date: 05/19/2024) " The Administrator and Nurse Supervisor immediately ensured the safety and well-being of the resident who was allegedly abused by removing the accused staff members from the facility. They were DNR□d pending investigation. Agency notified of abuse allegation. " The Administrator immediately initiated abuse investigation into Resident #11 abuse allegation. " Nursing Supervisors completed physical assessments/skin audits on all residents to identify any injuries of unknown origin and/or evidence of abuse or neglect. Concerns were not identified on any other resident. " The Administrator, DON, and Nurse Supervisor interviewed staff that directly worked with STNA 9. " Local police department was notified of physical abuse allegation. " Social Services assessed resident daily to address any psychosocial needs and concerns x 7 days starting on 5/20/24. No changes noted, no need for further psychosocial action. The following actions were taken to prevent Resident # 24 from additional abusive behaviors. (Completion Date: 05/31/2024) " Nurse assessed resident and assured safety on 5/31/2024. Resident evaluated by primary care provider on 06/04/2024. " IDT consisting of Nurse Supervisor, DON, Administrator, Social Services reviewed and revised care plan. " The Administrator immediately	

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F 600	Continued From page 4 type was to be tolerated, and residents and staff were to be monitored for protection. Review of the facility's policy entitled, "Resident Rights," dated 11/01/2023, revealed all residents were to be treated equally regardless of age, race, religion, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. The policy review also revealed the facility was to ensure all direct care and indirect care staff members, including contractor and volunteers, were educated on the rights of residents and the responsibility of the facility to properly care for its residents. Review of the facility's, "Certified Nurse Assistant Job Description," revised 2019, revealed the basic function of Certified Nurse Assistants ([CNA], the term the facility used for State Tested Nurse Aides [STNA]) was to provide delivery of care as described on each individual resident's Nurse Assistant care plan; and as directed per nurse aide training standards. Continued review revealed the CNAs were to report any allegation of abuse, neglect, exploitation or misappropriation of resident's property per facility policy. Review of STNA 9's personnel record revealed the STNA had a date of hire of 01/10/2024, and had signed the facility's orientation packet for Agency Certified Nurse Aides located in the facility on 01/03/2024. Continued review revealed STNA 9 signed the facility's "Prevention and Reporting of Resident Abuse Acknowledgement of Responsibilities" on 01/03/2024. Further review of STNA 9's personnel record revealed no documented verbal or written warnings alleging abuse found in the STNA's personnel record. In	F 600	ensured the safety and well-being of the resident by removing the accused staff members back on 5/19/2024 and the STNA that failed to report suspected abuse from the facility on 5/31/2024 immediately after becoming aware. They were suspended pending investigation. " The Administrator immediately initiated abuse investigation into Resident(s) # 24 abuse allegation(s). " Nursing Supervisors completed physical assessments/skin audits on all residents to identify any injuries of unknown origin and/or evidence of abuse or neglect. Concerns were not identified. " Summary of 5 day investigation concludes that no abuse occurred. Further investigation with STNA 20, Nurse assigned that evening and residents reveal that the Hoyer pad was pulled from under resident. Reporting STNA20 denies there was any ill intent or abuse from STNA9. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected. The DON, Social Services, and Nurse Supervisors interviewed/assessed residents with BIMS scores of 9 and above for potential abuse. Concerns were/were not identified. (Completion Date: 05/31/2024): 3. Actions taken/systems put into place to reduce the risk of future occurrence include:	

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F 600	Continued From page 5 addition, review of STNA 9's personnel record also revealed she received her STNA certification prior to being employed at the facility. Review of STNA 9's work schedule for the month of May 2024, revealed she was scheduled to work 05/01/2024-05/03/2024, 05/05/2024-05/06/2024, 05/09/2024-05/10/2024, 05/15/2024-05/16/2024, and 05/19/2024. 1. Record review revealed the facility admitted R24 on 08/18/2008, and had diagnoses of Parkinson's disease without dyskinesia (uncontrolled shakes, tics, or tremors), without mention of fluctuations, dysphagia (difficulty swallowing), and depression, unspecified. During an interview with STNA 20 on 05/30/2024 at 1:00 PM, she stated she had not worked much with STNA 9; however, recalled one incident where she and STNA 9 were providing care for R 24. She stated during the course of transferring R24 with the Hoyer lift (assistive device for transferring), STNA 9 became "rough" with R24. STNA 20 said she thought to herself, "Don't be rough with her, she is my girl." The STNA further stated "I guess I should have said something then, that was on me. I guess after hearing about the incident with STNA 9 and R11, I should have said something." During an interview with the Administrator on 05/31/2024 at 11:00 PM, she stated she was unaware of the incident with STNA 9 and R24. She stated if STNA 20 had reported that initial incident involving alleged abuse, the witnessed abuse of R11 by STNA 9 might not have occurred.	F 600	The policy for reporting allegations of abuse/neglect/exploitation was reviewed to ensure compliance with current state and federal regulations by the DON, Administrator, and Corporate Compliance Nurse. Re-education was conducted by the DON, Staff Development Nurse, and Nurse Managers with all direct care and ancillary staff regarding the abuse policy and procedures. The re-education was completed on 6/3/24. Re-education will continue through monthly staff meetings indefinitely and as needed. STNA #20 re-educated on bed mobility, abuse policy/prevention and reporting, caring for residents with TBI, moving and transferring residents, recognizing pain in residents, approaches with adults with disability, and recognizing and reporting abnormal observations. Staff development nurse re-educated prior to STNA #20 returning to work. All nursing staff was re-educated on bed mobility and use of mechanical lifts by staff development nurse, DON and nurse managers, compliance was obtained on 7/10/24. Nursing staff re-educated on using Kardex and resident treatment plans when providing care. This education was provided by DON, Staff Development Nurse and Nurse Managers. Kardex re-education initiated on 7/15/24 with 100% nursing/clinical staff compliance goal of 7/18/24. The facility took the following actions to prevent an adverse outcome from reoccurring. (Completion Date: 6/4/2024) " Abuse policy and Abuse investigation	

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F 600	Continued From page 6 2. Review of the facility's investigation dated 05/19/2024 at 11:30 PM, revealed STNA 8 witnessed STNA 9 physically and verbally abusing R11 while attempting to remove R11's shirt. The investigation review revealed STNA 9 held R11's left wrist and hit him repeatedly in the upper arm stating, "I told you not to hit me, I hit harder than you" and "don't hit women." Per review, STNA 10 entered R11's room and observed STNA 9 grabbing R11 by the wrist and placing R11's left arm behind STNA 9's back. Review revealed a full head to toe assessment of R11 was completed by the Nurse Supervisor and no injury was noted to the resident at that time. Continued review revealed body audits were performed on all residents that STNA 9 had came in contact with on that date. Review of the investigation revealed STNA 8 gave STNA 10 a nudge and asked STNA 10 to stay with R11 while she (STNA 8) went to notify the nurse on duty, Licensed Practical Nurse (LPN) 8; the nurse supervisor; and the Administrator. Per review of the investigation, the night shift House Supervisor immediately removed STNA 9 from the "patient" care area, took STNA 9's statement, and notified the Director of Nursing (DON). Review revealed the Administrator called the local police department at 10:45 PM, and the Nurse Supervisor stayed with STNA 9 in the facility lobby until the police arrived and took STNA 9's statement. Additionally, the investigation review revealed the Nurse Supervisor escorted STNA 9 out of the building accompanied by the police and the STNA was removed from all future schedules. Further review of the investigation from 05/19/2024, revealed because of the failure of STNA 20 to report alleged abuse surrounding STNA 9 during the first week of May 2024, the abuse incident involving STNA 9 and R11 was	F 600	procedure and documentation process were reviewed and revised 6/3/2024 by Administrator, DON, and Corporate Chief Operations Officer. The Administrator implemented a new abuse investigation checklist to ensure investigations were initiated and completed thoroughly. The DON, Administrator, Staff Development Nurse and Nurse Supervisors, educated staff on these changes. Administrator, DON, Staff Development Nurse and Nurse Supervisors educated 80% of staff on changes 6/4/2024, Staff development nurse will ensure staff are educated on check list prior to returning to schedule. Check list implemented into practice on 6/5/24. Abuse Education initiated on 5/19/24 and 5/31/24. Staff Development Nurse and DON will educate new hires and agency during the orientation process. " Staff Development Nurse, DON, Administrator and Nurse Supervisors re-educated 80% staff on facility abuse policies, abuse prevention and reporting, managing expressions of emotional distress and caring for a resident with traumatic brain injury on 5/20/24 and ongoing monitoring for education completion for those needing to complete prior to working another shift done by the Staff Development Nurse and DON. " The DON, Staff Development Nurse, Nurse Supervisors reviewed facility abuse policies and procedures with any agency staff prior to their shift. " Disciplinary action was taken with staff member accused of abuse, STNA9 terminated from facility on 5/20/2024.	

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F 600	Continued From page 7 allowed to occur. Review of the facility's, "Final Report/5 Day Follow-Up" investigation dated 05/23/2024 at 8:08 PM, revealed physical harm noted to R11 by evidence of a bruise to the resident's left upper arm. Per review, the facility reported the incident to R11's resident representative on 05/19/2024 at 11:25 PM. Review of the summaries of interviews on the "Final Report/5 Day Follow-Up" revealed STNA 8 noted she witnessed STNA 9 physically abuse R11 at around 10:00 PM, in the resident's room while providing care. Continued review of STNA 8's written statement revealed she witnessed STNA 9 punch R11's left bicep while STNA 9 was attempting to remove the resident's shirt for evening care. STNA 8 also noted STNA 9 stated to R11, "I told you not to hit me, I hit harder than you," and "don't hit women." Per review of STNA 8's written statement, she then witnessed STNA 9 restrain R11's arm by grabbing his wrist and placing his arm behind her (STNA 9's) back. Review of STNA 8's statement also revealed STNA 10 entered R11's room at that time and observed STNA 9 restraining the resident's arm and making the above statements. Further review of STNA 8's statement revealed she gave STNA 10 a "look" and asked STNA 10 to stay with R11 STNA 9 while she went to notify LPN 8, the Nurse Supervisor, and the Administrator. Continued review of the facility's, "Final Report/5 Day Follow-Up" of STNA 10's written statement dated 05/23/2024, revealed she witnessed STNA 9 restraining R11's wrist and being verbally aggressive with R11 while providing care to the resident in his room. Per review of STNA 10's statement STNA 8 gave her a look and a nudge	F 600	" Disciplinary action was taken with staff member accused of failing to report abuse, STNA20 was given a final written warning issued on 6/5/24 related to following the abuse reporting policy for any suspected inappropriate interaction and provided education. Education completed on 6/5/24 prior to STNA returning to work. Education consisted of moving and transferring patients, recognizing and reporting abnormal observations, recognizing pain in dementia, and abuse and neglect prevention. " All Federal and State protocols were followed in investigating and reporting the abuse allegation(s). Initial and 5 day investigations submitted on 6/4/2024. " Residents with BIMS scores of 9 or higher were interviewed/assessed by Social Services, DON and/or Nursing Supervisors to identify if they felt safe and if they had experienced abuse while living at the facility. Completed on 5/31/24. Concerns were not identified. " The Administrator, DON, and Social Services Director received re-education from a corporate consultant team member on timely and thorough abuse investigations on 6/4/24. " The regional/corporate/hired consultant team member will visit the facility to provide oversight, audits, and additional training as needed. " The Activities Director held a Resident Council meeting in which the residents were re-educated on the facility□s abuse policies and procedures on 6/4/24. " The Social Services Director began	

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F 600	Continued From page 8 and asked her to stay with R11 while she (STNA 8) went to notify the nurse on duty (LPN 8), the nurse supervisor, and the Administrator. Further review of the facility's, "Final Report/5 Day Follow-Up" dated 05/23/2024, revealed STNA 9's statement which noted she had been attempting to provide evening care for R11, and he became agitated, then struck her in the chest. Per review of STNA 9's statement she used her forearm to hold R11's arm, then grabbed his arm and held it behind her to prevent him from hitting her again. Continued review of STNA 9's statement revealed she told R11 to stop hitting her, but he continued to try to do that. She noted in her statement she had given a statement to the police and was then released, and the Nurse Supervisor escorted her out of the facility. Additional review of the facility's, "Final Report/5 Day Follow-Up" investigation dated 05/23/2024 at 8:08 PM, revealed LPN 8 had been assigned on R11's unit (on the date of the incident). Review of LPN 8's written statement dated 05/19/2024 at 10:15 PM, revealed she had not witnessed any of the incident in question, and STNA 9 reported to her R11 was being aggressive without his medication. Per review of LPN 8's statement, she had not witnessed any aggression from R11. Continued review of LPN 8's statement revealed when she entered R11's room, after STNA 8 notified her of the abuse allegation, STNA 9 and STNA 10 were present in the room. Further review of LPN 8's written statement revealed the Nurse Supervisor arrived in R11's room, and STNA 9 was removed from the resident area immediately and walked to the lobby by the Nurse Supervisor.	F 600	discussing facility abuse policies with residents and families at the initial and annual care plan conference on 6/5/24. " The Social Service team will continue to interview a selection of residents with BIMS scores of 9 or higher on a monthly basis to ensure they have not experienced abuse. The findings of these interviews will be presented to the QAA Committee by the social service team and a PIP to address reporting abuse will be initiated. The QAA Committee consists of the Administrator, the DON, QM/IP Nurse, Social Services, Nurse Manager, MDS Nurse, MD, and Social Service. Social Services to monitor interviews and the Administrator to audit resident interviews. The interviews started 6/10/24 and 2-3 interviews will be done per month. " The Staff Development Nurse and the DON have return demonstration/role playing abuse education planned for once a week x 4 weeks, then once a month x 3 months, then it will be presented to the QAA Committee. Completed on 5/28/24 and again on 6/3/24. " Ad Hoc QAPI meeting held on 5/20/24, 5/31/24, 6/5/24 and 6/12/24 with DON, Nurse Supervisors, Administrator, Medical Director and Social Services. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: A thorough investigation of any allegation will be conducted, and findings will be reported to the appropriate agencies in accordance with current facility policy. Ongoing monitoring of staff understanding	

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F 600	Continued From page 9 Further review of the facility's "Final Report/5 Day Follow-Up" investigation dated 05/23/2024 at 8:08 PM, revealed police arrived on 05/19/2024 and questioned all parties, visited R11 in his room, and left without detaining anyone. Per review, a Police Officer and Social Worker (SW) returned to the facility on 05/20/2024, to visit R11 in his room and took photos of the resident's arm. Review revealed the police and SW returned again on 05/22/2024 and took more photos of R11's arms. Additionally, review of the investigation revealed Adult Protective Services (APS) was notified and visited the facility on 05/23/2024. Review of the facility's Final Report/5 Day Follow-Up" further revealed the allegation of abuse, where STNA 9 hit and verbally abused R11, had been "VERIFIED" by the Administrator. Review of the State's Department for Community Based Services, "Confidential Suspected Abuse, Neglect, Dependency or Exploiting Reporting Form," (Initial Report) dated 05/19/2024, revealed STNA 9 had been getting R11 out of his chair and into a Hoyer lift sling to lift the resident onto his bed for the night on that date. Continued review of the Form revealed it was noted, STNA 9 stated R11 started punching her as she was assisting him onto the lift sling, and she had grabbed the resident's wrist and told him it was not polite to hit women. Per review of the Form, it was noted STNA 9 told STNA 8 to go get the Charge Nurse to assist in getting R11 onto his bed. Further review of the Form revealed statements given by STNA 8 indicated she witnessed R11 flailing his arms and striking STNA 9, and then witnessed STNA 9 to begin punching the resident in the arm four times. In addition, review of the Form further revealed documentation noting STNA 8 stated	F 600	of current facility policies and procedures regarding abuse completed by DON, Nurse Managers, and Staff Development Nurse. Monitoring includes randomly selecting five employees, interviewing each employee, determining whether or not they understand current abuse policies and procedures (please see monitoring form). This will be completed once a week x 4 weeks, then once a month x 3 months, then taken to the QAA committee by the DON to determine the need to continue this monitoring. Re-education will be provided at the time of the interview, if needed. Role playing / Return demonstration re-education provided along with audits of at least 5 random staff members per audit. Audit contains abuse scenarios and ambiguous scenarios and follows staff through reporting a suspected abuse allegation (please see audit attachment). This Role play/ Return demonstration audit will be completed once a week x 4 weeks, then once a month x 3 months, then taken to the QAA committee by the DON to determine the need to continue this audit. Role play/ return demonstration audits were initiated on 5/28/24 and are scheduled to be completed by 9/2/24 unless QAA committee suggests it continues. QAA Committee met on 6/12/24 and reviewed audits completed up to this date. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met.	

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F 600	Continued From page 10 STNA 9 said she did not have to take the abuse from R11 and he should not be hitting women. 2(a). Record review revealed the facility admitted R11 on 11/19/2023, with diagnoses of cerebral infarction (stroke) from blood clots; dysphagia (difficulty swallowing); and aphasia (loss of ability to understand or express speech). Additionally, review revealed R11 was also diagnosed with hemiplegia/hemiparesis (muscle weakness or partial paralysis of a side of the body) affecting the right side. Review of R11's Admission Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 11/16/2023, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 99, indicating the interview was not completed, and indicated R11's cognitive skills for daily decision making was severely impaired. Review of R11's "Progress Note" dated 05/19/2024 at 10:42 PM, documented by the Nurse Supervisor revealed STNA 8 witnessed STNA 9 punch R11 in his left arm three or four times with her closed fist, while she reprimanded the resident for hitting her, saying, "You don't hit women, I am stronger than you and I will hit back." Per review of the progress note, the incident information involving STNA 9 and R11 was reported to the Administrator and Director of Nursing (DON). Continued review revealed STNA 9 was removed from the unit immediately, and R11 was assessed for any injuries with a complete head to toe assessment completed at that time. Per review, the skin assessment noted old bruising to R11's left forearm and slight redness to R11's left upper arm, an abrasion to	F 600	Corrective action completion date: July 19, 2024.	

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F 600	Continued From page 11	F 600		

the resident's right abdomen and slight redness to his right upper thigh and left knee. Additionally, review revealed R11 was non-verbal and unable to tell staff any information as to what happened.

Review of R11's "External Progress Notes" on 05/20/2024 at 5:47 PM, documented by the Medical Director revealed the resident had no visible sign of injury on left arm, was comfortable and showed no signs of distress. Per review, staff were to continue to monitor R11 for any delayed symptoms or changes in condition. Continued review revealed R11 had a history of occasional agitation, with no specific cause identified. Further review revealed staff were also to continue to observe R11 for behaviors and provide supportive care as needed.

Review of R11's "Wound Evaluation and Management Summary" under the Miscellaneous tab in the medical record dated 05/22/2024, revealed the resident had a left upper extremity contusion.

Review of R11's "Weekly Wound Assessment" dated 05/22/2024, revealed a wound site on the resident's left upper arm measuring 8.0 cm (length) X 6.0 cm (width) X NA (depth). Continued review revealed the wound on R11's left bicep area, was faded blue in color, and non-tender to the touch.

Review of R11's "Wound Evaluation and Management Summary" dated 05/29/2024, revealed the contusion (on the resident's left upper arm) was noted as resolved on 05/29/2024.

During an interview with STNA 8 on 05/29/2024 at 1:14 PM, she stated we (she and STNA 9) "got

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along." She stated the night of the incident after STNA 9 hit R11, STNA 9 made the statement implying R11 had tried to hit her before and stated to R11, "I told you not to hit women." STNA 8 reaffirmed her statement she made on 05/19/2024. STNA 8 stated she and STNA 9 went to R11's room to put him to bed and change his shirt. She said they were going to use the Hoyer lift to help R11 from his chair onto his bed. STNA 8 stated she had taken hold of R11's shirt and was trying to help STNA 9 undress him, and the resident was moving his arms because he sometimes became "slightly agitated." She stated STNA 9 struck R11 multiple times on the left upper arm. STNA 8 further stated during that time, STNA 10 entered R11's room and observed STNA 9 grabbing R11's wrist with her hand and placing his left arm behind her back to prevent R11 from striking at her further with his left hand.

An attempt to contact STNA 10 by telephone on 05/30/2024 at 1:24 PM, resulted in no answer and a voicemail message being left for the STNA. A second attempt to contact STNA 10 by telephone on 05/30/2024 at 8:11 PM, resulted in no answer and a voicemail message again being left for STNA 10. No return phone call was received by the State Survey Agency (SSA) Surveyor.

An attempt to contact STNA 9 by telephone on 05/29/2024 at 6:11 PM, resulted in no answer and a voicemail message being left for the STNA. A second attempt to contact STNA 9 by telephone on 05/30/2024 at 8:47 PM, resulted in no answer again and a voicemail message being left for the STNA. No return phone call was received by the SSA Surveyor.

During an interview with the Director of Nursing

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(DON) on 05/30/2024 at 3:25 PM, he stated he was was concerned STNA 20 did not report the suspected abuse. He stated the facility provided education after any abuse allegation and she should have reported her suspicions. He stated if the suspected abuse was reported, the facility would have investigated. He stated if that abuse had been reported it could have possibly prevented the abuse of R11; however, that was just speculation. The DON stated anytime abuse was suspected and not reported, it created the potential for abuse by the staff member to occur again. He stated he had not had any negative reports about STNA 9's work or had any complaints about the STNA being rough or verbally abusive with residents.

During an interview with the Administrator on 05/30/2024 at 10:25 AM and 10:35 AM, she stated it was unacceptable for STNA 20 not to have reported the suspected abuse she witnessed. The Administrator stated staff were provided training on reporting abuse and knew if suspected abuse was not reported the staff member could be held responsible. She stated the suspected abuse should have been reported by STNA 20 and the STNA has received a written reprimand on the event. The Administrator stated if the suspected abuse of R24 had been reported, the incident of abuse of R11 could have been prevented. She stated she was contacted by STNA 8 on 05/19/2024 at about 10:15 PM, concerning the allegation of witnessed abuse of R11. The Administrator stated after speaking with STNA 8, she contacted the police on 05/19/2024 at 10:45 PM to report the alleged abuse incident. She stated she then contacted the DON, Nurse Supervisor, and Shift Key (the staffing agency who employed STNA 9) notifying them of the

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F 600	Continued From page 14 alleged abuse. The Administrator stated she began an initial investigation through telephone conversations with staff and began a formal investigation the following morning. She stated she did not condone any abuse by any staff member at the facility whether it was the facility's employee or an employee hired through an agency. She further stated she believed STNA 9 acted outside of the facility's policies and procedures.	F 600		
F 607 SS=J	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.	F 607		7/19/24

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F 607	Continued From page 15 §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy, the facility failed to ensure its staff implemented the facility's abuse policy regarding reporting allegations of physical abuse for one of 39 sampled residents, (R) 24. State Tested Nurse Aide (STNA) 20, during the first week of May 2024 (exact date unknown), observed STNA 9 being rough when providing care for R24. Review of the facility's abuse policy dated 11/01/2023, revealed employees "must" always report abuse or suspicion of abuse immediately to the Administrator or designee. STNA 20 failed to report the allegation of abuse to the Administrator or designee, and STNA 9 continued to work providing care to facility residents. As a result of STNA 20's failure to report the abuse allegation as per facility policy, STNA 9 was allowed to hit R11 on 05/19/2024, repeatedly with her fist in the resident's left upper arm and verbally abuse him during provision of care. The incident resulted in R11 sustaining a large bruise to the left upper arm. Refer to F600. The facility's failure to ensure its staff implemented its policies related to abuse has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ) was identified on 05/31/2024 at 42 CFR 483.12 Freedom From Abuse, Neglect, and Exploitation (F607) at the Highest Scope and Severity (S/S) of a "J",	F 607	Tag Cited: F-600 & F-607 ¿483.12 □ Free From Abuse and Neglect Issue Cited: Free From Abuse and Neglect Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. 1. Immediate action(s) taken for the resident(s) found to have been affected include: A thorough investigation was conducted by the Director of Nursing Services and the facility Administrator regarding the allegations made by STNA # 20. Results of the investigation were reported to the State Survey Agency. The following actions were taken to prevent Resident # 11 from additional abusive behaviors. (Completion Date: 05/19/2024) • The Administrator and Nurse Supervisor immediately ensured the safety and well-being of the resident who was allegedly abused by removing the accused staff members from the facility. They were DNR'd pending investigation.	

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F 607	Continued From page 16 substandard quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse, Neglect, and Exploitation (F607). The Immediate Jeopardy was determined to exist on 05/19/2024. The facility was notified of Immediate Jeopardy on 05/31/2024. An acceptable Immediate Jeopardy Removal Plan was received on 06/06/2024, which alleged removal of the Immediate Jeopardy on 05/19/2024. The State Survey Agency (SSA) validated the Immediate Jeopardy was removed on 06/06/2024, prior to exit on 06/06/2024. Non-compliance remained in the areas of 42 CFR 483.12 Free from Abuse, Neglect, and Exploitation (F607) at a Scope and Severity (S/S) of a "D"; while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: Review of the facility's policy titled, "Abuse, Neglect, Mistreatment, and Misappropriation of Resident Property," dated 11/01/2023, revealed in the internal reporting area, "Employees must always report any 'abuse' or suspicion of 'abuse' immediately to the Administrator or designee. ** Note: Failure to report can make employee just as responsible for the abuse in accordance with State Law." Review of the facility's, "Resident Rights" policy dated 11/01/2023, revealed all residents were to be treated equally regardless of race, age, religion, physical or mental disability, or socioeconomic status. The policy also revealed the facility was to ensure all direct care and indirect care staff members, including volunteers	F 607	Agency notified of abuse allegation. • The Administrator immediately initiated abuse investigation into Resident #11 abuse allegation. • Nursing Supervisors completed physical assessments/skin audits on all residents to identify any injuries of unknown origin and/or evidence of abuse or neglect. Concerns were not identified on any other resident. • The Administrator, DON, and Nurse Supervisor interviewed staff that directly worked with STNA 9. • Local police department was notified of physical abuse allegation. • Social Services assessed resident daily to address any psychosocial needs and concerns x 7 days starting on 5/20/24. No changes noted, no need for further psychosocial action. The following actions were taken to prevent Resident # 24 from additional abusive behaviors. (Completion Date: 05/31/2024) • Nurse assessed resident and assured safety on 5/31/2024. Resident evaluated by primary care provider on 06/04/2024. • IDT consisting of Nurse Supervisor, DON, Administrator, Social Services reviewed and revised care plan. • The Administrator immediately ensured the safety and well-being of the resident by removing the accused staff members back on 5/19/2024 and the STNA that failed to report suspected abuse from the facility on 5/31/2024 immediately after becoming aware. They were suspended pending investigation. • The Administrator immediately	

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F 607	Continued From page 17 and contractors, were educated on the rights of residents and on the facility's responsibility to properly care for its residents. Review of the facility's, "Certified Nurse Assistant Job Description" revised 2019, revealed the Certified Nurse Assistant ([CNA] the term used by the facility for its State Tested Nurse Aides [STNA]) duties included reporting any allegation of abuse, neglect, exploitation or misappropriation of resident property per facility policy. 1. Review of R24's clinical record revealed the facility admitted R24 on 08/16/2008, with admitting diagnosis of Parkinson's disease without dyskinesia (involuntary, erratic, movements of the face, arms, limbs, and trunk), without mention of fluctuations, dysphagia (impairment of speech production), oropharyngeal phase, and depression unspecified. Review of R24's Quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) date of 04/19/2024, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of seven (7) out of fifteen (15) which indicated severe cognitive impairment. Review of the work schedule for STNA 9 for the month of May 2024, revealed she had been scheduled to work 05/01/2024-05/03/2024, 05/05/2024-05/06/2024, 05/09/2024-05/10/2024, 05/15/2024-05/16/2024, and 05/19/2024. In an interview on 05/30/2024 at 1:00 PM, STNA 20 stated there had been one incident where she and STNA 9 were providing care for R24. She	F 607	initiated abuse investigation into Resident(s) # 24 abuse allegation(s). • Nursing Supervisors completed physical assessments/skin audits on all residents to identify any injuries of unknown origin and/or evidence of abuse or neglect. Concerns were not identified. • Summary of 5 day investigation concludes that no abuse occurred. Further investigation with STNA 20, Nurse assigned that evening and residents reveal that the Hoyer pad was pulled from under resident. Reporting STNA20 denies there was any ill intent or abuse from STNA9. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected. The DON, Social Services, and Nurse Supervisors interviewed/assessed residents with BIMS scores of 9 and above for potential abuse. Concerns were/were not identified. (Completion Date: 05/31/2024): 3. Actions taken/systems put into place to reduce the risk of future occurrence include: The policy for reporting allegations of abuse/neglect/exploitation was reviewed to ensure compliance with current state and federal regulations by the DON, Administrator, and Corporate Compliance Nurse. Re-education was conducted by the DON, Staff Development Nurse, and Nurse Managers with all direct care and	

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F 607	Continued From page 18 stated during the course of transferring R24 with the Hoyer lift, STNA 9 became "rough" with R24. The STNA stated she thought to herself, "Don't be rough with her, she is my girl". She said, "I guess I should have said something then, that was on me. I guess after hearing about the incident with STNA 9 and R11, I should have said something." 2. Review of R11's clinical record revealed the facility admitted him on 11/03/2023, with diagnoses which included cerebral infraction with hemiparesis/hemiplegia (partial weakness/complete paralysis) affecting his right dominant side. Review of R11's Admission MDS Assessment with with an ARD of 11/15/2023, revealed the facility assessed the resident to have a BIMS score of 99, indicating the resident was severely cognitively impaired and the interview was not completed. Review of R11's "Progress Note" dated 05/19/2024 at 10:42 PM revealed STNA 8 witnessed STNA 9 punch R11 in the left arm three to four times with her closed fist while she (STNA 9) reprimanded R11 for hitting her. Review of R11's "Wound Evaluation and Management Summary" under the miscellaneous tag in the medical record dated 05/22/2024, revealed R11 had a left upper extremity contusion (bruise). Review of R11's "Weekly Wound Assessment" dated 05/22/2024 revealed the wound site on the left upper are measured 8.0 centimeters (cm) by 6.0 cm. Further review of the Assessment	F 607	ancillary staff regarding the abuse policy and procedures. The re-education was completed on 6/3/24. Re-education will continue through monthly staff meetings indefinitely and as needed. STNA #20 re-educated on bed mobility, abuse policy/prevention and reporting, caring for residents with TBI, moving and transferring residents, recognizing pain in residents, approaches with adults with disability, and recognizing and reporting abnormal observations. Staff development nurse re-educated prior to STNA #20 returning to work. All nursing staff was re-educated on bed mobility and use of mechanical lifts by staff development nurse, DON and nurse managers, compliance was obtained on 7/10/24. Nursing staff re-educated on using Kardex and resident treatment plans when providing care. This education was provided by DON, Staff Development Nurse and Nurse Managers. Kardex re-education initiated on 7/15/24 with 100% nursing/clinical staff compliance goal of 7/18/24. The facility took the following actions to prevent an adverse outcome from reoccurring. (Completion Date: 6/4/2024) • Abuse policy and Abuse investigation procedure and documentation process were reviewed and revised 6/3/2024 by Administrator, DON, and Corporate Chief Operations Officer. The Administrator implemented a new abuse investigation checklist to ensure investigations were initiated and completed thoroughly. The DON, Administrator, Staff Development	

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F 607	Continued From page 19 revealed R11's left bicep (large muscle on the front of the upper arm) area was faded blue in color and non-tender to touch. Review of the facility's "Initial Report" dated 05/19/2024 at 11:30 PM, and "Final Report/5 Day Follow-Up" investigation document dated 05/23/2024, revealed STNA 8 witnessed STNA 9 punch R11's left arm/bicep while STNA 9 was attempting to remove the resident's shirt for evening care. Continued review of the documentation revealed STNA 8 reported STNA 9 told R11, "I told you not to hit me. I hit harder than you" and "Don't hit women." Further review revealed STNA 9 grabbed the resident's wrist and placed the resident's arm behind her (STNA 9's) back. STNA 10 entered the room and observed R11's arm being restrained and heard STNA 9 making the statement, "I told you not to hit me. I hit harder than you" and "Don't hit women." Further review of the Final Report/5 Day Follow-Up" revealed the allegation of abuse had been "VERIFIED" by the Administrator. In interview on 05/30/2024 at 3:25 PM, the Director of Nursing (DON) stated it concerned him that STNA 20 had not reported the suspected abuse of R24. The DON stated if the STNA had reported the suspected abuse it could have potentially prevented the abuse of R11; however, that was just speculation. In an additional interview on 05/31/2024 at 11:51 AM, the DON stated he expected all employees to follow the facility's policy and report suspected abuse immediately, even if they were not sure about the incident. The DON stated the facility was always providing training for staff to identify abuse and to report suspected abuse promptly.	F 607	Nurse and Nurse Supervisors, educated staff on these changes. Administrator, DON, Staff Development Nurse and Nurse Supervisors educated 80% of staff on changes 6/4/2024, Staff development nurse will ensure staff are educated on check list prior to returning to schedule. Check list implemented into practice on 6/5/24. Abuse Education initiated on 5/19/24 and 5/31/24. Staff Development Nurse and DON will educate new hires and agency during the orientation process. • Staff Development Nurse, DON, Administrator and Nurse Supervisors re-educated 80% staff on facility abuse policies, abuse prevention and reporting, managing expressions of emotional distress and caring for a resident with traumatic brain injury on 5/20/24 and ongoing monitoring for education completion for those needing to complete prior to working another shift done by the Staff Development Nurse and DON. • The DON, Staff Development Nurse, Nurse Supervisors reviewed facility abuse policies and procedures with any agency staff prior to their shift. • Disciplinary action was taken with staff member accused of abuse, STNA9 terminated from facility on 5/20/2024. • Disciplinary action was taken with staff member accused of failing to report abuse, STNA20 was given a final written warning issued on 6/5/24 related to following the abuse reporting policy for any suspected inappropriate interaction and provided education. Education completed on 6/5/24 prior to STNA	

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F 607	Continued From page 20 In interview on 05/31/2024 at 12:47 PM, the Administrator stated the facility provided written and video education through Google Classroom and other formats. She stated scenarios were also provided where staff interacted and role played signifying the importance of recognizing and reporting abuse as per the facility policy. The Administrator stated her expectation was for every staff member to report abuse, even if they were not sure about it. She stated, "That is why we investigate all reports of abuse." The Administrator stated if an employee was in a situation where they suspected abuse and did not report it, her expectation was for that employee to be held as responsible as the individual who might have committed the abuse.	F 607	returning to work. Education consisted of moving and transferring patients, recognizing and reporting abnormal observations, recognizing pain in dementia, and abuse and neglect prevention. • All Federal and State protocols were followed in investigating and reporting the abuse allegation(s). Initial and 5 day investigations submitted on 6/4/2024. • Residents with BIMS scores of 9 or higher were interviewed/assessed by Social Services, DON and/or Nursing Supervisors to identify if they felt safe and if they had experienced abuse while living at the facility. Completed on 5/31/24. Concerns were not identified. • The Administrator, DON, and Social Services Director received re-education from a corporate consultant team member on timely and thorough abuse investigations on 6/4/24. • The regional/corporate/hired consultant team member will visit the facility to provide oversight, audits, and additional training as needed. • The Activities Director held a Resident Council meeting in which the residents were re-educated on the facility's abuse policies and procedures on 6/4/24. • The Social Services Director began discussing facility abuse policies with residents and families at the initial and annual care plan conference on 6/5/24. • The Social Service team will continue to interview a selection of residents with BIMS scores of 9 or higher on a monthly basis to ensure they have not experienced abuse. The findings of these interviews	

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F 607	Continued From page 21	F 607	will be presented to the QAA Committee by the social service team and a PIP to address reporting abuse will be initiated. The QAA Committee consists of the Administrator, the DON, QM/IP Nurse, Social Services, Nurse Manager, MDS Nurse, MD, and Social Service. Social Services to monitor interviews and the Administrator to audit resident interviews. The interviews started 6/10/24 and 2-3 interviews will be done per month. • The Staff Development Nurse and the DON have return demonstration/role playing abuse education planned for once a week x 4 weeks, then once a month x 3 months, then it will be presented to the QAA Committee. Completed on 5/28/24 and again on 6/3/24. • Ad Hoc QAPI meeting held on 5/20/24, 5/31/24, 6/5/24 and 6/12/24 with DON, Nurse Supervisors, Administrator, Medical Director and Social Services. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: A thorough investigation of any allegation will be conducted, and findings will be reported to the appropriate agencies in accordance with current facility policy. Ongoing monitoring of staff understanding of current facility policies and procedures regarding abuse completed by DON, Nurse Managers, and Staff Development Nurse. Monitoring includes randomly selecting five employees, interviewing each employee, determining whether or not they understand current abuse policies and procedures (please see	

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F 607	Continued From page 22	F 607	monitoring form). This will be completed once a week x 4 weeks, then once a month x 3 months, then taken to the QAA committee by the DON to determine the need to continue this monitoring. Re-education will be provided at the time of the interview, if needed. Role playing / Return demonstration re-education provided along with audits of at least 5 random staff members per audit. Audit contains abuse scenarios and ambiguous scenarios and follows staff through reporting a suspected abuse allegation (please see audit attachment). This Role play/ Return demonstration audit will be completed once a week x 4 weeks, then once a month x 3 months, then taken to the QAA committee by the DON to determine the need to continue this audit. Role play/ return demonstration audits were initiated on 5/28/24 and are scheduled to be completed by 9/2/24 unless QAA committee suggests it continues. QAA Committee met on 6/12/24 and reviewed audits completed up to this date. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met. Corrective action completion date: July 19, 2024.	
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements.	F 812		6/13/24

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F 812	Continued From page 23 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: Based on observation, interview, and review of the facility's policy, the facility failed to ensure residents' food was served in a safe manner, and ensure all staff practiced proper hand hygiene procedures during the supper meal service on 05/28/2024. Observation of the supper meal on 05/28/2024, revealed State Tested Nurse Aide (STNA)7 failed to wash her hands with soap and water, dry her hands thoroughly with a single-use towel, and turn off the faucet with a clean towel while serving residents' supper meal trays. The findings include: Review of the facility's policy titled, "Hand Hygiene," implemented 11/08/2022, revealed, "Hand hygiene is a general term for cleaning your	F 812	Tag Cited: F-812 ¿483.60(i)(2) □ Food Safety Requirements Issue Cited: Cross-Contamination on the Serving Line Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. 1. Immediate action(s) taken for the resident(s) found to have been affected include:	

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F 812	Continued From page 24 hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub [ABHR]." Continued review revealed "Hand hygiene technique when using soap and water: Wet hands with water. Apply to hands the amount of soap recommended by the manufacturer. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hand and fingers. Rinse hands with water. Dry thoroughly with a single-use towel. Use clean towel to turn off the faucet." Observation on 05/28/2024 at 5:15 PM, in the Walnut Unit Dining Room, revealed STNA 7 was waiting for residents' meal trays to serve. Continued observation revealed STNA 7 reached over the kitchenette counter towards the sink and turned on the water with her hands, then reached her hands into the sink and rinsed them off with water, without using soap. Further observation revealed STNA 7 then turned off the water with her bare hand, and proceeded to shake her hands dry without using a paper towel. Additionally, observation revealed the STNA did not use hand sanitizer after she rinsed her hands. In an interview with STNA 7, on 05/31/2024 at 3:56 PM, she stated the procedure for passing residents' meal trays was: first to wash her hands with soap and water for 15 to 30 seconds; and then turn the faucet off with a paper towel. She stated she just rinsed off her hands with water, turned off the faucet with her bare hand and then used the sanitizer after she rinsed her hands off, while waiting for the dinner trays. In an interview with Staff Development Licensed Practical Nurse (LPN) 2 on 05/30/2024 at 2:45	F 812	The certified nursing assistant (STNA #7) was immediately in-serviced on proper hand hygiene procedures by Staff Development Nurse. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents who consume food by mouth have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: All personnel will be re-educated on the facility's policy for hand hygiene. Re-education provided by the DON, Infection Preventionist Nurse, Nurse Managers and Staff Development Nurse. Handwashing re-education initiated on 5/30/24. Re-education includes return demonstration and random observation of personnel performing hand hygiene procedures according to facility policy. Corrective action includes re-education and one on one return demonstration until compliance is reached. All nursing staff education completed on 6/2/24 by DON, Nurse Managers and Infection Preventionist Nurse. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Director of Nursing and Nurse Managers will complete random audits of at least 5 personnel and the timing and technique of hand hygiene procedure will be monitored during care and meal service. Findings will be reviewed with all personnel and immediate correction and	

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F 812	Continued From page 25 PM, she stated she monitored staffs' hand hygiene: as to how long they washed and dried their hands; when their hands were dry, turning the faucet off with a paper towel; performing proper hand washing technique; if ABHR was used to sanitize hands between trays; and after every third tray, if hands were washed with soap and water for infection control purposes to prevent cross contamination. She stated she had observed staff rinse with water, wave hands to dry, and not use soap or a towel to dry hands in the past, and had also observed staff touch their clothing after they washed their hands. In an interview with the Administrator on 05/30/2024 at 9:35 AM, she stated food was served "restaurant style" to the residents. She stated her expectation for staff at meals was for them to perform proper hand hygiene before service with soap and water; use hand sanitizer between each tray; and to wash their hands with soap and water after every third tray.	F 812	return demonstration will take place. To ensure personnel are performing the procedure in accordance with our facility's policy, random monitoring will occur each week for 4 weeks then once a month for 3 months. These audits were initiated on 5/30/24 This will then be presented to the QAA committee by the Infection Preventionist Nurse. The QAA committee will determine if ongoing audits need to take place monthly. QAA committee met on 6/10/24 and reviewed all audits completed up to this date. Corrective action completion date: 6/13/24	