STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255334	A. BUILDING _____ B. WING _____	06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUNICA COUNTY HEALTH & REHAB, LLC	1024 HIGHWAY 61 SOUTH TUNICA, MS 38676

(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 The State Agency (SA) conducted an annual recertification at the facility from 6/17/24 through 6/19/24. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F580, F656, F689, F698, and F812. The facility held a license for 60 beds, with a census of 48.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the	F 580		7/30/24

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

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F 580	Continued From page 1 physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, record review, and facility policy review, the facility failed to notify the provider of a change in a resident's status, when a resident refused her medications two or more consecutive times for (1) one of (7) seven residents with medication regimen review. Resident #46 Findings include: Review of the policy titled, "Change in a Resident's Condition or Status" revised February 2014, revealed, the nurse supervisor/charge nurse will notify the resident's attending physician	F 580	1. On 6/18/24, Director of Nursing notified MD of resident #46's refusal of medications. Director of Nursing also contacted residents Responsible Representative to ensure that he was aware of resident #46's refusal. On 6/18/24, Administrator in-serviced all staff on shift regarding notification of status changes to MD and Responsible Representatives. 2. On 6/28/24, it was determined by the Director of Nursing that all 51 residents, currently in facility, could be affected by	

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F 580	Continued From page 2 when there has been a refusal of treatment or medications (i.e., (example) two (2) or more consecutive times). Review of the E-Medication Administration Record (EMAR) from June 4th -June 17th for Resident #46, revealed Cosopt eye drops: instill one drop to both eyes twice daily for Glaucoma-(6) six refused doses. ... Docusate Sodium 100 (mg) milligram twice daily for prevention of constipation-12 refused doses. ... Pepcid 20 mg one tablet twice daily for GERD (Gastroesophageal Reflux Disease) -(5) five refused doses. ... Aspirin 81 mg one tablet daily for history of CVA (Cerebral Vascular Accident)-5 refused doses. ... Plavix 75 mg 1 tablet daily for Peripheral Vascular Disease--5 refused doses. ... Vitamin C 500 mg daily to promote wound healing--5 refused doses. ... Zinc 50 mg daily to promote wound healing--5 refused doses. ...MTV (multivitamin) with minerals one tablet daily to promote wound healing--5 refused doses. ...Rena-vite one tablet daily for ESRD (End Stage Renal Disease) --5 refused doses. ...Norvasc 10 mg one tablet daily on Tuesday/Thursday/Saturday /Sunday-(4) four refused doses. ... Sodium Bicarb 650 mg 2 tablets twice daily for ESRD-10 refused doses. ... Pro-stat 30 (ml) milliliters twice daily to promote wound healing- 22 refused doses. ...Arginaid 1 packet twice daily to promote wound healing-22 refused doses. ...Velphoro 500 mg 1 tablet three times daily for ESRD- 20 refused doses. In an interview with Resident #46 on 6/19/24 at 9:00 AM, she revealed she knows she does not take all her medications, takes them when she can and is feeling up to it and knows she needs to take them.	F 580	same deficient practice. 3. All Licensed & Certified staff in-serviced on "Change of Status Notification" by Administrator. In-servicing began on 6/20/24 and was completed by 7/1/24. Quality Assurance committee reviewed policy "Change of Status Notification" on 7/1/24 with no recommended changes to the policy. 4. The facility Director of Nursing or Medical Records Nurse will audit documentation of resident #46 and residents on acute charting for Notification of Status changes twice weekly times 4 weeks, then once weekly times 8 weeks. Audits to begin 7/2/24. Quality Assurance meeting held on 7/1/24 and Notification of Status Changes added to ongoing Quality Assurance Monitoring. Follow-up Quality Assurance meeting to be held on 7/29/24 and will be quarterly thereafter. 5. The corrective action will be completed by 7/30/24.	

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F 580	Continued From page 3	F 580		

Review of the Departmental notes for Resident #46 from June 4th through June 17th revealed no documentation that the Medical Provider was notified that Resident #46 was continuing to refuse medications.

An interview with the Director of Nursing (DON) on 6/18/24 at 10:00 AM, confirmed after review of the Departmental notes for Resident #46 for the Month of June 2024, she was unable to find documentation that the Medical Provider was notified of Resident #46 continuing to refuse her medications and supplements. The DON confirmed the Medical Director should have been notified of Resident #46's continued refusal of medications and failure to do so put the resident at risk for decompensation, organ failure, or acute illness.

In an interview with Licensed Practical Nurse (LPN) #2 on 6/19/24 at 8:10 AM, she confirmed she was aware that Resident #46 had been and continued to refuse her medications and vitamin supplements. She then confirmed that she had not notified the medical provider that the resident was continuing to refuse her medications but stated she should have.

Review of the Face Sheet revealed the facility admitted Resident #46 to the facility on 4/30/24 with diagnoses including End Stage Renal Disease and Orthopedic aftercare following a surgical amputation.

Record review of the Admission Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 5/07/24, revealed Resident #46 had a Brief Interview for Mental

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F 580	Continued From page 4 Status (BIMS) score of 12 which indicated that she was moderately cognitively impaired.	F 580		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the	F 656		7/30/24

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F 656	Continued From page 5 community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to implement a fall risk care plan when staff transferred a resident in a mechanical lift with only one (1) staff assist when the resident required the assistance of two (2) staff members for 1 of 16 residents care plans reviewed. (Resident # 1) Findings include: Review of the policy titled, "Care Plans-Comprehensive," revealed "Policy Statement: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychosocial needs for each resident." ... Record review of a care plan for Resident #1 with a problem/need of "Resident is at risk for falls (r/t) related to Cerebral Vascular Accident (CVA) with left hemiparesis, and muscle weakness. Resident has had an increase in fall risk (d/t) due to the decline in cognition as exhibited by (AEB) unable to recall that resident can't stand and walk,"	F 656	1. on 6/19/24, MDS nurse audited all Care Plans for transfer assist needs and ensured residents lift assist needs were indicated on Care Plans and coincided with lift identification sheet. 2. On 6/28/24, Administrator reviewed Lift Identification Sheet and determined that 23 of 51 residents, currently in our facility, utilize a mechanical lift during transfers and have the potential to be affected by the same deficient practice. 3. All Licensed and Certified staff in-serviced, by Administrator, on "Implementation of Care Plans" In-servicing began on 6/20/24 and completed by 7/1/24. Each licensed staff member was required to demonstrate their knowledge of what a care plan is, ability to locate the care plan in resident charts and the ADL care guides in the kiosks. Checks off's began on 6/20/24 and were completed by 7/1/24. On 7/1/24 the Quality Assurance committee reviewed the policies "Using the Care	

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F 656	Continued From page 6 Approaches include "Transfer Resident using the Vander lift x (times) 2 staff members. " Record review of the incident report dated 6/14/24 at 7:04 PM for Resident #1 revealed that while a Certified Nurse's Assistant (CNA) was transferring the resident with the Lift, the resident became unstable due to being combative with care and was assisted to the floor to attempt to prevent a fall. In an interview with the Director of Nursing (DON) on 6/18/24 at 1:25 PM, she revealed all residents requiring a mechanical lift must have 2 staff assistance unless otherwise care planned. An interview with CNA #2 on 06/18/24 at 1:58 PM, confirmed she did not use 2 people to transfer Resident #1 on 6/14/24 with a lift when he had to be lowered to the floor. In an interview with Minimum Data Set (MDS) nurse on 6/19/24 at 8:28 AM, she revealed the purpose of the comprehensive care plan is to inform staff of the individual needs, preferences, and type of care a resident needs, and confirmed if a resident's care plan reflected 2 staff for a transfer and the resident was transferred with assistance of only 1 staff, the staff did not follow the care plan for that resident. Review of the Face Sheet revealed the facility admitted Resident #1 on 1/17/19 with a diagnosis of Unspecified Dementia and Cerebral infarction.	F 656	Plan" and "Comprehensive Person Centered Care Plan" with no recommended changes to the policies. 4. On 7/2/24, the Director of Nursing, Resident Care Coordinator, Nursing Care Coordinator, MDS Nurse or CNA Coordinator will observe a minimum of 13 residents during transfer process every week times 4 weeks, then 7 residents weekly times 8 weeks until each resident has been observed twice to ensure staff compliance with implementing care plan for transfers. Quality Assurance meeting held 7/1/24 and "Implementation of Care Plans" added to ongoing Quality Assurance monitoring and Quality Assurance committee will recommend changes as needed. Follow-up Quality Assurance meeting to be held 7/29/24 and will be quarterly thereafter. 5. The corrective action will be completed by 7/30/24.	
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents.	F 689		7/30/24

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F 689	Continued From page 7 The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to implement interventions to reduce the risk of accidents and hazards when staff transferred a resident in a mechanical lift with only one (1) staff assist, when the resident required the assistance of two (2) staff members for 1 of three (3) residents reviewed for accidents and hazards. (Resident # 1) Findings include: Review of the policy titled, "Lifting Machine, Using a Portable," revised February 2014, revealed two (2) nursing assistants are required to perform the procedure. Record review of the incident report dated 6/14/24 at 7:04 PM for Resident #1, revealed while Certified Nurse's Assistant (CNA) was transferring the resident with the lift, the resident became unstable due to being combative with care, and was assisted to the floor in an attempt to prevent a fall. The nurse assessed a small, reddened area noted to the left knee. Resident #1 was lifted from the floor via lift x (times) four (4) staff members and placed in a wheelchair. An interview with CNA #3 on 6/18/24 at 9:00 AM, revealed that there must be at least 2 staff	F 689	1. On 6/18/24 Administrator in-serviced all staff on shift on mechanical lifts, including types of lifts and number of people required to operate (minimum 2). 2. On 6/28/24 Administrator reviewed Lift Identification sheet and determined that 23 of 51 residents, currently in facility utilize a mechanical for transfers and have the potential to be affected by the same deficient practice. 3. All licensed and certified staff in-serviced by administrator on Types of Lifts, steps in procedure of using Lift Machines, number of staff required to perform procedure, how to identify transfer needs, and documentation of transfers. In-servicing began 6/20/24 and completed by 7/1/24. All licensed staff to perform demonstration of lifting procedure under observation of Administrator, Director of Nursing, Nursing Care Coordinator or CNA Coordinator referencing Vander Lift and Vera Lift Skills Observation Assessment. Check Off's began on 6/21/24 and completed by 7/1/24. on 7/1/24 the Quality Assurance committee reviewed the policies "Lifting Machine, Using a Portable" and	

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F 689	Continued From page 8 present while using the mechanical lift because it reduces the risk of a resident getting hurt with staff support. Record review of the Lift/Transfer Evaluation for Resident #1 dated 4/30/24, revealed Mechanical floor lift required with transfer to and from: bed-to-chair, chair-to-toilet, and chair-to-chair. An interview with the Director of Nursing (DON) on 6/18/24 at 1:25 PM, revealed that all residents requiring a mechanical lift must have assistance of 2 staff unless otherwise care planned. She confirmed that during her investigation of the incident on 6/14/24 involving Resident #1, she found that CNA #2 did not use 2 staff assist to transfer Resident #1. She then revealed by not transferring Resident #1 with the appropriate staff required, would place the resident and staff at risk for injury, such as falls, skin tears, or fractures. An interview with CNA #2 on 6/18/24 at 1:58 PM, confirmed she did not have two staff present to transfer Resident #1 on 6/14/24 with a lift when he had to be lowered to the floor. She stated she knew at least two staff were required to transfer each resident, but stated it was the end of her shift and Resident #1 was wet, and she would rather not leave him wet, so she went ahead and transferred him. Record review of the Face Sheet revealed the facility admitted Resident #1 on 1/17/19 with a diagnosis of Unspecified Dementia and Cerebral infarction.	F 689	"Accidents and Incidents" with no recommended changes to the policy. 4. On 7/2/24, the Director of Nursing, Resident Care Coordinator, Nursing Care Coordinator, CNA coordinator or MDS nurse will observe a minimum of 6 residents every week during transfer process times 4 weeks, then 3 residents weekly times 8 weeks until each resident requiring mechanical lift has been observed twice to ensure staff compliance with lifting policy. Quality Assurance meeting held 7/1/24 and Using a Portable Lifting Machine added to ongoing Quality Assurance monitoring and Quality Assurance committee will recommend changes as needed. Follow up Quality Assurance meeting to be held 7/29/24 and will be quarterly thereafter. 5. The corrective action will be completed by 7/30/24.	
F 698 SS=D	Dialysis CFR(s): 483.25(l)	F 698		7/30/24

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F 698	Continued From page 9 §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, record review, and facility policy review the facility failed to communicate pertinent resident information with a contracted End-Stage Renal Disease (ESRD) facility, when a dialysis resident had refused medications two (2) or more consecutive times for one (1) of three (3) dialysis residents reviewed. Resident #46 Findings include: Cross reference F580 Review of the policy titled , End-Stage Renal Disease, Care of a Resident with," revealed agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed, including the facility will share pertinent information with the dialysis unit on residents per communication. Review of the E-Medication Administration Record (EMAR) from June 4th -June 17th for Resident #46, revealed Cosopt eye drops: instill one drop to both eyes twice daily for Glaucoma-(6) six refused doses. ... Docusate Sodium 100 (mg) milligram twice daily for prevention of constipation-12 refused doses. ... Pepcid 20 mg one tablet twice daily for GERD (Gastroesophageal Reflux Disease) -(5) five	F 698	1. On 6/18/24, Director of Nursing contacted MD at the dialysis center and notified him of resident # 46's refusal of medications. Administrator held in-service with all staff on shift on documentation along with Notification of Status Changes. 2. On 6/20/24 Director of Nursing verified that the 3 residents in our facility that receive dialysis services could be affected by the same deficient practice. 3. Administrator in-serviced all licensed and certified staff on "Care of Resident with ESRD" and communication with dialysis. In-servicing began on 6/20/24 and completed by 7/1/24. Dialysis communication form updated to reflect a section for "Status Changes Specific to Resident" that will go with resident to each dialysis visit. On 7/1/24 Quality Assurance committee reviewed the policy "Care of Resident with ESRD" with no recommended changes to policy. 4.Beginning 7/1/24, the Director of Nursing, Medical Records Nurse or Ward Clerk will audit Dialysis Communication forms against Nurses Notes, MAR and Acute Book 3 times weekly times 4 weeks then once weekly times 4 weeks, then	

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F 698	Continued From page 10 refused doses. ... Aspirin 81 mg one tablet daily for history of CVA (Cerebral Vascular Accident)-5 refused doses. ... Plavix 75 mg 1 tablet daily for Peripheral Vascular Disease--5 refused doses. ... Vitamin C 500 mg daily to promote wound healing--5 refused doses. ... Zinc 50 mg daily to promote wound healing--5 refused doses. ...MTV (multivitamin) with minerals one tablet daily to promote wound healing--5 refused doses. ...Rena-vite one tablet daily for ESRD (End Stage Renal Disease) --5 refused doses. ...Norvasc 10 mg one tablet daily on Tuesday/Thursday/Saturday /Sunday-(4) four refused doses. ... Sodium Bicarb 650 mg 2 tablets twice daily for ESRD-10 refused doses. ... Pro-stat 30 (ml) milliliters twice daily to promote wound healing- 22 refused doses. ...Arginaid 1 packet twice daily to promote wound healing-22 refused doses. ...Velphoro 500 mg 1 tablet three times daily for ESRD- 20 refused doses. Review of the June Dialysis Transfer forms for Resident #46, revealed no documentation of resident refusing medications on multiple days. An interview with Resident #46 on 6/19/24 at 9:00 AM, revealed she knows she does not take all her medications but takes them when she is feeling up to it. She knows she needs to take them. An interview with the Director of Nursing (DON) on 6/18/24 at 10:00 AM, she verbalized after review of the June 2024 Dialysis Transfer Forms for Resident #46 she was unable to find any documentation that the dialysis clinic was ever notified of the resident's refusal of medications and supplements. She then stated the Dialysis Provider should have been notified of Resident #46's continued refusal of medications and failure	F 698	monthly. Quality Assurance meeting held on 7/1/24 and Dialysis Communication added to ongoing Quality Assurance monitoring. Follow up Quality Assurance meeting to be held 7/29/24 and will be quarterly thereafter. 5. The corrective action will be completed by 7/30/24.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255334	A. BUILDING _____ B. WING _____	06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUNICA COUNTY HEALTH & REHAB, LLC	1024 HIGHWAY 61 SOUTH TUNICA, MS 38676

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F 698	Continued From page 11	F 698		

to do so put the resident at risk for decompensation, organ failure, or acute illness.

A phone interview with the Dialysis Registered Nurse (RN) #1 on 6/19/24 at 5:45 AM, verbalized Resident #46 was a patient at the clinic and she is assigned to her. She verbalized she was not aware that Resident #46 had not been taking her medications and supplements, and that information was not on any of the communication forms sent from the nursing facility. She stated Resident #46's treatment plan was discussed on the morning of 6/18/24 with the Nephrologist and care team and the refusal of medications should have been discussed for needed changes. She went on to say that she will immediately ensure the provider and care team are aware because the provider may need to make changes to Resident 46's treatment plan. She went on to reveal that the refusal of the medications and supplements could definitely affect Resident #46's lab values and overall health condition.

An interview with Licensed Practical Nurse (LPN) #2 on 6/19/24 at 8:10 AM, she verbalized she was aware that Resident #46 had been refusing her medications and verbalized that Resident #46 was continuing to refuse her medications and vitamin supplements. LPN #2 confirmed she had not communicated to dialysis that the resident was continuing to refuse her medications and confirmed she should have.

Review of the Face Sheet revealed the facility admitted Resident #46 on 4/30/24 with a diagnosis of End Stage Renal Disease and Orthopedic aftercare following a surgical amputation.

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F 698	Continued From page 12 Record review of the Admission Minimum Data Set (MDS) Section C with an Assessment Reference Date) ARD of 5/07/24, revealed Resident #46 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated she was moderately cognitively impaired.	F 698		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to store food in accordance with professional standards for food safety as evidenced by failure to maintain the cleanliness of a resident's personal refrigerator for one (1) of 16 resident refrigerators observed. Resident #8.	F 812	1. On 6/18/24 the Resident Care Coordinator and Nursing Care Coordinator cleaned each residents refrigerator and the Administrator conducted in-service with all staff on shift on resident refrigerator cleaning schedule and that all staff should check for cleanliness whenever in residents room.	7/30/24

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F 812	Continued From page 13 Findings include: A record review of the facility policy titled, "Food brought by Family/Visitors/Outside Sources," revised January 2018, revealed foods requiring refrigeration may be stored in a resident's personal refrigerator. A designated employee will be assigned the following task, keeping the refrigerator clean and free from spills. A record review of the facilities "Night shift wheelchair and refrigerator schedule" revealed "Thursday, clean refrigerators in your assigned group". An observation of Resident #8's refrigerator with Licensed Practical Nurse (LPN) #1 on 6/18/24 at 10:00 AM, revealed 1 quarter sized and two (2) nickel sized black spots were noted in the top compartment of the refrigerator door and numerous small black spots were covering the entire bottom of the refrigerator. The refrigerator was also noted to contain 2 fruit cups and four (4) bottles of water. LPN #1 identified the black spots as mildew and stated that the refrigerator was "extremely nasty". She stated that the refrigerator should be cleaned weekly by staff but confirmed the refrigerator had not been cleaned in a while. In an interview with the Director of Nursing (DON) on 6/18/24 at 11:00 AM, she revealed that staff informed her of how dirty Resident #8's refrigerator was and stated the refrigerators are scheduled to be cleaned weekly on night shift. She stated there is no documentation log for staff to sign when the task is completed. The DON stated the refrigerator not being cleaned and having mildew present could place the resident at risk for getting sick with a foodborne illness.	F 812	2. On 6/21/24 Activity Director rounded all residents rooms and determined that 18 residents have personal refrigerators and could be affected by same deficient practice. 3. Administrator in-serviced all staff on "Foods Brought by Families/ Visitors/ Outside Sources" and cleaning tracking form. In-servicing began on 6/20/24 and completed by 7/1/24. Tracking form created and attached to front of every resident refrigerator on 6/19/24. Form will indicate that staff has checked fridge daily for cleanliness. On 7/1/24 Quality Assurance committee reviewed policy "Food Brought by Families/Visitors/Outside Sources" with no recommended changes to policy. 4. Beginning 7/2/24, the Infection Preventionist will audit Clean Refrigerator Tracking form twice weekly times 4 weeks then once weekly times 4 weeks, then monthly. Quality Assurance meeting held 7/1/24 and Cleanliness of Resident Refrigerators added to ongoing monitoring and Quality Assurance committee will recommend changes as needed. Follow up Quality Assurance meeting to be held 7/29/24 and will quarterly thereafter. 5. The corrective action will be completed by 7/30/24	

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F 812	Continued From page 14 In an interview with the Infection Preventionist (IP) on 6/19/24 at 8:45 AM, she stated that she did not check to ensure that resident refrigerators were cleaned as scheduled and there was no way to know exactly when Resident #8's refrigerator was last cleaned. A record review of Resident #8's "Face Sheet" revealed the facility admitted him on 10/10/2018 with a diagnosis of Dementia.	F 812		