

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

PRINTED: 04/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2023
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NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1049 BURNT TAVERN ROAD BRICK, NJ 08724
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F 000	<p>INITIAL COMMENTS</p> <p>A Federal Comparative Survey was conducted by the Centers for Medicare and Medicaid Services (CMS) at the Willow Springs Rehabilitation and Healthcare Center for the purpose of federal oversight, monitoring, and to determine the facility's compliance with 42 Code of federal Regulations (CFR) Part 483 requirements for Long Term Care</p> <p>The facility was found to not be in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.</p> <p>Survey Date: 02/06/2023 - 02/10/2023</p> <p>Census: 135</p>	F 000		
F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal</p>	F 550		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 03/17/2023
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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 550	<p>Continued From page 1</p> <p>access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure residents were treated with respect, dignity in a manner and in an environment that promotes maintenance or enhancement of their quality of life, recognizing each Resident's individuality to protect and promote the rights of the Resident. Specifically, the facility failed to ensure that residents' [REDACTED] was stored in a dignified manner for three residents (Resident #23, #25, and #331).</p> <p>This deficient practice was evidenced by the following:</p>	F 550			

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F 550	<p>Continued From page 2</p> <p>On 02/06/23 at approximately 12:35 PM, the surveyor observed resident #25 in bed talking with the Resident's significant other during the initial pool process. The Resident's bed was at the door side of the room, and a [REDACTED] was attached to the left side of the Resident's bed frame, which was visible from the door. The [REDACTED] contained approximately [REDACTED] ml (milliliter) of [REDACTED].</p> <p>Resident #25 was re-admitted to the facility after hospitalization on [REDACTED] with a diagnosis including [REDACTED]. Resident's Brief Interview for Mental Status (BIMS) scores on the Minimum Data Set (MDS) dated [REDACTED] was [REDACTED], indicating that the Resident's cognition was [REDACTED].</p> <p>On 02/06/23, around 12:37 PM, resident #25's significant other was interviewed, who stated she was embarrassed that everyone could see the [REDACTED] in the [REDACTED].</p> <p>Medical record review revealed that Resident #25 had a physician order dated [REDACTED] [REDACTED] ml (milliliter) [REDACTED] to [REDACTED].</p> <p>A review of an undated document provided by the Facility administration titled "Emptying a [REDACTED]" revealed the following: Utilize a [REDACTED] cover when the Resident is in a common area and/or the [REDACTED] may be viewable to other residents and visitors.</p> <p>The Director of Nursing (DON) was interviewed</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>on 02/09/23 at around 2:00 PM and stated if any resident has a [REDACTED], it should be in a [REDACTED].</p> <p>According to the Admission Record, Resident #23 was admitted to the facility on [REDACTED] with diagnoses including [REDACTED], and [REDACTED].</p> <p>A review of the MDS, dated [REDACTED], reflected that the Resident required extensive assistance for bed mobility, total assistance for toilet use, and the use of a [REDACTED].</p> <p>On 02/06/23 at 01:10 PM, the surveyor observed Resident #23 in bed, both eyes opened, with the head of the bed elevated. The surveyor observed a [REDACTED] attached to the bed frame and visible from the door. The UBS was not in a [REDACTED] exposing the contents inside. The surveyor made the same observation on 02/08/23 at 12:30 PM.</p> <p>A review of Resident #23's Interdisciplinary Care Plan (ICP) revealed under the "Focus" that the Resident required the use of an [REDACTED]. The ICP reflected an intervention to maintain dignity [REDACTED] cover over the [REDACTED] collection [REDACTED] when visible to others.</p> <p>During an interview on 02/09/23 at 01:42 PM, Licensed Practical Nurse (LPN) #1 confirmed that the [REDACTED] was attached to the bed frame, visible from the doorway, and not in a [REDACTED], exposing the contents inside. LPN #1 further stated the [REDACTED] should be stored in a [REDACTED] to provide dignity to the Resident.</p>	F 550			

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F 550	Continued From page 4 According to the Admission Record, Resident #331 was admitted to the facility on [REDACTED] with diagnoses including [REDACTED] ([REDACTED]). A review of the MDS, dated [REDACTED], reflected that the Resident required extensive assistance for bed mobility and toilet use and required a [REDACTED]. On 02/07/23 at 12:11 PM, the surveyor observed Resident #331 in bed, both eyes opened, with the head of the bed elevated. The surveyor observed a [REDACTED] attached to the bed frame and visible from the door. The [REDACTED] was not in a [REDACTED], exposing the contents inside. At that time, Unit Manager (UM) #1 confirmed the findings and stated that the [REDACTED] should be in a [REDACTED] to provide the Resident dignity. A review of Resident #331's ICP revealed under the "Focus" that the Resident used an [REDACTED] [REDACTED]. The ICP reflected an intervention to maintain dignity [REDACTED] cover over the [REDACTED] when visible to others.	F 550			
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff and resident interviews, the facility failed to	F 554			

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F 554	<p>Continued From page 5</p> <p>assess the ability of one resident in the survey sample (Resident #40) to self-administer an inhalation medication [REDACTED] that the resident kept at the bedside.</p> <p>Findings Included:</p> <p>Resident #40 was admitted to the facility on [REDACTED] with diagnoses that included but were not limited to [REDACTED] and need for assistance with personal care.</p> <p>A review of the Resident's Minimum Data Set (MDS) Resident Assessment and Care Screening Form dated [REDACTED] revealed that Resident #40 was [REDACTED] with a Brief Interview of Mental Status (BIMS) score of [REDACTED] out of [REDACTED]. Resident #40 was not assessed to self-administer or keep medications at the bedside.</p> <p>A review of the current care plan dated [REDACTED] revealed that Resident #40 was not care planned for self-administration of medications.</p> <p>An observation and interview with Resident #40 on 2/8/23 at 8:15 AM revealed an [REDACTED] on the bedside table next to the resident's bed. The resident confirmed he/she used the [REDACTED] when needed. The resident could not recall the last time used and how often used and stated he/she uses it when needed, usually when going out of the facility.</p> <p>A review of the current physician orders on 02/8/23 at 9:00 AM revealed the resident did not have a physician's order to self-administer</p>	F 554		

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F 554	Continued From page 6 medications. An interview with the nurse administering medications to the resident stated the resident did not have the order to self-administer medications. During an interview on 02/09/23 at 11:30 AM, the Director of Nursing and Regional Nurse acknowledged that a registered nurse or interdisciplinary team had not assessed the resident for self-administration of medications. A review of the facility's Policy & Procedures entitled "Self-Administration of Medications," adopted in August 2021, revealed the following: 1. The Registered Nurse will assess residents' capabilities to self-administer their own medications 3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the resident's record and service plan 5. A physician's order will be obtained for residents who wish to self-administer medications on their own. 9. The nursing staff routinely checks self-administered medications and removes expired, discontinued, or recalled medications.	F 554			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and	F 584			

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F 584	<p>Continued From page 7</p> <p>homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain a clean, orderly, and sanitary environment for the residents. This deficient practice was identified for resident's room, and common areas in three of the three resident units</p>	F 584			

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F 584	<p>Continued From page 8 inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) During inspection of the medication room on Applewood unit on [REDACTED] at 11:16 AM, accompanied by the medication nurse covering the "[REDACTED] Side" medication cart, and one other surveyor. Seven (7) cardboard boxes containing vinyl gloves were observed sitting directly on the floor. Had the boxes come in contact with water or other liquid the boxes would run the risk of getting wet thus compromising the integrity of the vinyl gloves and creating the risk of contamination.</p> <p>The medication nurse present during the inspection was interviewed and when asked if the boxes should be stored directly on the floor as they were observed first stated, "I don't know" and then stated "I don't think so."</p> <p>2.) On 2/7/23 at 11:48 AM conducted an environmental tour of residents' rooms and observed the following:</p> <ol style="list-style-type: none"> 1. Room [REDACTED] - bathroom: the sink caulking was cracked and sink loose from wall 2. Room [REDACTED] - A: paint trim around air conditioning unit cracked; room walls with exposed sheet rock; bathroom: the sink caulking was cracked and sink loose from wall. 3. Room [REDACTED] - bathroom: the sink caulking was cracked and sink loose from wall 4. Room [REDACTED]: room walls with exposed sheet rock; bathroom sink caulking was cracked and sink loose from wall 5. Room [REDACTED] bathroom: bathroom door knob trim cracked and loose 	F 584			

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F 584	<p>Continued From page 9</p> <p>6. Room [REDACTED] - A: mattress was soiled with brown dried caked substance/residue.</p> <p>On 2/7/23 at 12:04 PM, interviewed the Unit Manager (UM) #2, regarding the issues outlined. She indicated she wasn't aware of the bathroom door knob trim and the mattress issues. She indicated all nursing staff are to check for disrepair of resident rooms and report issues through an electronic reporting system called [REDACTED].</p> <p>On 2/8/2023 at 11:30 AM, observed 2 of 3 ice machines with a brown substance inside the ICE bay near the back [REDACTED] and [REDACTED] pantries). A document titled, "Ice Machine Cleaning Schedule" was attached to each ice machine initialized for [REDACTED].</p> <p>On 2/8/2023 at 11:38 AM, interviewed ([REDACTED] Unit) Licensed Practical Nurse (LPN) #4, she indicated she wasn't aware of the ice machine being dirty and wasn't aware who cleans the machine.</p> <p>On 2/8/2023 at 11:40 AM, interviewed [REDACTED] Unit) LPN#4, she indicated she saw it emptied and doesn't know who maintains the machine.</p> <p>On 2/8/2023 at 11:47 AM, interviewed [REDACTED] Unit) LPN#5, she indicated she wasn't aware and didn't know what the substance was in the ICE machine. She further indicated, all issues with the ice machines go to the administrator.</p> <p>On 2/9/2023 at 02:06 PM, interviewed the Facility Maintenance Director (FMD) and Regional Director of Plant Operations (RGPO) regarding</p>	F 584			

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F 584	<p>Continued From page 10</p> <p>the ice machines. The FMD indicated the ice machines are internally cleaned every 3 months and the monthly cleaning indicated nursing/dietary procedures and schedule.</p> <p>On 2/10/2023 at 11:20 AM, interviewed the FMD and RGPO regarding the room environment and equipment, the FMD indicated they were aware of the rooms in disrepair and provided a listing of rooms with known issues. He indicated repairs were limited due to the recent [REDACTED] outbreak. He further indicated, nursing staff utilize an electronic reporting system called [REDACTED] when rooms and medical equipment are in disrepair.</p> <p>On 2/10/2023 at 12:21 PM, interviewed the administrator regarding the environmental issues. He indicated, he was aware of resident rooms in disrepair and had plans in place for renovations until [REDACTED] outbreak slowed progress. He indicated he was unsure who should have been cleaning the ice machines.</p> <p>A review of the manufacturers titled, "Installation and User's Manual for Self Contained Prodigy Cubers" dated July 2018, heading Cleaning, Sanitization and Maintenance stated, "Sanitize the ice storage as frequently as local health codes require and every time the ice machine is cleaned and sanitized. The ice machine's water system should be cleaned and sanitized a minimum of twice per year." The facility has not provided any evidence of this practice or quarterly thorough sanitizing of the bin as indicated by the FMD.</p> <p>3.) On 02/06/23 at around 1:31PM during initial pool process, the following were observed in resident #11' s room: Approximately ten packs of</p>	F 584			

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F 584	<p>Continued From page 11</p> <p>disposable adult underwear wrapped in plastic, in a corner which was next to the resident's bathroom. Approximately twenty-five adult disposable underwear loose, not in packets. All these were placed directly on the floor.</p> <p>On 02/07/23 around 11:14 AM, observed the same as mentioned above.</p> <p>On 02/08/23 around 11:30 AM observed the same as above.</p> <p>On 02/08/23 at around 11:40 AM, Unit Manager (UM) #3 confirmed the findings with the surveyor.</p> <p>On 02/08/23 at 11:42 AM, UM#3 was interviewed who stated, she did not understand why there was a load of adult underwear on the floor. UM#3 further staed, what she saw in the room with the surveyor was not acceptable and will talk to the staff to get it corrected.</p> <p>On 02/08/23 around 12:05 PM, Resident #11 was interviewed whose Brief Interview for Mental Status (BIMS) score on the Minimum Data Set (MDS) dated [REDACTED] was [REDACTED] which indicated, the resident's cognition was [REDACTED] and was [REDACTED].</p> <p>Resident #11 stated, that was where the Central Supplies personnel who orders the central supplies store it when she delivers them to the resident's room, for the resident's care giver's daily use.</p> <p>On 02/09/23 approximate 2:00 PM, the Central Supply personnel was interviewed who stated, the resident used to have a card board box in the room in a corner next to the bathroom for central supplies. The central supply personnel further stated that, she cleaned everything which was on</p>	F 584			

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F 584	Continued From page 12 the floor when she heard the surveyor was inquiring about it. 4.) On 02/08/23 at approximately 12:57 PM, the surveyor observed the following in the [REDACTED] Unit's pantry: - Heavy dust accumulation on the wall to floor junction in the room, around the refrigerator area, around and under the ice machine, and the base of the cabinet with the sink. - There were vinyl floor tiles by the ice machine that were chipped and had water accumulation in it. - There were unknown dried brown unknown substance and brown powder-like debris on the shelving of the cabinet where condiments and apple sauce were kept. At that time, housekeeping staff #1 was interviewed who confirmed the findings and could not provide further information.	F 584			
F 600 SS=D	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 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	F 600			

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F 600	<p>Continued From page 13</p> <p>involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to prevent [REDACTED] abuse resulting in a resident (R) being [REDACTED] abused by another resident that was not Immediate Jeopardy for 1 of 2 residents reviewed (Resident #95, and #109).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 2/7/2023 at approximately 10:00 AM, observed Resident #95 [REDACTED] being squeezed by Resident #109 while walking in the hallway near room [REDACTED]. Resident #95 clutched [REDACTED] and said, "ouch".</p> <p>The clinical record for Resident #95 was reviewed on 02/07/23 at approximately 12:30 PM. The diagnoses included but were not limited to, [REDACTED].</p> <p>The clinical for Resident #109 was reviewed on 02/07/23 at approximately 12:45 PM. The diagnoses included but were not limited to, [REDACTED].</p> <p>A review of incident QA reports received from the Regional Registered Nurse (RRN) indicated R# 109 on [REDACTED] became [REDACTED] and [REDACTED], with noted [REDACTED] behavior. Stated people are in the house and stealing things. Continued [REDACTED] with [REDACTED] stance, [REDACTED], [REDACTED] at doors. All residents removed from area."</p>	F 600			

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F 600	Continued From page 14 On 02/09/23 at approximately 09:07 AM, the Unit Manager (UM) #2, was interviewed, she indicated Resident #109 had a history of [REDACTED] toward staff and not residents. She indicated Resident #109 was care planned for distance observation (rounding). UM #2 was unable to find the care plan outlining distance observation. On 2/9/23 at approximately 02:27 PM, interviewed the director of nurses (DON), she admitted to viewing Resident #109 [REDACTED] abusing Resident #95 on video camera. The DON indicated all staff are expected to have basic [REDACTED] and abuse training upon hire and throughout the year. On 02/10/23 at approximately 01:13 PM, interviewed the administrator, he indicated all staff must have basic facility orientation and insure residents are safe in the nursing units.	F 600			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of medical records and other facility documentation, it was determined that the facility failed to accurately complete the Minimum Data Set (MDS) for 1 sampled residents reviewed (Residents #68). This deficient practice was evidenced by the following:	F 641			

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F 641	<p>Continued From page 15</p> <p>The surveyor reviewed the Admission Record for Resident #68 which reflected that the resident was admitted with diagnoses that included [REDACTED]</p> <p>The surveyor reviewed the Physician's order summary report for Resident #68. There was an order dated [REDACTED] for: [REDACTED] [REDACTED] mg (milligram) for [REDACTED]</p> <p>The surveyor reviewed Resident #68's Quarterly MDS, an assessment tool utilized to facilitate the management of care, dated [REDACTED], which did not reflect the resident had a diagnosis of [REDACTED] in the section for [REDACTED] during the assessment lookback period.</p> <p>When interviewed on 02/09/23 at 12:13 PM, the MDS Coordinator confirmed the findings and stated that Resident #68 had diagnosis of [REDACTED] and used an [REDACTED] medication during the lookback period of the MDS. They stated that his/her [REDACTED] MDS was coded incorrectly. They further stated that it should have been coded that he/she had a diagnosis of [REDACTED].</p>	F 641			
F 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to</p>	F 658			

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F 658	<p>Continued From page 16</p> <p>adhere to acceptable standards of quality and clinical practice and meet the professional standards of care. Specifically, the facility was documenting treatment record without administering the treatment for Resident #11.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 02/06/23 at around 01:31 PM during initial pool process tour, the following were observed:</p> <ul style="list-style-type: none"> - Resident #01 was in bed, an [REDACTED] with [REDACTED] connected to it was on the left side of the bed. - There was a [REDACTED] on the resident's night stand/dresser. - A [REDACTED] was dated [REDACTED], was placed directly on the night stand. - There was a [REDACTED] placed directly next to the [REDACTED] on the night stand that was undated. None of which were in a plastic bag. - There was [REDACTED] attached to both [REDACTED], which were also placed directly on the night stand, none of the [REDACTED] were dated and not in a plastic bag. <p>The same were observed on the following dates: On 02/07/23 at around 11:26 AM, On 02/08/23 approximately 11:44 AM, and on 02/08/23, at around 12:45 PM. The Unit Manager (UM) #3 confirmed the findings with the surveyor.</p> <p>Medical Record review revealed Resident #11 was admitted to the facility on [REDACTED] with diagnosis includes but not limited to [REDACTED].</p>	F 658			

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F 658	<p>Continued From page 17</p> <p>Resident #11's Brief Interview for Mental Status (BIMS) score on the Minimum Data Set (MDS) dated [REDACTED] was [REDACTED] which indicated, the resident's cognition was [REDACTED] and was able to make needs known.</p> <p>The Order summary report - Active order as of [REDACTED] revealed an order for [REDACTED] 1 every [REDACTED] hours as needed - order date [REDACTED] at [REDACTED] continuously to attain [REDACTED] between [REDACTED] every shift. The physician's order further revealed to "change [REDACTED] every [REDACTED] on [REDACTED] shift in the morning every [REDACTED]".</p> <p>The Treatment Administration Record (TAR) documentation: [REDACTED] via [REDACTED] to attain [REDACTED] between [REDACTED] every shift. Change [REDACTED] every [REDACTED] on 11-7 shift, in the morning every [REDACTED].</p> <p>Review of the treatment record was documented as follows:</p> <ul style="list-style-type: none"> - 02/01/2023: [REDACTED] Saturation in Day shift - [REDACTED], Evening Shift - [REDACTED], Night shift - [REDACTED]. - 02/02/2023: [REDACTED] in Day shift - [REDACTED], Evening Shift - [REDACTED], Night Shift - [REDACTED]. - 02/03/2023: [REDACTED] Saturation in Day Shift - [REDACTED], Evening Shift - [REDACTED], Night Shift - [REDACTED]. - 02/04/2023: [REDACTED] Saturation in Day Shift - [REDACTED], Evening Shift - [REDACTED], Night Shift - [REDACTED]. - 02/05/2023: [REDACTED] Saturation in Day Shift - [REDACTED], Evening Shift - [REDACTED], Night Shift - [REDACTED]. - 02/06/2023: [REDACTED] Saturation in Day Shift - [REDACTED], Evening Shift - [REDACTED], Night Shift - [REDACTED]. - 02/07/2023: [REDACTED] Saturation in Day Shift - [REDACTED], Evening Shift - [REDACTED], Night Shift - [REDACTED]. 	F 658			

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F 658	Continued From page 18 - 02/08/2023: ██████ in Day Shift - ██████ Evening Shift - ██████, Night Shift - ██████ Resident #11 was interviewed on 02/08/23 at around 1:40 PM who stated, he/she stopped using ██████ and ██████ for last few months. Resident #11 stated, no one checked ██████ saturation level for a long time, because she was not on ██████ for last few months On 02/09/23 at around 02:00 PM the Director of Nursing (DON) was interviewed and stated the nurses should be careful what they are signing on the medication /treatment records. On 02/09/23 at around 02:30PM, Unit Manager (UM) #3 was interviewed in reference to the Treatment record documentation without administering ██████. UM#3 stated, it was a mistake, the resident was not getting it and she did not understand why nurses were signing without administrating the ██████ as it was given. On 02/10/23 approximately at 09:00 AM, LPN #3 was interviewed regarding her signature on Resident #11's treatment record indication she administered ██████ to the resident. LPN # 3 stated, it happens sometimes, the nurses' signs without looking.	F 658			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:	F 677			

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F 677	<p>Continued From page 19</p> <p>Based on observation, interview and record review it was determined that the facility failed to provide the necessary care and services to residents who were unable to carry out activities of daily living to maintain good grooming, and personal hygiene. Specifically, the facility failed to ensure resident were taken out-of-bed on a timely manner, assistance were provided during care including [REDACTED] and provide [REDACTED] care to residents that were dependent on the staff assistance for 2 sampled residents reviewed, Resident #11, and #23.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 02/06/23 at around 01:45 PM, during the initial pool process, the surveyor observed Resident #11 in bed wearing a hospital gown.</p> <p>Resident #11 was interviewed on 02/06/23 at 01:47 PM who stated, he/she was not washed or cleaned that day. Resident #11 further stated, the facility was short staffed on and off, whenever her regular Certified Nurse Aide (CNA) was off, she had to wait until 2:00 PM to be attended for the Activities of Daily Care (ADL). Resident # 11 stated, he/she always wanted to be out of the bed early but due to staffing shortage it was not possible.</p> <p>On 02/08/23 at 11:48 AM, CNA #3 was interviewed who stated the facility does not have sufficient staffing on a 24-hour basis to care for residents' needs. CNA #3 further stated that she never get enough time to complete required assignments on time. She stated, she was asked to work overtime, but declined. CNA #3 stated, she quite often skip the break time to finish the</p>	F 677			

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F 677	<p>Continued From page 20</p> <p>work, because she care about the residents.</p> <p>On 02/08/2023 CNA #1 was interviewed who stated, he worked a lot of overtime, at least two extra shift per week. He further stated that some weekends the facility was really short staffed, at night shift certain floor had only one nurse and one CNA. He stated breakfast always served in residents' room, in bed, because the staff never get a chance to take all the residents out of bed for breakfast. He further stated the breakfast trays were usually collected back around noon time right before lunch time only. He stated the staff never get chance to spend quality time with the residents, always rushing to finish the work. He continued the statement, the residents were being washed/changed first time in bed during the shift only after lunch time in many occasions.</p> <p>On 02/09/23 at 2:00PM, Unit Manger (UM) #3 was interviewed who stated, that staffing was a problem.</p> <p>Record review revealed Resident #11 was admitted to the facility on [REDACTED] with diagnoses included but not limited to: [REDACTED]</p> <p>Resident #11's Brief Interview for Mental Status (BIMS) score on the Minimum Data Set (MDS) dated [REDACTED] was [REDACTED] which indicated, the resident's [REDACTED] was [REDACTED] and was able to make needs known.</p> <p>On 02/06/23 at 01:10 PM, the surveyor observed Resident #23 in bed wearing hospital gown. The resident's [REDACTED] on both [REDACTED] were [REDACTED], [REDACTED] beyond the [REDACTED], and had dirt accumulation under the [REDACTED]. Unkempt</p>	F 677			

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F 677	<p>Continued From page 21</p> <p>██████ was also present. The surveyor asked the resident about the ██████ and ██████. The resident stated that they need help from the staff with trimming ██████ and ██████. The surveyor made the same observation on ██████ at approximately 12:40 PM.</p> <p>At that time, Certified Nursing Assistant (CNA) #1 was interviewed and confirmed the findings. CNA #1 stated that he did not get a chance yet to clean and trim Resident #23's ██████ and ██████.</p> <p>The surveyor reviewed the Admission Record of Resident #23 which reflected that the resident was admitted with diagnoses which included but not limited to: ██████ and ██████. According to the Minimum Data Set an assessment tool dated ██████, the resident was cognitively ██████ and required total assistance of staff for personal hygiene.</p>	F 677			
F 695 SS=E	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to adhere to acceptable respiratory care protocols.</p>	F 695			

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F 695	<p>Continued From page 22</p> <p>Specifically, facility failed to provide care, consistent with professional standards of practice in the area of dating, storing of [REDACTED] and [REDACTED] for of 4 Residents reviewed for respiratory care (Resident #1, #11, # 285 and #331).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 02/06/23 at approximately 12:30 PM, during initial pool process, the following were observed:</p> <p>Resident #1 was sitting in a reclining chair in the hallway next to his/her room. In the room, [REDACTED] was attached to an [REDACTED] and the [REDACTED] was undated and was resting on the floor.</p> <p>[REDACTED] which was connected to a [REDACTED] and the [REDACTED] machine, was placed directly on the resident's dresser/night stand. The [REDACTED] had no date and was not stored in a plastic bag.</p> <p>Record review revealed Resident #1 was admitted to the facility on [REDACTED] with diagnoses including [REDACTED] status. Resident's Brief Interview for Mental Status (BIMS) score on the Minimum Data Set (MDS) dated [REDACTED] was [REDACTED] which indicated, the resident's [REDACTED] was [REDACTED].</p> <p>Review of Resident #1's record revealed the following: Order Summary Report - Active orders as of [REDACTED] and [REDACTED] changed weekly one time a day every [REDACTED] order date [REDACTED] and [REDACTED] dated and bagged weekly, one time a day every [REDACTED]</p>	F 695			

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F 695	<p>Continued From page 23</p> <p>██████████, order date: ██████████</p> <p>Review of the Treatment Administration Record (TAR) revealed ██████████ and ██████████ changed, dated, and bagged weekly one time a day every ██████████ start date, ██████████. This documentation had a check mark for ██████████ (Chart code for check mark was "Administered").</p> <p>On 02/06/23 at around 01:00 PM during initial pool process, the following were observed:</p> <p>Resident #285 was sitting in a wheelchair in his/her room, receiving ██████████ from an ██████████. The ██████████ was resting on the floor and was undated. An ██████████ was observed on the left side of the resident's bed and an ██████████ was hanging on the ██████████. The ██████████ was neither dated, nor in a plastic bag. There was a ██████████ connected to the ██████████ that was placed directly on resident's night stand/dresser. The ██████████ was ██████████ and ██████████ with unknown ██████████. The ██████████ had no date and was not in a plastic bag. The same were observed on 02/07/23 approximately 11:32 AM, and on 02/08/23 at around 12:30 PM. On 02/08/23 approximately 12:40 PM UM #3 confirmed the findings with the surveyor.</p> <p>Record review revealed Resident # 285 was admitted to the facility on ██████████ with diagnosis including ██████████ and ██████████. Resident's Brief Interview for Mental Status (BIMS) score on the Minimum Data Set (MDS) dated ██████████ was ██████████ which indicated, the resident's cognition was ██████████.</p>	F 695		

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F 695	<p>Continued From page 24</p> <p>Order summary report - [REDACTED] changed, also check and clean [REDACTED] filter weekly, every night shift Sat as ordered, order date, [REDACTED] (milligram/milliliter), 3 [REDACTED] via [REDACTED] four times a day for [REDACTED] Treatment Administration Record (TAR) review revealed: [REDACTED] changed, also check and clean [REDACTED] weekly, every night shift every Sat as ordered, start date - [REDACTED]. The treatment record document had a check mark for [REDACTED] which indicated, "Administered".</p> <p>Resident #285 was interviewed on 02/08/23 around 01:35 PM who stated, he/she was in the facility for last few weeks, he/she received [REDACTED] treatment four times a day for [REDACTED] problem, he/she never noticed any staff member cleaning/washing/dating the [REDACTED] equipment, including the [REDACTED].</p> <p>On 02/08/23 at around 01:40 PM the UM#3 was interviewed who stated, Friday night nurse was supposed to change the [REDACTED], date it and provide a new plastic bag to each resident who used [REDACTED] and [REDACTED]. The UM#3 further stated that nurses were supposed to wash the [REDACTED] after each use and to store it in the plastic bag.</p> <p>On 02/10/23 at around 10:00 AM, LPN #4 was interviewed who stated, the [REDACTED] equipment, including [REDACTED] should be changed and dated on weekly basis by the night nurse. LPN #4 further stated, the [REDACTED] should be kept in plastic bags when not in use.</p>	F 695			

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F 695	<p>Continued From page 25</p> <p>On 02/06/23 at around 01:31PM during initial pool process, the following were observed: Resident #11 was laying in bed. The surveyor observed an [REDACTED] with [REDACTED] connected to it was on the side of the bed.</p> <p>There was a [REDACTED] on the resident's night stand/dresser. The [REDACTED] was dated [REDACTED] and was placed directly on the night stand. There was a [REDACTED] placed directly next to the [REDACTED] on the night stand and neither was in a plastic bag. There were [REDACTED] attached to both [REDACTED] which were also placed directly on the night stand, none of the [REDACTED] were dated and not in a plastic bag.</p> <p>The same were observed on On 02/07/23 at around 11:26 AM, and on 02/08/23 approximately 11:44 AM. On 02/08/23, at around 12:45 PM, UM#3 confirmed the findings with the surveyor.</p> <p>Record review revealed Resident #11 was admitted to the facility on [REDACTED] with diagnosis includes but not limited to: [REDACTED]</p> <p>Resident # 11's Brief Interview for Mental Status (BIMS) score on the Minimum Data Set (MDS) dated [REDACTED] was [REDACTED] which indicated, the resident's [REDACTED] was [REDACTED] and was [REDACTED]</p> <p>Resident # 11 was interviewed on 02/08/2023 at around 1:40 PM who stated, she stopped using [REDACTED] for last few months. The resident further stated that, she never notices any body cleaning the [REDACTED] while she was on the treatment. Resident # 11 stated, no one was checked [REDACTED] level because she was not on [REDACTED] for last few months.</p>	F 695			

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F 695	<p>Continued From page 26</p> <p>Resident # 11's record review revealed the following: Order summary report - Active order as of [REDACTED] every 4 hours as needed - order date [REDACTED] to attain [REDACTED] between [REDACTED] every shift. Change [REDACTED] every Friday on 11-7 shift in the morning every [REDACTED]. Treatment Administration Record documentation: [REDACTED] at [REDACTED] to attain [REDACTED] between [REDACTED] every shift. Change [REDACTED] every Friday on 11-7 shift, in the morning every [REDACTED].</p> <p>On 02/09/23 at around 02:00 PM the Facility Director of Nursing (DON) was interviewed about the above-mentioned findings who stated, the [REDACTED], [REDACTED] should be changed and dated weekly by night nurse and all the [REDACTED] supplies should be stored in plastic bags when not in use.</p> <p>On 02/09/23 at around 02:30PM, UM#3 was interviewed reference to the Treatment record documentation stating resident was given [REDACTED] and the resident stated she was not receiving. UM#3 stated, it was a mistake, the resident was not getting it and she did not understand why nurses were signing without administrating the [REDACTED] as it was given.</p> <p>On 02/10/23 approximately at 09:00 AM LPN #3 was interviewed reference to the signature on Resident # 11's treatment record indication the resident was on [REDACTED]. LPN #3 stated, it happens sometimes, the nurses' signs</p>	F 695		

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F 695	<p>Continued From page 27</p> <p>without looking. She further stated she realized she was signing it by not looking and that the order was discontinued yesterday.</p> <p>On 02/07/23 at 12:11 PM, the surveyor observed Resident #331 lying in bed with both eyes open. The surveyor observed the resident's [REDACTED] machine at the bedside. The surveyor further observed the [REDACTED] with [REDACTED] (a [REDACTED] [REDACTED] was on the nightstand next to the resident's bed. The surveyor observed the [REDACTED] and the [REDACTED] uncovered, exposed, and stored directly in the drawer of the nightstand. The surveyor further observed that the chamber contained a [REDACTED] and the [REDACTED] had moisture on it. During that same time, the surveyor interviewed the resident, who stated that he/she had the [REDACTED] treatment that morning. The surveyor asked the resident how the staff cleaned and stored the [REDACTED] when not in use. The resident stated that he/she did not know.</p> <p>At that time, The Unit Manager (UM) #1 confirmed the findings and stated the [REDACTED] [REDACTED] should have been cleaned.</p> <p>The surveyor made the same observation on 02/09/23 at 01:16 PM. At that time a Licensed Practical Nurse (LPN) #2 confirmed the findings at that time.</p> <p>A review of Resident #331's Admission Record reflected that the resident was admitted to the facility on [REDACTED] and had diagnoses that included [REDACTED]. A review of the Admission Minimum Data Set (MDS), an assessment tool dated [REDACTED],</p>	F 695			

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F 695	<p>Continued From page 28</p> <p>indicated a Brief Interview for Mental Status (BIMS) score of [REDACTED], reflecting that the resident's [REDACTED].</p> <p>A review of Resident #331's [REDACTED] Oder Summary report revealed an order for [REDACTED] treatment medication), [REDACTED] every [REDACTED] hours for [REDACTED]. The [REDACTED] Medication Administration Record (MAR) review revealed that the resident's respiratory treatment medications were administered as scheduled.</p> <p>On 02/10/23 at approximately 10:10 AM, during an interview with the Director of Nursing (DON), the DON confirmed that the facility must follow the facility's policy on administering medications through a [REDACTED].</p> <p>A review of the facility's document titled [REDACTED] & [REDACTED] Use - Infection Control" Adopted date of August 2021 revealed that after completion of therapy: Remove the [REDACTED] container; Rinse the container with fresh tap water; and Dry on a clean paper towel or gauze sponge. Reconnect to the administration "set-up" when air dried. Keep the [REDACTED] and [REDACTED] used PRN (whenever needed) in a plastic bag when not in use.</p>	F 695			
F 732 SS=D	<p>Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name.</p>	F 732			

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F 732	<p>Continued From page 29</p> <p>(ii) The current date.</p> <p>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review it was determined that the facility failed to post the Nurse Staffing information on a daily basis in. Specifically, the facility failed to post the daily nurse and certified nurse assistant (CNA) and resident census at the beginning of each</p>	F 732			

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F 732	Continued From page 30 shift. This deficient practice was evidenced by the following : On 02/06/23 around 9:40 AM during the initial tour, two surveyors observed the daily nursing staffing information sheet posted in a bulletin board with glass case located in the [REDACTED] floor hallway next to the elevator. The nurse staffing posting was dated Friday February 3, 2023. On 02/07/23 around 9:00 AM, two surveyors observed the same nurse staffing posting dated Friday February 3, 2023. On 02/09/23 around 9:00 AM the Facility Administrator and the Director of Nursing (DON) were informed about the above concerns and was acknowledged.	F 732			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 761			

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F 761	<p>Continued From page 31</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interviews, and review of resident medication administration cards referred to as "Bingo" Cards that contains individually packed pills for an individual resident for administration, and review of facility documents, it was determined that the Bingo cards for one resident, Resident #94 in the survey sample. expiration dates on the Bingo cards were unclear to nursing staff.</p> <p>Findings Included:</p> <p>On 2/8/23 at 11:16 AM during inspection of the medication cart on [REDACTED] Unit - [REDACTED] Side medication cart, it was revealed that Resident #94 had several Bingo administration cards namely, [REDACTED] mg, with a "use by date of [REDACTED] on the front of the Bingo card and on the back of the same card a different date that also read, "use by." The dates were different. In addition, the resident had 4 Bingo cards of [REDACTED] mg with the same discrepancy between the "use by" date on the front and back of each Bingo card.</p> <p>The medication nurse conducting the investigation of the medication cart with the</p>	F 761			

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F 761	Continued From page 32 surveyor was asked which of the two dates was the expiration or use by date for the medication in the Bingo card she stated she was not sure. The Regional registered nurse was present at the nurses' station and examined the Bingo cards and stated she did not know which of the two dates were to be used to determine the expiration or use by date for the pills inside of the Bingo cards. The Regional registered nurse acknowledged the two different dates were confusing and stated he/she would reach out to the supplying pharmacy for clarification.	F 761			
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, interview, and record review, it was determined that the facility failed to	F 812			

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F 812	Continued From page 33 properly label food items stored in the kitchen to prevent food borne illnesses. This deficient practice was evidenced by the following: On 02/06/23 at approximately 09:40 AM, federal surveyor, accompanied by the Food Service Director (FSD), observed the following in the facility's kitchen area: 1. In the [REDACTED] refrigerator, 16 of 30 [REDACTED] Juices were stored without used by date labels. 2. In the walk-in refrigerator, on the middle shelf, 7 of 7 vanilla puddings were stored without used by date labels. On interview, the Food Service Director (FSD) indicated all food items in the refrigerators must be labeled with a "used by date" and admitted the items in question did not have used by dates. A review of an undated facility policy titled [Marquis Health Services] Food Receiving and Storage received from the FSD, revealed under the Policy Interpretation and Implementation heading: 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated ("use by" date).	F 812			
F 814 SS=D	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced	F 814			

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F 814	Continued From page 34 by: Based on observation, interview, and review of facility documentation, it was determined that the facility failed to provide a sanitary environment for residents, staff, and the public by failing to cover over the opening of 1 of 1 garbage dumpsters. This deficient practice was evidenced by the following: On 2/8/2023 at approximately 11:08 AM, federal surveyor, accompanied by the Food Service Director (FSD), observed the following in the facility's designated garbage area: One blue dumpster was observed to have 2 of 2 black hinged lids opened and the garbage exposed and overflowing. On Interview, the FSD admitted, the lids should be closed at all times and the garbage truck will empty the dumpster today. The surveyor asked for the Refuse/Garbage Policy; however, the FSD did not provide a policy.	F 814			
F 882 SS=D	Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4) §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must: §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; §483.80(b)(2) Be qualified by education, training,	F 882			

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F 882	<p>Continued From page 35 experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control. This REQUIREMENT is not met as evidenced by: Based on interview and pertinent documentation, it was determined that the facility failed to employ an Infection Preventionist (IP) who had completed specialized training in infection prevention and control per Centers for Medicare & Medicaid Services (CMS) guidance prior to assuming the IP role. This deficient practice was identified for 1 of 1 employees reviewed for IP and was evidenced by the following:</p> <p>On 02/06/23 at 10:30 AM, during the entrance conference with the facility Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON), the surveyor was informed that the current position of IP was held by a Registered Nurse (RN).</p> <p>On 02/09/23 at 12:23 PM, during an interview with the surveyor, the IP stated she started as the IP of the facility in November 2022. The IP confirmed that she was responsible for coordinating the Infection Prevention and Control program in the facility, including but not limited to COVID-19 testing, tracking, vaccination efforts, and antibiotic stewardship.</p> <p>During the same interview, the IP confirmed that she had just completed all modules and passed the post-course exam on the specialized training in Infection Prevention and Control title "Nursing</p>	F 882			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2023
NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1049 BURNT TAVERN ROAD BRICK, NJ 08724		
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F 882	<p>Continued From page 36</p> <p>Home Infection Preventionist Training Course (Web-based) through The Centers for Disease Control and Prevention (CDC) on 02/08/2023.</p> <p>At that time, the surveyor reviewed the IP's certificate of completion provided by the facility administrator. The certificate revealed that the IP participated in the educational activity titled "Nursing Home Infection Preventionist Training Course" and was awarded 19.75 contact hours on 02/08/2023 by the CDC.</p> <p>On 02/10/23 at 11:45 AM, during an interview with the Director of Human Resources (DHR), the DHR confirmed that the RN was hired in a full-time position as an Infection Preventionist on 11/29/2022.</p> <p>A review of CMS QSO-19-10-NH, dated 03/11/19, included but was not limited to Background: "Effective November 28, 2019, the final requirement includes specialized training in infection prevention and control for the individual(s) responsible for the facility's IPCP (infection prevention and control program)." Specialized Training for Infection Prevention and Control: In order to receive ... a certificate of completion, learners must complete all modules and pass a post-course exam ... Completion of this course will provide specialized training in infection prevention and control.</p> <p>On 02/10/23 at 10:35 AM, the above concern was presented to the administrative staff. As of exit day on 02/10/23, the facility had no additional information to provide.</p>	F 882			