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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 08/14/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# Y1TS11	E 000		
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 08/11/2020 through 08/14/2020. The facility was found not in compliance with 42 CFR §483.80 infection control regulations. 1 of the 3 complaint allegation(s) was substantiated resulting in deficiencies. See Event ID# Y1TS11.	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).	F 580		9/4/20

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

Electronically Signed | 09/04/2020

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 580	Continued From page 1 (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 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 record review, staff, Nurse Practitioner, and physician interviews, the facility failed to notify the physician a resident's oxygen saturation remained low after oxygen was administered per physician's orders for 1 of 1 resident reviewed for respiratory care (Resident #1). Findings Included: Resident #1 was admitted to the facility on	F 580	F580 – Plan of Correction Resident #1 transferred to the Emergency Department (ED) on 08/04/2020. Resident #1's Responsible Representative (RR) was notified of transfer to ED and resident's status on 08/04.20. Resident #1 did not return to the facility. Director of Nursing (DON) audited	

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F 580	Continued From page 2 3/23/2017 with diagnoses that included congestive heart failure. Resident's #1's admission Minimum Data Set (MDS) dated 5/26/20 specified the resident's cognition was severely impaired and the resident was not coded for receiving oxygen therapy. Review of Resident #1's medication record revealed he received Lasix, 40 milligrams (mg), a diuretic, once a day, Lasix 20 mg once a day and Coreg 3.125mg, a medication for heart failure, twice a day. Review of Resident #1's medical record revealed. Nurse #1 completed a change in condition on 8/4/20 at 5:00 AM due to the resident having crackles to upper left lobe, moist cough, fever, and O2 levels on room air at 89%. Nurse #1 called the Nurse Practitioner (NP) who ordered O2 at 2 liters per minute (LPM) via nasal cannula, Rocephin 1 gm intramuscular (IM), a chest x-ray (and to report findings), and to push fluids. A review of the Resident #1's vital signs on the following dates revealed: " 7/27/20 oxygen saturation levels to be at 94% on room air. " 8/3/2020 oxygen saturation levels to be at 96% at 3:42 AM on room air, 96% at 9:40 AM on room air. " 8/4/2020 oxygen saturation was at 94% at 5:54 AM, on 2 liters oxygen via nasal cannula, 80% at 8:15 AM on oxygen via nasal cannula, 80% at 11:24 AM on room air, 80% at 12:12 PM on oxygen via nasal cannula and 82% at 1:06 PM on oxygen via nasal cannula. A progress note written on 8/4/2020 at 12:03 PM	F 580	resident records on 08/10/2020 and identified 12 residents on continuous oxygen. Resident's oxygen saturation levels were reviewed as well as any other respiratory changes from 08/04/2020 – 08/30-2020. No residents were found to have any previously unidentified changes of condition. No residents were found with any negative findings. Nurse #1 was educated by the Director of Nursing on 08/07/20. On 08/10/20, Staff Development Coordinator began educating all facility licensed nurses on proper identification and response to change of condition. This was completed on 09/04/20. On 08/10/20, Staff Development Coordinator began educating all Certified Nursing Assistants on identification of abnormal vital signs and proper follow up and reporting of abnormal vital signs. This was completed on 09/04/20. Director of Nursing and/or designee will review shift to shift charting in Point Click Care (PCC) for any acute changes with resident respiratory status including oxygen saturation levels daily and ensure that proper follow up with the resident's physician or Nurse Practitioner is done when required. Director of Nursing or Assistant Director of Nursing will conduct a weekly audit of residents on oxygen for changes of condition and prompt notification for four weeks, then monthly for three months. Daily Monday-Friday Interdisciplinary Team (IDT) review will be conducted with review of all residents with a change of condition. Information will be provided via	

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F 580	Continued From page 3 by Nurse #1 indicated Resident #1 was noted with a loose non-productive cough, O2 saturation levels were between 80% and 85% at 3 LPM via nasal cannula. Resident was eating about 25% of his meals and the x-ray report was pending. A respiratory care evaluation was completed on 8/4/2020 at 1:06 PM which revealed Resident #1's O2 levels were at 82%. The evaluation revealed the resident had abnormal lung sounds in the upper left lobe but did not indicate on the form the type of abnormal sounds. The resident had a non-productive cough. The Physician respiratory care treatment orders were not completed. The X-ray report dated 8/4/2020 at 4:15 PM for Resident #1 revealed the following impressions: Mild Congestive heart failure, Bilateral infiltrates (Pneumonia), right greater than left, no Tuberculosis is noted. A second progress note written on 8/4/2020 at 6:21 PM by Nurse #1 revealed the chest x-ray was faxed to the NP and an order was received to transfer Resident #1 to the Emergency Room (ER) for evaluation was obtained. EMS picked up Resident #1 up around 4:50 PM. A review of the hospital records dated 8/4/2020 revealed Resident #1was admitted to the Emergency room on 8/4/2020 with a history of stroke, a previous heart attack with reduced ejection fraction of 25-30%, meaning the heart muscle does not contract effectively and therefore less blood is pumped out to the body. Resident #1 was found to have COVID-19 infection with some component of heart failure exacerbation contributing to his respiratory failure. During the	F 580	audits, daily monitoring of PCC documentation, new physician orders and 24 hour report. DON will monitor weekends. Facility will take results from audits and IDT review of all residents with change of condition to Quality Assurance Performance Improvement meeting monthly x 3 months and determine any need for ongoing monitoring and/or process changes.	

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hospital course from 8/4/20 through 8/11/20 Resident #1 worsened on 8/10/20 requiring a bi-level positive airway pressure (BIPAP). His progress was poor and after discussion with the family he was made comfort care measures only and passed on 8/11/20 at 6:35 AM.

A telephone interview was conducted on 8/13/2020 at 6:15 PM with Nurse #1 who worked 7:00 AM to 7:00 PM on 8/4/2020. He stated he took Resident #1's vitals around 8:00 AM. He then raised the residents head to make sure he could breathe better and started him on 2 liters of O2 per facility standing order. Nurse #1 stated the resident was breathing normally and his O2 stats were at 86 %. The Nurse stated he was keeping track on a piece of paper so he could have a record of the residents O2 levels to report to the NP but stated he was to wait for the chest x-ray to come back before contacting her. Nurse #1 stated once he got the results, he contacted the NP because Resident #1 was not holding his O2 levels and he was sent to the Emergency room (ER) at approximately 4:45 PM. Nurse #1 stated in hindsight he may have called the NP earlier, but the resident was alert, and talking, he was not gasping for air and was not in any distress. Although Nurse #1 stated the residents O2 levels had improved to 86%, there was no nursing documentation on 8/4/2020 in the record.

A telephone interview was conducted on 8/13/2020 at 12:35 PM with the RN supervisor. She worked the 3-11 PM shift on 8/4/2020. She stated when she had arrived at 3:00 PM she reviewed the reports for every hall and read Resident #1 had an intramuscular medication given and had a chest X-ray. She stated she did

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not check the O2 stats for that resident as she had been told by Nurse #1 the resident's O2 levels were going up. The RN supervisor stated that you did not have to wait for the results of the X-ray to come back before calling the physician with other issues such as low O2 sats and she would have called the physician, even at 8:00 AM after the O2 sats didn't come up to let them know the O2 was not bringing up the O2 sat for the resident.

A telephone interview was conducted on 8/13/2020 at 2:02 PM with the Medical Director. The Medical director stated on 8/4/2020 the facility would have called his Nurse Practitioner. Resident #1's O2 stats were reviewed for 8/4/2020 with the Medical Director who stated that given his O2 stats alone he should have been sent out sometime that morning, especially that his levels did not come up over the course of the day. He stated he would have thought staff would have notified them sooner and he would have been sent out before noon.

A telephone interview was conducted on 8/13/2020 at 5:02 PM with the Nursing Assistant #1(NA) who worked on 8/4/2020 from 7:00 AM to 3:00 PM on the 300 halls. NA #1 stated that the NAs do not take the vitals only the temperatures for the residents and remembered the Resident #1's temperature was approximately 98 degrees. She stated Nurse #1 had told her to push fluids for the resident. NA #1 reported the resident was lying flat on his bed but had his head raised approximately 45 degrees and every time she went in the room; he did have his O2 on.

An interview was conducted on 8/14/2020 at 1:47 PM with the NP. She stated that she had received

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F 580	Continued From page 6 two phone calls for the resident on 8/4/2020. The first call was at 5:20 AM that his O2 was desaturating and she ordered O2, Rocephin IM, push fluids and a chest X-ray. The NP had received a second phone call on 8/4/2020 at approximately 4:45 PM requesting an order to transfer resident #1 to the ER for an evaluation due to his O2 levels being in the 80's. An interview was conducted on 8/14/2020 at 2:10 PM with the Director of Nursing (DON) who stated she had gotten a report on Resident #1 around 10:00 to 10:30 AM on August 4, 2020 that he may have pneumonia, a chest x-ray was ordered, Rocephin 1 gr, he was on O2 and was dehydrated. She stated when she looked at the notes documented for the resident a change in condition was completed and the NP was called around 5:00AM and to follow up with the NP when the x-ray report was back. The DON stated that she would not have waited for the x-ray report to come back and would have called the NP to let them know the residents' O2 levels were still at 80% and would have obtained additional orders. A follow up call with the NP on 8/14/2020 at 2:54 pm who stated given all the residents underlying diagnosis, NP did not think the outcome would have been different for the resident. The NP did state that given Resident #1's O2 status being in the 80's, she would have thought staff would have called sooner to either send him out the emergency room or to decide with the family to provide comfort care.	F 580		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		9/24/20

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F 880	Continued From page 7 §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation,	F 880		

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F 880	Continued From page 8 depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility guidelines, the facility failed to use hand hygiene after touching their face mask and during meal tray delivery in 4 of 4 residents rooms observed for infection control during a COVID 19 pandemic (Resident Rooms 106, 104,108 112). Findings included: A review of the facility's guidelines titled "Personal Protective Equipment" dated March 18, 2020	F 880	F880 Plan of Correction " All residents have the potential to be affected by the deficient practice. " All facility residents had a respiratory assessment conducted by licensed nurses on 8-15-2020. All resident respiratory assessments conducted on 8-15-2020 were reviewed by the Director of Nursing with no negative findings. " All facility residents (including those affected and those with the potential to be	

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F 880	Continued From page 9 read in part staff must take care not to touch their facemask. If they touch their facemask, they must immediately perform hand hygiene. Review of the facility's long term care infection control facility self-assessment tool read in part personnel perform hand hygiene before contact with a resident, after contact with the resident, after contact with blood, body fluids, or visibly contaminated surfaces, after contact with objects and surfaces in the resident environment. An observation on August 11, 2020 at 12:45 PM of a nursing assistant #1 (NA) walking in the 100-unit hallway had touched the outside of her face mask, walked to the meal delivery cart and picked up a lunch tray and delivered the tray to room 106. NA #1 set up the lunch tray touching the silverware, straw and cup. She did not perform hand hygiene after touching her mask, nor while entering or when she exited room 106. NA #1 then picked up another lunch tray and delivered and set up the lunch tray to room 104 and did not perform hand hygiene before going into room 104. The NA did perform hand hygiene after exiting room 104. NA #1 touched the outside of her mask again, did not perform hand hygiene and picked up a meal tray and delivered to room 108. NA #1 did not perform hand hygiene while entering or exiting room 108. NA #1 picked up a meal tray and delivered the tray to room 112. NA #1 did not perform hand hygiene before entering the room but did wash her hands at the sink in resident's room before exiting. On August 11.2020 at 2:50 PM an interview was conducted with the NA who stated, "I possibly did forget to wash my hands, I consider the residents like family and sometimes get sidetracked, I am	F 880	affected) will have their vital signs to include temperature checked by the Certified Nursing Assistant responsible for their care every shift, every day. Any abnormal findings will be reported to the resident□s charge nurse on duty who will then report to the resident□s physician/nurse practitioner and/or the Director of Nursing. " All staff received education via the CDC COVID-19 prevention video, PowerPoint and handwashing demonstration. Training was initiated 09/10/20 and will be completed by 09/18/20." " Staff questionnaires will be initiated on September 14, 2020 by the interdisciplinary team to include the Director of Nursing , Staff Development Coordinator, Assistant Director of Nursing, Nursing Shift Supervisors to validate education was understood. Facility leadership staff will audit 10 staff members a week for 1 month and then monthly for two months on questionnaires as it relates to infection control practices. This will be started on September 14, 2020 and will be ongoing as part of staff new hire orientation. " DON, ADON, Administrator and other leadership team members as assigned will observe randomly 10 staff members weekly x 4 weeks then monthly x 3 months to ensure that proper handwashing technique is performed. All audits will be reviewed by the DON weekly, then monthly. " Administrator and DON will be responsible for the POC.	

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F 880	Continued From page 10 human, I apologize." On August 11, 2020 at 5:45 PM an interview was conducted with the Director of Nursing (DON) who stated that staff should be handwashing prior to and after resident care, this includes setting up trays. The DON stated we have had several in-services with staff regarding hand hygiene most recently on August 7, 2020 which covered hand hygiene and K-95 masks On August 11, 2020 at 5:50 PM an interview was conducted with the Administrator who voiced when staff enter a resident's room they should gel in and gel out. When you come out wash your hands again. Anytime you touch your mask you should be sanitizing and washing your hands.	F 880	" All education of staff will be completed by 9/24/2020. " Root Cause Analysis was done on 9/11/2020 in reference to a Directive Plan of Correction.	