

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

PRINTED: 08/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345523</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/28/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE/RAMSEUR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7166 JORDON ROAD</b> <b>RAMSEUR, NC 27316</b>		
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F 000	INITIAL COMMENTS  An unannounced complaint investigation survey was conducted from 07/27/21 through 07/28/21. Event ID# 112W11. Two of the eleven allegations were substantiated resulting in deficiencies.	F 000			
F 585 SS=D	The Statement of Deficiencies was amended on 8/12/21. The scope and severity of tags F585 and F925 have been changed to (D). Grievances CFR(s): 483.10(j)(1)-(4)  §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.  §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.  §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.  §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the	F 585		8/6/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/04/2021

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 585	Continued From page 1 provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source,	F 585			

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F 585	<p>Continued From page 2</p> <p>and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident, responsible party (RP) and staff interviews and record review, the facility failed to resolve a grievance reported verbally (Resident #3). The facility also failed to provide a written response to grievances (Resident #9, Resident #1, Resident #7 and Resident #8). This was for 5 of 5 residents reviewed for grievances. The findings included:</p> <p>Review of the facility grievance policy last revised in February 2021 read as follows: Grievances</p>	F 585	<p>F585</p> <p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of</p>		

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F 585	<p>Continued From page 3</p> <p>and/or complaints may be submitted orally or in writing by the resident or the person filing the grievance or complaint on behalf of the resident. It may be also be verbalized to any staff member who will be responsible for documenting the grievance/concern on the appropriate form. The resident or their representative will be informed of their right to a written decision.</p> <p>1. Resident #3 was admitted on 3/23/2017 and readmitted 3/5/21 with a diagnoses of encephalopathy (a disease or damage to the brain), pressure ulcers and a urinary tract infection (UTI)</p> <p>Resident #3's significant change Minimum Data Set dated 4/2/2021 indicated she had moderate cognitive impairment and exhibited no behaviors.</p> <p>Review of the facility's grievance logs from 6/12/21 to present did not include any intakes by or on behalf of Resident #3.</p> <p>In an interview on 7/28/21 at 10:45 AM, the Administrator reported that the facility's Social Worker (SW) was the grievance official and any staff member could complete a grievance form on behalf of a resident or a Responibile Party (RP) at any time a complaint or grievance was voiced. He stated he expected the staff to complete a grievance form in order to ensure the grievance was resolved timely and follow up was completed with the person filing the grievance.</p> <p>In an interview on 7/28/21 at 11:00 AM, the Social Worker (SW) confirmed she was the facility grievance officer. She stated anyone could complete a grievance form and a grievance form should be completed for any voiced concern or grievance. The SW stated the facility staff should</p>	F 585	<p>correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>How corrective action will be accomplished for those residents found to have been affected by the same deficient practice:</p> <p>Facility failed to resolve a grievance reported verbally for resident #3. Resident #3 is no longer in the facility as of 6/20/2021. Facility failed to provide written response to grievances for residents #9, #1, #7, and #8. Written response was given to the following residents and/or reporting individual. Completed on 8/4/2021.</p> <p>How/ corrective action will be accomplished for those residents with potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected. An audit was conducted by the Administrator of grievances over the last 30 days to ensure grievances were brought to resolution with written response to reporting individual. Residents that are alert and oriented were interviewed by Ambassadors to ensure all grievances are recorded and/or resolved. Resident Representatives were called by Ambassadors to ensure all grievances are recorded and/or resolved. This audit will be completed by 8/4/2021.</p>		

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F 585	<p>Continued From page 4</p> <p>offer to assist a resident for a RP in completing the grievance form if needed.</p> <p>In a telephone interview on 7/28/21 at 1:34 PM, Resident #3's RP stated he informed anyone who would listen at the facility about his complaint. He stated he spoke to the Administrator and the previous Director of Nursing (DON) about his concern and he never heard anything from management. He stated nobody ever offered him the opportunity to complete a grievance. He stated he thought when he told management about his concern, he would have gotten resolution and a response.</p> <p>In a telephone interview on 7/28/21 at 2:25 PM, Nurse #1 stated she did not complete a grievance form on the night of 6/19/21 when of Resident #3's RP voiced a concern but stated a grievance form should have been completed. She stated she didn't do one because the nurse who reported it to her told her the DON and Administrator knew about it already so she assumed a grievance would have been completed by someone else.</p> <p>In a follow up interview on 7/28/21 at 3:10 PM, the Administrator stated it was his expectation that any resident or RP with a concern or complaint should be assisted with the completion of a grievance form. He stated the grievance form was a way of ensuring any problem was addressed and resolution was timely provided to the person with the concern. The Administrator stated a grievance form should have been completed on 6/19/21 when Resident #3's RP voiced his concerns with the facility.</p> <p>2. Resident #9 was admitted on 12/24/20 and</p>	F 585	<p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On 7/28/2021 the Administrator and Social Worker were in-serviced by the Regional Director of Operations on the giving a written response to resident and/or reporting individual. Beginning 7/29/2021 all staff will be educated on where the grievance forms are located, writing a grievance on the proper form, and providing the information to the grievance officer.</p> <p>How facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Beginning 8/4/2021 the Administrator will audit grievance log weekly x 12 weeks to ensure that grievances were brought to resolution. The Administrator will review weekly x Ambassador call log to ensure all grievances are recorded appropriately.</p> <p>Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X1 for further problem resolution if needed. Completion date: Aug 6, 2021</p> <p>The Administrator is responsible for implementing the acceptable plan of correction</p>		

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F 585	<p>Continued From page 5</p> <p>readmitted on 3/14/21 with diagnoses of respiratory failure and Parkinson's Disease.</p> <p>Resident #9's quarterly Minimum Data Set dated 7/2/21 indicated she was cognitively intact and exhibited no behaviors.</p> <p>A Facility Grievance/Concern Form dated 7/2/21 indicated a grievance was filed by Resident #9. The form indicated the grievance was resolved and a one-to-one discussion was had with Resident #9 on 7/8/21. The form indicated that written notification was not provided.</p> <p>In an interview on 7/28/21 at 10:45 AM, the Administrator reported that the facility's Social Worker (SW) was the grievance officer and she was responsible for providing a written grievance decision to the individuals who filed grievances. He stated that when he first started working at the facility in May 2021 he had a discussion with the SW because he noticed that some grievance decisions had been provided to the reporting party verbally. The Administrator indicated that he informed the SW that the regulations required a written grievance decision to be provided to the reporting party and he instructed her to provide these written decisions for all grievances moving forward. The Administrator revealed that he was unsure if the SW had followed his instructions.</p> <p>In an interview on 7/28/21 at 11:00 AM, the SW stated the grievance/concern form dated 7/2/21 for Resident #3 read that the grievance resolution was provided to the resident verbally and that written notification was not provided. She stated that if she spoke to the individual who filed the grievance in person or by phone then she thought it was okay not to provide a written grievance</p>	F 585			

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F 585	<p>Continued From page 6</p> <p>decision. She was asked if she recalled speaking to Resident #3 on 7/8/21 as indicated on the grievance form. She stated she could not recall. The SW stated she thought she recalled a conversation with the Administrator regarding the regulation that required a written grievance decision be provided to the reporting party but she must have misunderstood the Administrator's instructions. She indicated that the facility's grievance form had three checkbox options for the method of grievance resolution notification: 1) written notification; 2) phone conversation; and 3) one to one discussion. She explained that because there were three options on the form she thought it was okay to select only one of these options.</p> <p>In an interview on 7/28/21 at 2:00 PM, Resident #9 recalled reporting a concern to a staff member and they assisted her with completing a grievance from on 7/2/21. She was unable to recall who she first spoke with about her concern. Resident #3 stated as of 7/28/21 she had not gotten a response either verbally or written about her grievance.</p> <p>In a follow up interview on 7/28/21 at 3:10 PM, the Administrator stated that his expectation was for all individuals who reported a grievance to be provided with a written grievance decision in accordance with the regulations. He stated he spoke with the SW today and re-educated her on the need to provide a written grievance decision to the reporting party for all grievances. He indicated if the reporting party declined the written grievance decision then this was to be recorded on the form.</p>	F 585			

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F 585	<p>Continued From page 7</p> <p>3. Resident #1 was initially admitted to the facility on 4/5/16 and most recently readmitted on 8/12/20 with diagnoses that included dementia.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 7/2/21 indicated Resident #1's cognition was severely impaired.</p> <p>A Facility Grievance/Concern Form dated 7/13/21 indicated a grievance was filed for Resident #1 by her Responsible Party (RP) and the form was completed by the Social Worker (SW). This form indicated that a one on one discussion was used to notify the RP of the grievance resolution. The form further indicated that written notification was not provided. The form was signed by the Administrator on 7/20/21.</p> <p>During an interview with the Administrator on 7/28/21 at 10:45 AM he reported that the facility's SW was the grievance official and she was responsible for providing a written grievance decision to the individuals who filed grievances. He stated that when he first started working at the facility in May 2021 he had a discussion with the SW as he noticed that some grievance decisions had been provided to the reporting party verbally. The Administrator indicated that he informed the SW that the regulations required a written grievance decision to be provided to the reporting party and he instructed her to provide these written decisions for all grievances moving forward. The Administrator revealed that he was unsure if the SW had followed his instructions.</p> <p>An interview was conducted with the SW on 7/28/21 at 11:00 AM. The Grievance/Concern Form dated 7/13/21 for Resident #1 that revealed the grievance resolution was provided to the RP</p>	F 585			



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F 585	<p>Continued From page 8</p> <p>via a one to one discussion and that written notification was not provided was reviewed with the SW. She verified that written notification was not provided or offered to the RP who filed this grievance for Resident #1. She explained that if she spoke to the individual who filed the grievance in person or by phone that she thought it was okay not to provide a written grievance decision. She was asked if she recalled speaking with the Administrator about the regulations that required a written grievance decision be provided to the reporting party. The SW revealed she had recalled this conversation, but she misunderstood the Administrator's instructions. She indicated that the facility's grievance form had three checkbox options for the method of grievance resolution notification: 1) written notification; 2) phone conversation; and 3) one to one discussion. She explained that because there were three options on the form she thought it was okay to select only one of these options. She stated that prior to this interview (7/28/21 at 11:00 AM) she spoke with the Administrator and he informed her that written notification was to be provided even if a phone conversation or one on one discussion was completed.</p> <p>A follow up interview was conducted with the Administrator on 7/28/21 at 12:05 PM. He stated that his expectation was for all individuals who reported a grievance to be provided with a written grievance decision in accordance with the regulations. He confirmed he spoke with the SW today and re-educated her on the need to provide a written grievance decision to the reporting party for all grievances. He indicated if the reporting party declined the written grievance decision then this was to be recorded on the form.</p>	F 585			

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F 585	<p>Continued From page 9</p> <p>4. Resident #8 was admitted to the facility on 5/21/21 with diagnoses that included orthopedic aftercare.</p> <p>A Facility Grievance/Concern Form dated 7/2/21 indicated a grievance was filed by Resident #8 and the form was completed by the Social Worker (SW). This form indicated that the grievance was resolved, but it included no documentation that Resident #8 was notified of the grievance resolution. The section of the form that asked what method was used to notify the resident of the resolution was blank. This form was signed by the Administrator on 7/2/21.</p> <p>During an interview with the Administrator on 7/28/21 at 10:45 AM he reported that the facility's SW was the grievance official and she was responsible for providing a written grievance decision to the individuals who filed grievances. He stated that when he first started working at the facility in May 2021 he had a discussion with the SW as he noticed that some grievance decisions had been provided to the reporting party verbally. The Administrator indicated that he informed the SW that the regulations required a written grievance decision to be provided to the reporting party and he instructed her to provide these written decisions for all grievances moving forward. The Administrator revealed that he was unsure if the SW had followed his instructions.</p> <p>An interview was conducted with the SW on 7/28/21 at 11:00 AM. The Grievance/Concern Form dated 7/2/21 for Resident #8 that included no documentation that Resident #8 had been notified of the grievance resolution was reviewed</p>	F 585			

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F 585	<p>Continued From page 10</p> <p>with the SW. The SW revealed that written notification was not provided or offered to Resident #8 for this grievance. She explained she spoke with Resident #8's family member after the grievance was filed and that she thought it was okay not to provide a written grievance decision to the resident since she had discussed it with the family member. She was asked if she recalled speaking with the Administrator about the regulations that required a written grievance decision be provided to the reporting party. The SW revealed she had recalled this conversation, but she misunderstood the Administrator's instructions. She indicated that the facility's grievance form had three checkbox options for the method of grievance resolution notification: 1) written notification; 2) phone conversation; and 3) one to one discussion. She explained that because there were three options on the form she thought it was okay to select only one of these options. She stated that prior to this interview (7/28/21 at 11:00 AM) she spoke with the Administrator and he informed her that written notification was to be provided even if a phone conversation or one on one discussion was completed.</p> <p>An interview was conducted with Resident #8 on 7/28/21 at 1:56 PM. She was alert and oriented to self and place. She indicated she recalled filing a grievance a few weeks ago (unable to recall the exact date) and revealed she had not been provided with a written grievance decision until this afternoon (7/28/21).</p> <p>A follow up interview was conducted with the Administrator on 7/28/21 at 12:05 PM. He stated that his expectation was for all individuals who reported a grievance to be provided with a written</p>	F 585			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 585	<p>Continued From page 11</p> <p>grievance decision in accordance with the regulations. He confirmed he spoke with the SW today and re-educated her on the need to provide a written grievance decision to the reporting party for all grievances. He indicated if the reporting party declined the written grievance decision then this was to be recorded on the form.</p> <p>5. Resident #7 was admitted to the facility on 4/26/18 with diagnoses that included dementia.</p> <p>A Facility Grievance/Concern Form dated 7/15/21 indicated a grievance was filed for Resident #7 by her Responsible Party (RP) and the form was completed by the Social Worker (SW). This form indicated that a phone discussion was used to notify the RP of the grievance resolution. The form further indicated that written notification was not provided. The form was signed by the SW on 7/20/21.</p> <p>During an interview with the Administrator on 7/28/21 at 10:45 AM he reported that the facility's SW was the grievance official and she was responsible for providing a written grievance decision to the individuals who filed grievances. He stated that when he first started working at the facility in May 2021 he had a discussion with the SW as he noticed that some grievance decisions had been provided to the reporting party verbally. The Administrator indicated that he informed the SW that the regulations required a written grievance decision to be provided to the reporting party and he instructed her to provide these written decisions for all grievances moving forward. The Administrator revealed that he was unsure if the SW had followed his instructions.</p>	F 585			

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F 585	Continued From page 12  An interview was conducted with the SW on 7/28/21 at 11:00 AM. The grievance/concern form dated 7/15/21 for Resident #7 that revealed the grievance resolution was provided to the RP by phone and that written notification was not provided was reviewed with the SW. She verified that written notification was not provided or offered to the RP who filed this grievance for Resident #7. She explained that if she spoke to the individual who filed the grievance in person or by phone then she thought it was okay not to provide a written grievance decision. She was asked if she recalled speaking with the Administrator about the regulations that required a written grievance decision be provided to the reporting party. The SW revealed she had recalled this conversation, but she misunderstood the Administrator 's instructions. She indicated that the facility's grievance form had three checkbox options for the method of grievance resolution notification: 1) written notification; 2) phone conversation; and 3) one to one discussion. She explained that because there were three options on the form she thought it was okay to select only one of these options. She stated that prior to this interview (7/28/21 at 11:00 AM) she spoke with the Administrator and he informed her that written notification was to be provided even if a phone conversation or one on one discussion was completed.  A follow up interview was conducted with the Administrator on 7/28/21 at 12:05 PM. He stated that his expectation was for all individuals who reported a grievance to be provided with a written grievance decision in accordance with the regulations. He confirmed he spoke with the SW today and re-educated her on the need to provide	F 585			

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F 585	Continued From page 13 a written grievance decision to the reporting party for all grievances. He indicated if the reporting party declined the written grievance decision then this was to be recorded on the form.	F 585			
F 925 SS=D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4)  §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, responsible party, resident and staff interviews and record review, the facility failed to maintain a pest free environment on 2 of 4 halls (300 and 400).The findings included:  In a telephone interview on 7/28/21 at 1:34 PM, Resident #3's responsible party (RP) stated his family member resided on the 300 hall up until her death on 6/20/21. He stated he went to the facility to see Resident #3 on 6/19/21 because she was near death. He stated when he entered her room, he noted small black ants in the window seal, the floor, on her nightstand and on her covers. He stated he did not see any ants on Resident #3. The RP stated he informed anyone who would listen at the facility about the ants as far back as May 2020 to include the Administrator and the previous Director of Nursing (DON). He stated it wasn't until the night before she died (6/19/21) that Nurse #1 responded after she saw the ants in Resident #3's room. She sprayed some ant spray on the window seal and floor then wiped down Resident #3's bed.  During a facility tour on 7/28/21 at 12:20 PM,	F 925	F925 The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.  How corrective action will be accomplished for those residents found to have been affected by the same deficient practice:  The facility failed to maintain a pest free environment for 300 and 400. The facility pest control provider) visit on 7/28/2021 to spray for crawling insects.	8/6/21	

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F 925	<p>Continued From page 14</p> <p>numerous black, dead ants and several live black ants were observed in room 305 on the window seal and on the floor around the heating/cooling unit. The window seal appeared to have a clear liquid around the window and window seal. Small black ants were also observed in rooms 301 and 303 on the floor near the heating/cooling unit.</p> <p>During a tour of the locked unit (400 hall) on 7/28/21 at 12:50 PM, no ants were observed in the resident rooms but several live ants were observed on the floor at the nurses station. Nurse #2 and Nursing Assistant (NA) #2 stated there had been a problem with ants at the nurses station and at the door leading to the courtyard. Nurse #2 stated the Maintenance Director and previous DON were aware of the ant problem.</p> <p>An interview was conducted with the Maintenance Director on 7/28/21 at 11:31 AM. He stated he had previously worked as the Maintenance Director at the facility and returned to the role on 6/14/21. He stated he was aware that there was an ant problem on the 300 hall but not aware of ants at the 400 hall nurses station. He stated the ants he observed were tiny black ants that's coming if food was left out. He provided a copy of the most recent pest control invoice dated 6/22/21 where the exterior courtyard of the 300 hall was treated. The Maintenance Director stated he was made aware of the ant problem in room 305 and 300 hall. He stated on 6/22/21, he had the pest control provider to come and complete an exterior treatment outside the 300 hall. He stated he instructed the pest control provider that he wanted to treat one hall at a time and only the exterior of 300 hall was treated for ants. When asked why he did not have all the halls treated for ants, he replied the pest control</p>	F 925	<p>How/ corrective action will be accomplished for those residents with potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected. An audit was conducted by the Ambassadors of the facility on 7/29/2021 to ensure facility was pest free. There was no pest found during rounding. Audit completed on 7/30/2021.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Administrator educated the Maintenance Director of the expectation that the facility remains free from crawling insects and that the Maintenance Director is to call the pest control company between scheduled visits should the flying or crawling insects reappear. Completed on 7/29/2021.</p> <p>System Change: Maintenance Director has implemented a new system for pest sight reporting as of 8.4.21. This includes a 3-ring binder at each nurses' station that any staff member can document any pest sighting. The Maintenance Director will review this binder daily during the facility preventive maintenance rounds to ensure that any new pest sighting is noted and the pest control company will be contacted for visit in between monthly scheduled visit.</p> <p>All facility staff have received training on the new process for noting pest sight reporting and location of the 3-ring binder</p>		

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F 925	<p>Continued From page 15</p> <p>provider could not going inside the quarantine rooms and since residents were quarantined on every hall, he decided to only spray outside of each hall one at a time. He stated the pest control provider was coming out today and would treat the whole facility. The Maintenance Director was questioned about whether he thought the ant problem was resolved, he stated he had not gotten any work orders about ants so he thought the problem was resolved.</p> <p>Review of a pest control invoice dated 6/22/21 read as follows: Ant treatment needed in room 305 and the 300 hall. Exterior treatment in the courtyard was completed.</p> <p>During an interview on 7/28/21 at 11:45 AM, the Housekeeping Supervisor stated she and her staff had observed small black ants in the facility. She stated when the staff reported ants, she would notify the Maintenance Director but did not write a work order.</p> <p>During an interview on 7/28/21 at 12:35 PM, NA #1 and Medication Aide (MA) #1 stated they were working on the 300 hall. Both stated ants were a problem on 300 hall. MA #1 recalled the incident were ants were found by Resident #3's RP in her room on the window seal and her on her nightstand. NA #1 stated she recently had observed small black ants in some of the rooms on the 300 hall. When asked if she had reported the problem to anyone, she stated she had not because everyone was aware of the ant problem.</p> <p>During a telephone interview on 7/28/21 at 2:25 PM, Nurse #1 stated when she came to work on 6/19/21, an agency nurse working the 300 hall told her there was a problem with ants in</p>	F 925	<p>at each nurse station by the MD and/or facility administrator as of 8.6.21</p> <p>How facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Effective 8/4/2021 Maintenance Director will conduct audits of resident rooms and hallways to ensure there are no crawling insects. This audit be conducted weekly and will consist of 20 resident rooms/hallway x 4 weeks, 15 resident rooms/hallway x 4 weeks and 10 resident rooms/hallway x 4 weeks.</p> <p>Results of these audits will be reviewed at Quarterly Quality Assurance Meeting X1 for further problem resolution if needed.</p> <p>Completion date: Aug 6, 2021</p> <p>The Administrator is responsible for implementing the acceptable plan of correction.</p>		



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F 925	<p>Continued From page 16</p> <p>Resident #3's room (305). She stated she went to room 305 and the RP was there. He was very upset and he said there were ants all over. Nurse #1 stated she observed small black ants on the window seal, the floor and there were some ants on the nightstand next to the resident's bed. She said she called the previous DON and let her know she saw the ants. The previous DON told her where the ant spray was and to go spray the ants. She stated she only called the previous DON to make sure she knew that the ants were still a problem.</p> <p>During a tour with Administrator and the Maintenance Director on 7/28/21 at 2:30 PM, live black ants and dead black ants were observed in room 305, room 303 and room 301. The Administrator stated it was his expectation that the facility be free of pest/ants and the entire facility to be treated regularly for prevention starting today.</p>	F 925			