

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

PRINTED: 06/13/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER PEARL CITY POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 919 LEHUA AVENUE PEARL CITY, HI 96782		
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F 000	INITIAL COMMENTS A recertification survey was conducted by the Office of Healthcare Assurance on May 23, 2025. The facility was found not to be in substantial compliance with 42 CFR §483 subpart B. No deficiencies were cited related to intake #11644. Deficient practice was cited related to intake #11551. Survey dates: 05/20/25 to 05/23/25. Survey census: 117 residents. Sample size: 25 residents.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §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. §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. §483.10(a)(2) The facility must provide equal 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	F 550			

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

TITLE

(X6) DATE

Electronically Signed

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 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, the facility failed to protect and promote the rights for two of 25 residents sampled (Resident (R) 28 and R82) by ensuring that she was treated with respect and dignity. This deficient practice has the potential to affect all residents in the facility.</p> <p>Findings Include:</p> <p>R28 is a 60-year-old female admitted to the facility on 12/09/24 with a diagnosis of the following but not limited to Hemiplegia and Hemiparesis (weakness) following non-traumatic Intracerebral Hemorrhage (stroke) affecting the left side. A review of her Minimum Data Set (MDS) Admission Assessment with an Assessment Reference Date (ARD) of 02/20/25 noted R28 had severe cognitive impairment, and</p>	F 550			

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F 550	Continued From page 2 the Brief Interview for Mental Status (BIMS) couldn't be conducted. On 05/20/25 at 10:19 AM, concurrent observation and interview was done with R28's Family Member (FM) 1 at her bedside. FM1 described an incident where he observed staff repeatedly going in and out of the resident's room without knocking and requesting permission before entering R28's room. At 10:26 AM, an interview was done with the Administrator at the nurse's station and confirmed that all staff should always knock and request permission first before entering a resident's room. 2) On 05/20/25 at 10:30 AM, observed Licensed Practical Nurse (LPN) 45 repeatedly going in and out from R82's room but failed to knock and introduce himself prior to entering the room. When the surveyor asked LPN45 if he should knock first and introduce himself before entering the room, he confirmed he should always knock and introduce himself before going inside the resident's room. Review of the facility's policy and procedure on 05/22/25 titled Dignity revised February 2021, directed the staff, ". . . 7. Staff are expected to knock and request permission before entering resident's room . . ."	F 550			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment.	F 657			

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F 657	<p>Continued From page 3</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a resident's care plan was revised to include and implement interventions to prevent and minimize conflicts between residents for one of two residents (Resident (R) 69) sampled for mood and behavior. R69 displayed aggressive behavior toward selective residents when eye contact is made. This puts residents at risk of untoward behavior.</p> <p>Findings Include:</p> <p>On 05/20/25 at 09:52 AM, observed a resident, R83, from a distance in the activity room upset</p>	F 657			

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F 657	<p>Continued From page 4</p> <p>and yelling toward another resident, later identified as R69. R69 was observed to be sitting in the activity room not responding and far away from R83. Staff was able to redirect R83 and did not appear upset anymore. Inquired with R83 who she was yelling at and what happened, R83 stated she was not upset, and nothing happened but did not like R69 because she was mean to everyone. R83 was not able to elaborate. While talking to R83, suddenly heard R69 and an unidentified resident yelling at each other as the unidentified resident attempted to leave the activity room and pass R69. R83 also began yelling as well. R83, R69, and the unidentified resident were quickly redirected by staff and when the unidentified resident was removed from the room the yelling quickly subsided.</p> <p>On 05/22/25 at 03:26 PM, R69 was observed in her wheelchair, wheeling herself to the activity room. R69 grabbed a basket from a table she is assigned to in the activity room and attempted to place it on another table between two other residents, R13 and R18. A chair was in between the two residents preventing R69 from sitting in between them. R18's sitting position had her back toward R69. A staff member approached R69 to redirect her and R18 looked to her side toward R69. R69 started yelling at R18 "What are you looking at me for? You look at somebody else!" The staff member redirected R69 immediately and assisted R69 out of the activity room into the hallway. R69 was observed to wheel herself toward nurse's station and her room. R18 did not respond to R69's yelling.</p> <p>At 03:29 PM, R18 was observed to ask a staff member to help her get back to her room to use the restroom. The staff member wheeled her in</p>	F 657			

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F 657	<p>Continued From page 5</p> <p>the hallway, past her room, the nurse's station and R69, then turned around asking R18 where her room was. R18 directed her elsewhere, toward her room, and the staff member turned R18 around to pass R69 again. R69 attempted to hit R18 but the staff member quickly anticipated the action and moved R18 out of reach of R69. R18 did not respond to R69's action.</p> <p>Review of progress notes documented multiple incidents of R69 displaying behaviors of yelling and attempting to strike residents. It was documented in the progress notes that R18 used to be R69's roommate but changed rooms due to R69's behaviors toward R18. In a progress note documenting communication with the physician on 04/10/25, R69 had been displaying untoward behavior like yelling at other residents or anyone who makes noises at the nurse's station. The note described R69 to dislike certain residents, screaming, isolating herself, staying away from activities, roaming, hiding near the elevator, declining to eat her meals, and stating she is going to sleep outside.</p> <p>On 05/23/25 at 11:03 AM, an interview with Activity Assistant (AA) 1 was done. AA1 reported there are two residents she knows R69 does not like, R83 and R18. R69 gets upset when the residents look at her, even unintentionally. In activities, R83 sits far away from R69, with a pillar that sometimes blocks each other's view, and R18 was strategically placed at the group activity table to have her back toward R69 to prevent accidental eye contact. R18 used to sit away but facing the front of the activity room but they noticed once R18 looked to her side, accidentally toward the direction of R69, R69 would get upset. AA1 confirmed R18 and R69 used to share a</p>	F 657		

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F 657	<p>Continued From page 6</p> <p>room but R18 was moved to another room due to R69's behavior toward her. R69 can wheel herself in the wheelchair and has a specific spot, close to the door, she likes to occupy in the activity room. When R69 is feeling upset she usually leaves the activity room and spends time outside of her bedroom in the hallway. Staff members try to ensure R69 and R18 avoid each other in the hallways to prevent any untoward behaviors.</p> <p>On 05/23/25 at 11:12 AM, a concurrent record review and interview with Licensed Practical Nurse (LPN) 43 was done. LPN43 reported R69 has a behavior of screaming and there are specific residents that trigger her behaviors. Staff try to separate the residents that R69 is known to yell at, such as separating them in the activity room, changing bedrooms, and ensuring residents that trigger R69 avoid her in the hallways by taking a different pathway. Inquired if R69's care plan, included the interventions mentioned regarding R69's behaviors and conflicts with other residents, LPN43 confirmed it was not included in the care plan.</p> <p>On 05/23/25 at 11:23 AM, a concurrent record review and interview with Social Services (SS) 5 was done. SS5 further confirmed there is a section for mood and behavior in R69's care plan but there were no interventions for behaviors toward other residents and reported it should be care planned.</p> <p>Review of the facility's policy and procedure, Behavioral Assessment, Intervention, Monitoring revised March 2022, documented "The care plan includes, as a minimum:</p> <p>a. a description of the behavioral symptoms, including:</p>	F 657			

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F 657	Continued From page 7 (1) frequency; (2) intensity; (3) duration; (4) outcomes; (5) location; (6) environment; and precipitating factors or situations. b. targeted and individualized interventions for the behavioral and/or psychosocial symptoms; c. rationale for the interventions and approaches; d. specific and measurable goals for targets behaviors; and e. how the staff will monitor the effectiveness of the interventions."	F 657			
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: Based on observation, interview and record review, the facility failed to assist two dependent resident's (R) 66 and R75 of three residents in the sample, in the care necessary to achieve basic hygiene. The deficient practice may affect all the residents who are dependent on the staff on the unit. Findings include: Observation on the 4th floor at R66s bedside on 05/21/25 at 10:03 AM. R66 was lying in bed, with respiratory tubing connected to the ventilator. He didn't respond to the surveyor. The toenails on both lower extremities were thick, long, and with	F 677			

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F 677	<p>Continued From page 8</p> <p>crust. The dry flakes on his feet were sloughing onto the bed sheet. The fingernails on his hands were long and untrimmed. R66 moved his left hand to scratch his right arm. Additional observations of R66s hands and feet were made on 05/21/25 at 10:04 AM; 01:00 PM; and 02:45 PM.</p> <p>Observation on 05/22/25 at 02:23 PM of R66 at the bedside. Skin tear approximately three centimeters (cm) long on the right forearm. R66 was positioned facing the left side toward the door. He had flaky skin on his hands and fingers. His feet had dry flaky skin with skin flakes present on the top sheet. R66s face had hair growth present. A musty odor was detected while standing next to R66.</p> <p>Record review of the face sheet on 05/23/25. R66 is a 65-year-old male with chronic respiratory failure, dependent on a ventilator (a mechanical machine that breathes for the resident) and dependent on staff for his personal care and hygiene.</p> <p>Minimum Data Set (MDS) quarterly assessment dated 02/17/25 reviewed on 05/23/25. R66 is severely cognitively impaired, is on a Gastric tube for nutrition and is dependent on staff for all his activities of daily living (ADLs). His primary diagnosis is debility, cardiorespiratory conditions including seizure disorder, depression, asthma, chronic obstructive pulmonary disease (long term respiratory disease) and respiratory failure.</p> <p>Care plan reviewed on 05/23/25. ADL self-care. R66 has an ADL self-care performance deficit related to (r/t) contracture, activity intolerance, impaired balance due to history of a traumatic</p>	F 677		

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F 677	<p>Continued From page 9</p> <p>brain injury. The resident is bedfast all or most of the time.</p> <p>The resident is totally dependent on two staff to provide the following: Bath/shower every Wednesday and Saturday and as necessary; repositioning and turning in bed every 2-3 hours and as necessary; dressing; personal hygiene and oral care; toilet use; and requires mechanical lift with two staff assistance for transfers. R66 is on tube feeding. Revised date 03/04/25.</p> <p>SKIN. R66 has history of recurrent rash of the upper back. Apply Betamethasone Valerate External Lotion as ordered by the Medical Doctor (MD). For dry and flaky skin use high quality moisturizers to rehydrate skin. Monitor skin rashes for increased spread or signs of infection. Reviewed skin check, skin warm and dry. Normal turgor. Revised 03/04/25.</p> <p>Interview with the Charge Nurse (CN) 20 on 05/23/25 at 10:33 AM at the 4th floor nurses station. The surveyor asked CN20 what is the process for residents to obtain nail trimming. CN20 explained that we have a list of residents to be seen by the Podiatrist, who comes once per month to trim the resident's nails. The nursing staff recommend residents who need to have their nails trimmed and the unit clerk makes the list of residents to be seen.</p> <p>The surveyor asked about R66 to see if he was seen by the Podiatrist. CN20 asked the unit clerk to check to see if the resident has a consultation.</p> <p>CN20 got back to the surveyor at 10:45 AM and said R66 wasn't on the list to be seen by the Podiatrist. The surveyor discussed the concerns about R66 thick long nails and that a scratch was present on his right forearm with CN20. The</p>	F 677			

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F 677	<p>Continued From page 10</p> <p>surveyor also shared the observations of the flaking skin on his feet and his hands and the hygiene concerns. CN20 said the assessments are done by the nurses and the Certified Nurse Aide's (CNAs) are good at informing the nurses that a resident's nails need to be trimmed or if there are any issues with the skin. CN20 said he will follow up with the nursing staff about the concerns with the dry skin and he will follow up with ensuring the nails are looked at and a referral made to the Podiatrist.</p> <p>2) Observation of R75 at the bedside in her room on 05/21/25 at 09:19 AM. R75 had a rash to her right upper middle arm with several small red dots. Observed many healed spots to her left lower extremity, on top of her foot and ankle. Observed both feet with long untrimmed toenails.</p> <p>Record review of the face sheet on 05/22/25 at 1:00 PM. R75 is a 63-year-old female with a diagnosis of hemiplegia and hemiparesis (weakness) following a stroke that affected her left side. She is dependent on a ventilator and is dependent on staff for her personal care and hygiene.</p> <p>Skin check dated 05/04/25 reviewed. Skin normal, rash to face resolved.</p> <p>Interview with Registered Nurse (RN) 40 who was preparing medications on 05/23/25 at 09:45 AM outside of R75's room. The surveyor asked RN40 what the rash was on her upper extremities? RN 40 responded that R75 used to have a rash on her face, but it has healed. RN40 looked in the Electronic Health Record (EHR) and said, there weren't any notes about the rash to her upper extremities.</p>	F 677			

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F 677	Continued From page 11 During an interview with the CN20 on 05/23/25 at 10:33 AM at the 4th floor nurses station. The surveyor asked CN20 if R75 is one of the residents on the list to have their nails trimmed by the Podiatrist. CN20 checked the list and with the unit clerk and said, R75 was not on the list. The surveyor discussed R75s rash on the upper extremities and the conversation with RN40 that there weren't any notes documented in the EHR with CN20. CN20 said he would follow up with an assessment of R75s nails and the rash and ensure the MD is made aware. At 11:00 AM, CN20 said he checked R66 and R75s skin and nails and confirmed the concerns that were discussed with the surveyor. ADL, Supporting Policy 2001 MED-PASS, Inc. Revised March 2018 reviewed on 05/23/25. Policy Statement. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene...5. e. Total dependence. Full staff performance of an activity with no participation by a resident for any aspect of the ADL activity...	F 677			
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to	F 693			

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F 693	<p>Continued From page 12</p> <p>eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide the appropriate treatment and services to prevent potential complications of enteral tube-feeding (TF) for one of one resident (Resident (R) 19) sampled for TF. The TF formula and TF flush bag was not labeled with a date which would indicate that the formula and flush bag were changed every 48 hours. As a result of this deficient practice, the facility placed residents who are on enteral nutrition at risk for avoidable infections and complications.</p> <p>Findings Include:</p> <p>On 05/20/25 at 09:33 AM, observed R19's TF formula with approximately 100 milliliters (mL) left and TF flush bag with a label indicating it belonged to R19, but the date was left blank.</p> <p>On 05/22/25 at 02:18 PM, an interview with Director of Nursing (DON) was done. The DON explained the TF formula bags and flush bags should be labeled with the resident's name and</p>	F 693			

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F 693	Continued From page 13 the date. The DON reported the facility uses a closed system and changes the TF formula based on the manufacturers recommendation of expiration within 48 hours of use. Review of a procedure document provided by the facility labeled Enteral Feeding Supplies Labeling, Cleaning and Disposal updated on 05/12/23 documented "The TF formula and TF flush bag should be labeled with the following information: -Patient's name or identification number -Type of formula/water flush -Administration rate -Date and time of Administration It is important to note the TF formula and flush bad should be changed when the TF is consumed or 48 hours have passed since the administration, whichever comes first."	F 693		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse	F 757		

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F 757	<p>Continued From page 14</p> <p>consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interview and record review, the facility failed to ensure one Resident (R) 68 of five residents in the sample, was free from unnecessary medication by providing R68 with an anti-anxiety medication as needed for greater than 14 days, and the physician did not provide the rationale for continuing the medication as ordered. The deficient practice may affect the residents who are receiving psychotropic medications.</p> <p>Findings include:</p> <p>Observation and interview at the bedside in R68s room on 05/21/25 at 09:00 AM. R68 was lying in bed, with the head of the bed at 45 degrees. He was dependent on a ventilator, and able to speak with the surveyor. He said that he takes pain medication for back pain that is always present, and the medication helps most of the time.</p> <p>Observation on 05/21/25 03:20PM R68 was in bed with his eyes open, watching the television. R68 looked comfortable without any distressful gestures or facial expression.</p> <p>Record Review of the Minimum Data Set (MDS) unplanned discharge/ return anticipated assessment date 03/18/25 on 05/22/25. 33-year-old male with a primary diagnosis that includes: Quadriplegia (paralysis of both upper</p>	F 757			

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F 757	<p>Continued From page 15 and lower extremities) with multiple medical conditions; anxiety disorder; Post-Traumatic Stress Disorder (PTSD); chronic respiratory failure with hypoxia; one stage four pressure ulcer to the sacrum; and dependance on respirator (ventilator) status. Received as needed pain medication and scheduled pain medication regimen. Is taking an antidepressant, antianxiety, and an opioid.</p> <p>Care Plan reviewed on 05/22/25. Mood/Behaviors. R68 has anxiety and can become combative and verbally aggressive. Date revised on 03/26/25. Administer medications (antianxiety and antidepressant med as ordered), date revised 10/21/2024.</p> <p>Medication Administration Record (MAR) reviewed on 05/22/25. Ativan (medication for anxiety); oral tab 0.5 milligrams (mg) give 0.5 mg via gastric (G) tube every (Q) three hours, as needed (prn) anxiety for three months. Start 04/30/25.</p> <p>Telephone call to R68s family member (FM) 1 on 05/22/25 at 12:54 PM. During the call FM1 stated to the surveyor that R68 has a lot of anxiety and sometimes he takes it out on the staff with yelling. He has gotten a lot better lately; I keep reminding him that he needs to try to be patient and that the staff are taking good care of him.</p> <p>Requested documentation from the Director of Nursing (DON) on 05/22/25 at 02:30 PM. Specifically a note written from the Physician that states the rationale for giving Ativan to R68 on an as needed order longer than 14 days. The DON explained to the surveyor that there wasn't any documentation from the physician that he was</p>	F 757			

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F 757	Continued From page 16	F 757		
F 761	Label/Store Drugs and Biologicals	F 761		
SS=D	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. §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. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to dispose of an intravenous (IV) medication vial labeled for single use. As a result of this deficient practice, residents who require IV fluids and medications were placed at risk of receiving expired fluids. This deficient practice has the potential to affect any patient taking IV			

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F 761	Continued From page 17 medications. Findings include: On 05/22/25 at 09:14 AM, an inspection of the medication room was conducted with Registered Nurse (RN)10. A bag containing five vials of sterile water was found in one of the cabinets. One of the vials was open and had the following written, "4/3/25, 0200." Asked RN10 what the numbers meant. RN10 said it meant the vial was opened on 04/02/25 at 02:00 AM. RN10 also added that the vial should have been discarded after it was opened since it was single use. Asked RN10 if any of the current residents in the unit are on IV medications. RN10 confirmed there were currently two residents receiving IV medications. On 05/23/25 at 07:39 AM, an interview was conducted with the Director of Nursing (DON) in the conference room. Asked the DON what is the facility practice for single use medication vials. The DON said single use vials are to be discarded immediately after use to ensure if is only used once.	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	F 812			

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F 812	Continued From page 18 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, the facility failed to follow food handling and storage practices in accordance with professional standards for food service safety. Unsafe and/or unsanitary food handling and storage practices have the potential to affect all residents, visitors and staff who have meals served by the facility, placing them at risk for foodborne illness. Findings include: On 05/20/25 at 08:17 AM, an initial tour of the facility's kitchen and interview with the Lead Cook (LC) were done. Observed one box of syrup on the floor of the dry storage area. LC confirmed the boxes of food items should not be on the floor. Review of the facility's policy and procedure on 05/21/25 titled Food Receiving and Storage revised November 2022, directed the staff, ". . . 5. Food in designated dry storage are kept at least six (6) inches off the floor . . ."	F 812			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880			

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F 880	<p>Continued From page 19</p> <p>§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.</p> <p>§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:</p> <p>§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 §483.71 and following accepted national standards;</p> <p>§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,</p>	F 880			

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F 880	<p>Continued From page 20</p> <p>depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 observations, interviews and record review, the facility failed to ensure shared medical devices were properly disinfected after use. Specifically, the facility did not use the appropriate disinfectant to wipe the shared blood glucose meter (device used to measure blood sugar levels). The facility also failed to ensure proper aseptic technique was used to prevent the transmission of communicable diseases and infections when initiating Intravenous (IV) medication for Resident (R)82. The deficient practices have the potential to expose the</p>	F 880		

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F 880	<p>Continued From page 21</p> <p>residents requiring blood glucose testing and IV medications to diseases-causing pathogens.</p> <p>Findings include:</p> <p>1) On 05/22/25 at 09:14 AM, inspection of the of the medication cart was conducted with Registered Nurse (RN)10. Observed a blood glucose meter in the top drawer of the cart that RN10 said the staff use to check blood sugar levels of multiple residents on the unit. Asked RN10 how often is the device disinfected and what do they use. RN10 replied the staff disinfect it immediately after each use with the alcohol wipes or the PDI Super Sani-Cloth germicidal disposable wipes.</p> <p>On 05/23/25 at 07:39 AM, an interview was conducted with the Director of Nursing (DON) in the conference room. DON confirmed that alcohol wipes are not approved for use on the blood glucose meter since it is not on the list of disinfectants specified by the manufacturer.</p> <p>Review of the users' manual for the blood glucose meter (Arkray Assure Platinum) used by the facility revealed that alcohol wipes or pads was not on the list of products the manufacturer validated for disinfecting the meter.</p> <p>CMS (Centers for Medicare and Medicaid Services) Memo, S&C: 10-28-NH dated 08/27/10 stated, ". . . Point of care devices, such as blood glucose meters, . . . if used for multiple residents, must be cleaned and disinfected after each use according to manufacturer's instructions. . ."</p> <p>2) On 05/22/25 at 07:56 AM, observed</p>	F 880		

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F 880	<p>Continued From page 22</p> <p>medication administration with Licensed Practical Nurse (LPN)45. After LPN45 prepared intra-venous (IV) antibiotic medication for R82, he proceeded to hang the medication on an IV pole with the end of the IV tube (the port end) uncovered and unprotected. LPN45 then connected the IV antibiotic but failed to keep the port end of the IV line clean and sterile when it touched the resident's gown, prior to connecting with R82's Peripherally Inserted Central Catheter (PICC) line (tube inserted into a large vein near the heart to deliver medication).</p> <p>On 05/23/25 at 10:30 AM, an interview was done with the DON and the Infection Preventionist (IP) inside DON's office. When asked if staff should keep IV line sterile and always protected to prevent contamination, both DON and IP confirmed that the end part of the IV line should always be covered with a sterile green cap when it is not connected to the PICC line. This is to ensure the tip is not exposed to contaminants that could cause preventable infections or other adverse complications associated with having a PICC line.</p>	F 880			