

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

PRINTED: 07/28/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2021
NAME OF PROVIDER OR SUPPLIER CHOICE HEALTHCARE AT ABINGDON			STREET ADDRESS, CITY, STATE, ZIP CODE 600 WALDEN ROAD ABINGDON, VA 24210		
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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 10/26/21 through 10/28/21. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 10/26/21 through 10/28/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.	F 000			
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,	F 645			

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

TITLE

(X6) DATE

11/24/2021

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 645	<p>Continued From page 1</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services; or</p> <p>(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified,</p>	F 645			

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F 645	<p>Continued From page 2</p> <p>before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to complete a required PASARR (Pre-admission Screening and Resident Review) for 1 of 21 residents in the survey sample, Resident #60.</p> <p>The findings included:</p> <p>For Resident #60, the facility staff failed to complete a Level 1 PASARR</p> <p>A PASARR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care.</p> <p>Resident #60's diagnosis list indicated diagnoses, which included, but not limited to Schizoaffective Disorder Bipolar Type, Bipolar Disorder, Chronic Pain Syndrome, Irritable Bowel Syndrome with Constipation, and Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris.</p> <p>The most recent quarterly MDS (minimum data</p>	F 645			

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F 645	<p>Continued From page 3</p> <p>set) with an ARD (assessment reference date) of 9/24/21 assigned the resident a BIMS (brief interview for mental status) score of 3 out of 15 in section C, Cognitive Patterns.</p> <p>A review of Resident #60's clinical record revealed a "Notice of PASRR (Pre-Admission Screening and Resident Review) Level 1 Screen Outcome" dated 2/14/20 which read in part "Your Level 1 screen shows you have evidence of serious mental illness or intellectual/developmental disability (IDD). Further PASRR review is not needed because you meet criteria for a short-term convalescence stay. This means you are approved for up to 60 days in a nursing home that takes Medicaid without additional PASRR review. Your Level 1 screen lists any mental health and/or IDD services needed for you during your stay in the nursing home and they must give you the services listed. If you or your care provider thinks you need to stay longer than sixty (60) days, then a nursing home staff member must submit a new Level 1 screen to Ascend. This must be done by or before the 60th day from your admission date to the nursing home".</p> <p>Resident #60 was admitted to the facility on 2/14/20.</p> <p>On 10/27/21 at 11:00 am, surveyor spoke with the UM (unit manager) who stated Resident #60 has not had another Level 1 screen completed. UM stated they have been unable to complete another Level 1 screen because the facility just received access to the DMAS (Department of Medical Assistance Services) portal due to email address changes related to the change of facility ownership. UM further stated the social worker is</p>	F 645			

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F 645	Continued From page 4 aware and when they receive access to the DMAS portal a Level 1 will be done for Resident #60. On 10/27/21 at 4:25 pm, surveyor met with the Administrator, DON (director of nursing), Assistant DON, UM, and the Regional Director of Clinical Services and discussed the concern of Resident #60 not having a current Level 1 PASARR. No further information regarding this issue was presented to the survey team prior to the exit conference on 10/28/21.	F 645			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review the facility staff failed to ensure that residents receive treatment and care by following physician's orders for 1 of 21 residents. Resident #41. The findings included: For Resident #41, the facility staff failed to follow physician's orders in regards to obtaining the	F 684			

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F 684	<p>Continued From page 5</p> <p>Residents BS (blood sugar) and administering insulin.</p> <p>The residents (EHR) electronic health record included the diagnosis of type 2 diabetes.</p> <p>Section C (cognitive patterns) of Resident #41's quarterly (MDS) minimum data set assessment with an (ARD) assessment reference date of 09/18/21 included a (BIMS) brief interview for mental status summary score of 15 out of 15 points. Indicating the resident was alert and orientated.</p> <p>Resident #41's comprehensive care plan included the focus area Diabetes Mellitus. Interventions included, but were not limited to, administer medication as ordered.</p> <p>Resident #41's physician orders included an order for Humulin R insulin give per sliding scale before meals and at bedtime.</p> <p>10/26/21 at 12:32 p.m., the surveyor observed (LPN) licensed practical nurse #4 obtain Resident #41's BS (323) and administer their insulin. Resident #41 had already eaten their noon meal.</p> <p>Resident #41 was asked about having their BS obtained after eating and stated that potato did not kick in that quick and they usually get here before I eat.</p> <p>10/27/21 10:20 a.m., LPN #4 acknowledged she did obtain Resident #41's BS and administer their insulin after they had eaten and stated things had come up.</p> <p>10/27/21 04:24 p.m., the interim administrator,</p>	F 684			

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F 684	Continued From page 6 regional director of clinical services, (DON) director of nursing, (ADON) assistant director of nursing, and side 2 unit manager were made aware of the issue regarding Resident #41's insulin and BS. No further information regarding this issue was provided to the surveyor prior to the exit conference.	F 684			
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 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 §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: Based on observation, staff interview, clinical record review and facility document review, it was	F 693			

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F 693	<p>Continued From page 7</p> <p>determined the facility staff failed to ensure enteral feedings were provided to meet resident needs for one (1) of 21 residents (Resident #65).</p> <p>The findings include:</p> <p>The facility staff failed to ensure Resident #65's tube feeding set (which included the flush bag and infusion tubing) was changed every 24 hours.</p> <p>Resident #65's clinical documentation included a minimum data set (MDS) assessment, with an assessment reference date (ARD) of 10/6/21. Resident #65 was assessed as sometimes able to make self understood and as sometimes able to understand others. Resident #65's Brief Interview for Mental Status (BIMS) summary score was documented as a four (4) out of 15. Resident #65 was documented as receiving nutrition via feeding tube and mechanically altered diet. Resident #65 was documented as being dependent on others for dressing, eating, toilet use, personal hygiene, and bathing. Resident #65's diagnoses included, but were not limited to: anemia, heart failure, high blood pressure, diabetes, and Parkinson's disease.</p> <p>On 10/26/21 at 12:57 p.m., Resident #65's tube feeding set (containing tube feeding and water) was noted to be providing enteral nutrition and hydration to the resident. The tube feeding set was dated 10/24/21 with the time of 12:30 a.m. LPN (licensed practical nurse) #21 confirmed the tube feeding set date and time at the time of the observation. On 10/26/21 at 2:47 p.m., RN (registered nurse) #21 was shown the aforementioned tube feeding set dated 10/24/21 at 12:30 a.m.</p>	F 693			

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F 693	Continued From page 8 The survey team was provided two (2) facility policies addressing tube feedings. These policies were titled: "Medication Administration via Enteral Tube" and "Flushing a Feeding Tube". Neither of these policies addressed the frequency that the tube feeding set should be changed. The Director of Nursing (DON) and the Regional Director of Clinical Services were interviewed on 10/27/21 at 3:50 p.m. They reported no facility policy was found to address the frequency for changing the tube feeding sets. They also reported that documentation of every changing of the tube feeding sets was not found in Resident #65's clinical record. The manufactures instructions/directions for Resident #65's feeding set included the following statement: "Do not use for greater than 24 hours." On 10/27/21 at 4:24 p.m., a survey team meeting was held with the facility's interim Administrator, Regional Director of Clinical Services, DON, assistant DON, and RN #21. The failure of the facility staff to change Resident #65's tube feeding set every 24 hours was discussed. No additional information, related to this issue, was provided to the survey team.	F 693			
F 791 SS=D	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility-	F 791			

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F 791	<p>Continued From page 9</p> <p>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident:</p> <p>(i) Routine dental services (to the extent covered under the State plan); and</p> <p>(ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident-</p> <p>(i) In making appointments; and</p> <p>(ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, clinical record review, and facility document</p>	F 791			

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F 791	<p>Continued From page 10</p> <p>review, the facility staff failed to assist residents in obtaining dental care from an outside source for 1 of 21 residents in the survey sample, Resident #60.</p> <p>The findings included:</p> <p>For Resident #60, the facility staff failed to assist the resident in obtaining a dental consult.</p> <p>Resident #60's diagnosis list indicated diagnoses, which included, but not limited to Schizoaffective Disorder Bipolar Type, Bipolar Disorder, Chronic Pain Syndrome, Irritable Bowel Syndrome with Constipation, and Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 9/24/21 assigned the resident a BIMS (brief interview for mental status) score of 3 out of 15 in section C, Cognitive Patterns.</p> <p>On 10/26/21 at 12:11 pm, surveyor spoke with Resident #60 who stated they need to have some teeth pulled and also needed a root canal.</p> <p>A review of Resident #60's clinical record revealed the following documentation:</p> <p>A nursing progress note dated 5/22/21 at 7:01 am stated in part, "Small amount of blood brownish noted on pillow, res. (resident) stated (he/she) had upper tooth left side bleeding with cavity. Placed on MD list, res. request dental appt (appointment). No complaint of pain".</p> <p>Resident #60 was seen by the DO (doctor of osteopathic medicine) and FNP (family nurse</p>	F 791			

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F 791	<p>Continued From page 11</p> <p>practitioner) on 5/24/21, the progress note stated in part "c/o (complaining of) dental swellingmissing several teeth, molar down into gumdental disease". The written plan included "refer to dentist". Surveyor was unable to find a dental consult in Resident #60's clinical record.</p> <p>On 10/27/21 at 11:03 am, surveyor spoke with the UM (unit manager) who stated Resident #60 did not have a dental consult and the provider did not write an order for a dental consult. UM further stated that they just now spoke with Resident #60 and asked (him/her) about dental pain and (he/she) stated they were not having pain now and wanted to wait until (he/she) was having pain to go to the dentist.</p> <p>Resident #60's current comprehensive person-centered care plan included the focus area of "(Resident #60's) teeth are in poor condition. They are discolored and appear to have cavities" with an intervention stating "Coordinate arrangements for dental care, transportation as needed/as ordered".</p> <p>Surveyor requested and received the facility policy entitled, "Dental Services" which states in part "It is the policy of this facility, in accordance with residents' needs, to assist residents in obtaining routine (to the extent covered under the State plan) and emergency dental care".</p> <p>On 10/27/21 at 4:25 pm, surveyor met with the Administrator, DON (director of nursing), Assistant DON, UM, and the Regional Director of Clinical Services and discussed the concern of Resident #60 not being assisted with a dental consult.</p>	F 791			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2021
NAME OF PROVIDER OR SUPPLIER CHOICE HEALTHCARE AT ABINGDON			STREET ADDRESS, CITY, STATE, ZIP CODE 600 WALDEN ROAD ABINGDON, VA 24210		
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F 791	Continued From page 12	F 791			
F 801	No further information regarding this issue was presented to the survey team prior to the exit conference on 10/28/21.				
SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2)	F 801			
	<p>§483.60(a) Staffing</p> <p>The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)</p> <p>This includes:</p> <p>§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-</p> <p>(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.</p> <p>(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.</p> <p>(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he</p>				

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F 801	<p>Continued From page 13</p> <p>or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.</p> <p>(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.</p> <p>§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who-</p> <p>(i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is:</p> <p>(A) A certified dietary manager; or</p> <p>(B) A certified food service manager; or</p> <p>(C) Has similar national certification for food service management and safety from a national certifying body; or</p> <p>D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and</p> <p>(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and</p> <p>(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 801			

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F 801	<p>Continued From page 14</p> <p>Based on interviews and the review of documents, it was determined the facility staff failed to ensure the director of food and nutrition services possessed the required education and/or certification.</p> <p>The findings include:</p> <p>The facility's Dietary Manager/Director did not have the required food service/dietary certification and/or education.</p> <p>On 10/27/21 at 2:05 p.m., the facility's interim Administrator and Dietary Manager were interviewed about dietary staff training; a regional staff member from the facility's dietary contract group participated in this interview via telephone. It was confirmed that the facility's dietary director/manager did not hold a certification for dietary services.</p> <p>On the afternoon of 10/28/21, the facility's interim Administrator provided the survey team with a copy of the Dietary Director's job description. Under the "Job Requirements" heading of this document was found the following statement: "Must possess Certified Dietary Manager (CDM) certification." The Dietary Director/Manager had signed this job description on 1/16/21.</p> <p>The facility's interim Administrator was interviewed via telephone on 10/28/21 at 1:20 p.m. The interim Administrator reported the Dietary Manager had started, but not yet completed, the CDM training. The interim Administrator reported the Dietary Manager had worked in the facility's dietary department for seventeen (17) years (this individual had worked other food service roles prior to becoming the</p>	F 801			

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F 801	Continued From page 15 Dietary Manger).			F 801			
F 880 SS=D	<p>On 10/28/21 at 3:40 p.m., the interim Administrator reported the Dietary Manager did not have a food service related degree.</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</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 §483.70(e) 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;</p>			F 880			

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F 880	<p>Continued From page 16</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, 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 observation, staff interview, and facility document review, the facility staff failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 2 facility units, Unit 2.</p> <p>The findings included:</p> <p>LPN (licensed practical nurse) #1 failed to sanitize a blood pressure cuff between resident uses of this shared equipment.</p> <p>On 10/27/21 at 8:12 am, surveyor observed LPN #1 obtain a resident's blood pressure by placing the reusable cuff on the resident's bare arm. After obtaining the blood pressure reading, LPN #1 removed and cuff and then immediately placed the blood pressure cuff on another resident's arm without sanitizing it in between use.</p> <p>On 10/27/21 at 9:01 am, surveyor notified the Unit Manager of the above observation.</p> <p>Surveyor requested and received the facility policy entitled "Cleaning and Disinfection of Resident-Care Equipment" which states in part:</p> <ol style="list-style-type: none"> Resident-care equipment is categorized based on the degree of risk for infection involved in the use of the equipment. <ul style="list-style-type: none"> c. Non-critical items come in contact with intact skin, but not mucous membranes. These items require <ul style="list-style-type: none"> cleaning and low/intermittent level disinfection (i.e. use of EPA-registered disinfectants). Staff shall follow established infection control principles for cleaning and disinfecting reusable, non-critical equipment. General guideline include: 	F 880			

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F 880	<p>Continued From page 18</p> <p>b. Each user is responsible for routine cleaning and disinfection of multi-resident items after each use, particularly before use for another resident.</p> <p>d. Multiple-resident use equipment shall be cleaned and disinfected after each use.</p> <p>On 10/27/21 at 4:25 pm, surveyor met with the Administrator, DON (director of nursing), Assistant DON, UM, and Regional Director of Clinical Services and discussed of concern of LPN #1 failing to sanitize a blood pressure cuff between resident use. Surveyor asked if LPN #1 should have cleaned the blood pressure cuff between use and the DON stated (he/she) should have cleaned it.</p> <p>No further information regarding this issue was presented to the survey team prior to the exit conference on 10/28/21.</p>	F 880			