

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

PRINTED: 11/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2023
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NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 11/20/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey (VA00059807- substantiated with deficiency). The census in this 190 certified bed facility was 167 at the time of the survey. The survey sample consisted of four current resident reviews and one closed record review.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is— (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that	F 580	F580 Notify of Changes (Injury/Decline/Room, etc.) 1. Resident #2, Facility notified Physician on 11/20/2023 of the positive urinalysis reported on 11/18/2023. Resident's antibiotic that was resistant to known organism was changed to appropriate antibiotic. Resident #4, Facility notified Physician on 11/6/2023 about the positive urinalysis reported on 11/3/2023, this was not timely notification. 2. Quality review conducted by the Director of Clinical Services/ Designee of current residents ordered to have a urinalysis in the last 30 days to determine if Physician or Nurse Practitioner was notified in a timely manner. 3. Nurses RN/LPNs re-educated by the Director of Clinical Services/ Designee related to MD notification of changes. A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is— An accident involving the resident which results in injury and has the potential for requiring physician intervention; A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either	12/19/2023

LABORATORY DIRECTOR, OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator 12/06/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	<p>Continued From page 1</p> <p>all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review and clinical record review, the facility staff failed to notify the physician of a change in status for two of five residents in the survey sample, Residents #2 and #4.</p> <p>The findings include:</p> <p>1. For Resident #2 (R2), the facility staff failed to notify the physician of a positive urinalysis reported on 11/18/23. The urinalysis was positive</p>	F 580	<p>life-threatening conditions or clinical complications); A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment. Laboratory and Radiology reports will be reported to MD in a timely manner.</p> <p>4.The Director of Clinical Services/ Designee to conduct quality monitoring related to residents ordered to have a urinalysis to ensure MD/NP were notified in a timely manner, 3 x weekly x 6 weeks. The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of Clinical Services/designee.</p>	
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F 580	<p>Continued From page 2</p> <p>for a UTI (urinary tract infection) and the resident was receiving an antibiotic that the organism was resistant to.</p> <p>On the most recent MDS (minimum data set), a significant change in status assessment with an ARD (assessment reference date) of 8/25/23, the resident scored 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.</p> <p>A review of R2's clinical record revealed a physician's order dated 11/13/23 for a urinalysis with culture and sensitivity for a possible UTI. R2 was transferred to the hospital on 11/15/23, per the resident's request due to pain, and returned that day. A physician's order dated 11/15/23 documented to administer the antibiotic, levofloxacin (1) 500 mg (milligrams) one time a day for seven days for a UTI. A urinalysis report with a reported date of 11/18/23 documented R2's urine was positive for ESBL (Extended spectrum beta-lactamase) E. coli (2), and the organism was resistant to levofloxacin. A nurse's note dated 11/19/23 (7:17 a.m.) documented, "UA (Urinalysis) reflex to culture/ urine culture results from labs was called in critical from lab. Results abnormal, positive for E. coli." Further review of R2's clinical record failed to reveal the resident's physician or nurse practitioner was made aware of the urinalysis results.</p> <p>On 11/20/23 at 10:25 a.m., an interview was conducted with R2 who stated she had been sick, went to the hospital a week ago, and was told she had a UTI. R2 voiced concern that she still felt very sick.</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>On 11/20/23 at 1:10 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that if a lab result is abnormal then the staff at the lab will call or fax the results to the facility staff. LPN #1 stated that after that happens, she prints the results of the abnormal lab, calls the physician to make him or her aware, and places the results in the physician communication book.</p> <p>On 11/20/23 at 2:15 p.m., an interview was conducted with ASM (administrative staff member) #3, the nurse practitioner. ASM #3 stated that if a resident is positive for a urinary tract infection, then the nurses should call her or the physician as soon as they receive the results. ASM #3 stated she is at the facility Monday through Thursday around 9:00 a.m., so if an abnormal lab result is received shortly before then, the nurses know not to call her and are supposed to place the results in the communication book. ASM #3 stated she did not recall being made aware of R2's urinalysis with a reported date of 11/18/23.</p> <p>On 11/20/23 at 3:20 p.m., ASM #1 (the executive director) and ASM #2 (the interim director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Laboratory, Diagnostic and X-Ray" documented, "Stat testing results or critical values to be called to the Center. The Center to notify the ordering practitioner (or the covering physician if after hours) of values outside the reference range or per physician order." The facility policy titled, "Notification of Change in Condition" documented, "The Center to promptly notify the Patient/Resident, the attending physician, and the Resident</p>	F 580		

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F 580	<p>Continued From page 4</p> <p>Representative when there is a change in the status or condition."</p> <p>References:</p> <p>(1) Levofloxacin is used to treat infections. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a697040.html</p> <p>(2) "Enterobacterales are a large order of different types of germs that can cause infections both in healthcare settings and outside of healthcare, in communities. Examples of germs in the Enterobacterales order include Escherichia coli (E. coli)..." This information was obtained from the website: https://www.cdc.gov/HAI/organisms/organisms.html#anchor_1613662156049</p> <p>2. For Resident #4 (R4), the facility staff failed to notify the physician or nurse practitioner in a timely manner of a positive urinalysis reported on 11/3/23. The nurse practitioner was not made aware of the results until 11/6/23.</p> <p>A review of R4's clinical record revealed a physician's order dated 10/27/23 for a urinalysis with culture and sensitivity for dysuria (painful urination). The urine specimen was collected on 10/30/23. A urinalysis with a reported date of 11/3/23 documented the resident was positive for klebsiella pneumoniae ESBL (Extended spectrum beta-lactamase) (1). Further review of R4's clinical record failed to reveal the physician or nurse practitioner was made aware of the positive urinalysis results until a physician's order dated 11/7/23 documented an order for Zosyn (2) 3.375 grams intravenously every six hours for seven days for a UTI (urinary tract infection).</p>	F 580		
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F 580	<p>Continued From page 5</p> <p>On 11/20/23 at 1:10 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that if a lab result is abnormal then the staff at the lab will call or fax the results to the facility staff. LPN #1 stated that after that happens, she prints the results of the abnormal lab, calls the physician to make him or her aware, and places the results in the physician communication book.</p> <p>On 11/20/23 at 2:15 p.m., an interview was conducted with ASM (administrative staff member) #3, the nurse practitioner. ASM #3 stated that if a resident is positive for a urinary tract infection, then the nurses should call her or the physician as soon as they receive the results. ASM #3 stated she is at the facility Monday through Thursday around 9:00 a.m., so if an abnormal lab result is received shortly before then, the nurses know not to call her and are supposed to place the results in the communication book. ASM #3 stated she did not think any facility staff called the physician or placed R4's urinalysis results in the communication book so when she returned to work on Monday 11/6/23, she gave an order for R4 to receive Zosyn.</p> <p>On 11/20/23 at 3:20 p.m., ASM #1 (the executive director) and ASM #2 (the interim director of nursing) were made aware of the above concern.</p> <p>References: (1) "Enterobacterales are a large order of different types of germs that can cause infections both in healthcare settings and outside of healthcare, in communities. Examples of germs in the Enterobacterales order include Escherichia coli (E. coli) and Klebsiella pneumoniae." This</p>	F 580		

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F 580	Continued From page 6 information was obtained from the website: https://www.cdc.gov/HAI/organisms/organisms.html#anchor_1613662156049 (2) Zosyn is used to treat infections. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a694003.html	F 580			
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 consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review and clinical record review, the facility staff failed to ensure one of five residents in the survey sample, Resident #2, was	F 757	F757 Drug Regimen is Free from Unnecessary Drugs 1. Resident #2, Facility notified Physician on 11/20/2023 of the positive urinalysis reported on 11/18/2023. Resident's antibiotic that was resistant to known organism was changed to appropriate antibiotic. 2. Quality review conducted by the Director of Clinical Services/ Designee of current residents ordered to have a urinalysis in the last 30 days to determine if Physician or Nurse Practitioner was notified in a timely manner and Culture and Sensitivity reviewed with MD/NP to ensure appropriate medical treatment is ordered. 3. Nurses RN/LPNs re-educated by the Director of Clinical Services/ Designee related Resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate drug therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use. Culture and Sensitivity are to be reviewed with MD/NP to ensure appropriate medical treatment is ordered. 4. The Director of Clinical Services/ Designee to conduct quality monitoring related to residents ordered to have a urinalysis to ensure MD/NP were notified in a timely manner and Culture and Sensitivity are reviewed with MD/NP to ensure appropriate medical treatment is ordered, 3 x weekly x 6 weeks. The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of Clinical Services/designee.	12/19/2023	

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F 757	<p>Continued From page 7 free from unnecessary medication.</p> <p>The findings include:</p> <p>1. For Resident #2 (R2), the facility staff failed to ensure a urinalysis reported on 11/18/23 was addressed. The urinalysis was positive for a UTI (urinary tract infection) and the resident was receiving an antibiotic that the organism was resistant to.</p> <p>On the most recent MDS (minimum data set), a significant change in status assessment with an ARD (assessment reference date) of 8/25/23, the resident scored 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.</p> <p>A review of R2's clinical record revealed a physician's order dated 11/13/23 for a urinalysis with culture and sensitivity for a possible UTI. R2 was transferred to the hospital on 11/15/23, per the resident's request for pain, and returned that day. A physician's order dated 11/15/23 documented to administer levofloxacin (1) 500 mg (milligrams) one time a day for seven days for a UTI. A urinalysis report with a reported date of 11/18/23 documented R2's urine was positive for ESBL (Extended spectrum beta-lactamase) E. coli (2), and the organism was resistant to levofloxacin. A nurse's note dated 11/19/23 (7:17 a.m.) documented, "UA (Urinalysis) reflex to culture/ urine culture results from labs was called in critical from lab. Results abnormal, positive for E. coli." Further review of R2's clinical record failed to reveal the resident's physician (or nurse practitioner) was made aware of the urinalysis results, the physician had reviewed the results,</p>	F 757		
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F 757	<p>Continued From page 8</p> <p>and the physician had addressed the levofloxacin resistance.</p> <p>On 11/20/23 at 10:25 a.m., an interview was conducted with R2. R2 stated she had been sick, went to the hospital a week ago, and was told she had a UTI. R2 voiced concern that she still felt very sick.</p> <p>On 11/20/23 at 1:10 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that if a lab result is abnormal then the staff at the lab will call or fax the results to the facility staff. LPN #1 stated that after that happens, she prints the results of the abnormal lab, calls the physician to make him or her aware, and places the results in the physician communication book.</p> <p>On 11/20/23 at 2:15 p.m., an interview was conducted with ASM (administrative staff member) #3 (the nurse practitioner). ASM #3 stated that if a resident is positive for a urinary tract infection, then the nurses should call her or the physician as soon as they receive the results. ASM #3 stated she is at the facility Monday through Thursday around 9:00 a.m., so if an abnormal lab result is received shortly before then, the nurses know not to call her and are supposed to place the results in the communication book. ASM #3 stated R2 had presented with symptoms of a UTI so she ordered a urinalysis but then the resident requested to go to the hospital. ASM #3 stated she knew the hospital had diagnosed R2 with a UTI, and an antibiotic was ordered. ASM #3 stated she usually looks at the culture to make sure the organism isn't resistant to the prescribed antibiotic, but she wasn't made aware of R2's lab</p>	F 757		
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F 757	Continued From page 9 results that were reported on 11/18/23, and she wasn't aware the organism was resistant to levofloxacin. ASM #3 reviewed the lab results and stated she was going to prescribe a different antibiotic for R2. On 11/20/23 at 3:20 p.m., ASM #1 (the executive director) and ASM #2 (the interim director of nursing) were made aware of the above concern. The facility policy titled, "Laboratory, Diagnostic and X-Ray" documented, "Stat testing results or critical values to be called to the Center. The Center to notify the ordering practitioner (or the covering physician if after hours) of values outside the reference range or per physician order." References: (1) Levofloxacin is used to treat infections. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a697040.html (2) "Enterobacterales are a large order of different types of germs that can cause infections both in healthcare settings and outside of healthcare, in communities. Examples of germs in the Enterobacterales order include Escherichia coli (E. coli)..." This information was obtained from the website: https://www.cdc.gov/HAI/organisms/organisms.html#anchor_1613662156049	F 757			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program	F 880	F880 Infection Prevention & Control 1. Resident #2, Facility implemented infection control precautions such as signage on the door and available personal protective equipment outside of the room appropriate to Resident's current infection.	12/19/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/20/2023
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005		
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F 880	<p>Continued From page 10</p> <p>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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</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</p>	F 880	<p>2. Quality review conducted by the Director of Clinical Services/ Designee to ensure current Residents with infections have appropriate signage on the door and available personal protective equipment outside of the room.</p> <p>3. Nurses RN/LPNs re-educated by the Director of Clinical Services/ Designee related to 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. Standard and transmission-based precautions to be followed to prevent spread of infections; When and how isolation should be used for a resident; including but not limited to: The type and duration of the isolation, depending upon the infectious agent or organism involved, and a requirement that the isolation should be the least restrictive possible for the resident under the circumstances. Implementing infection control precautions when appropriate such as signage on the door and available personal protective equipment outside of the room.</p> <p>4. The Director of Clinical Services/ Designee to conduct quality monitoring related to ensure current Residents with infections have appropriate signage on the door and available personal protective equipment outside of the room, 3 x weekly x 6 weeks. The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of Clinical Services/designee.</p>		

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F 880	<p>Continued From page 11</p> <p>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, facility document review and clinical record review, the facility staff failed to implement infection control standards of practice for one of five residents in the survey sample, Resident #2.</p> <p>The findings include:</p> <p>For Resident #2 (R2), the facility staff failed to implement infection control precautions when a urinalysis result with a reported date of 11/18/23 documented the resident was positive for ESBL (Extended spectrum beta-lactamase) E. coli (1).</p> <p>A review of R2's clinical record revealed a</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>physician's order dated 11/13/23 for a urinalysis with culture and sensitivity for a possible UTI (urinary tract infection). R2 was prescribed an antibiotic for a UTI on 11/15/23. A urinalysis report with a reported date of 11/18/23 documented R2's urine was positive for ESBL E. coli. The report also documented the organism was resistant to the antibiotic that was prescribed for R2. A nurse's note dated 11/19/23 (7:17 a.m.) documented, "UA (Urinalysis) reflex to culture/ urine culture results from labs was called in critical from lab. Results abnormal, positive for E. coli." Further review of R2's clinical record failed to reveal any physician's orders for infection control precautions.</p> <p>On 11/20/23 at 10:25 a.m., an observation of R2 and the resident's room was conducted. There were no infection control precautions implemented, to include no sign on the door and no personal protective equipment outside of the room door.</p> <p>On 11/20/23 at 2:06 p.m., an interview was conducted with LPN (licensed practical nurse) #2 who was the nurse caring for R2. LPN #2 stated that her unit manager was just made aware on this day that R2's urinalysis results documented ESBL. LPN #2 stated that on this day, she made the nurse practitioner aware and R2 only had one dose of her antibiotic medication left, so R2 was not placed on infection control precautions but the staff were going to test the resident's roommate for ESBL. LPN #2 stated that when a resident tests positive for ESBL in the urine, they should be placed on contact precautions as soon as the results are received, and they should not share a bathroom with anyone else. LPN #2 stated R2 was currently sharing a bathroom with another</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>resident (the bathroom was shared between different two rooms and a resident in the other room used the bathroom).</p> <p>On 11/20/23 at 2:15 p.m., an interview was conducted with ASM (administrative staff member) #3 (the nurse practitioner). ASM #3 stated that she was not made aware that R2's urinalysis results with a reported date of 11/18/23 documented the resident was positive for ESBL E. coli until this day. ASM #3 stated that at a facility she had previously worked at, there was a protocol that any resident with ESBL in the urine is automatically placed on isolation unless the resident's roommate does not use the bathroom. ASM #3 stated that this morning, LPN #2 asked about moving R2 to another room but there was only one day of antibiotic medication use left. ASM #3 was made aware that according to the urinalysis results, the ESBL E. coli was resistant to the current antibiotic that was prescribed for R2. ASM #3 stated she would recommend re-testing R2 and recommend testing for the resident who shared the bathroom with R2.</p> <p>On 11/20/23 at 3:16 p.m., an interview was conducted with ASM #2 (the director of nursing). ASM #2 stated that residents who test positive for ESBL should be placed on isolation per the facility policy and that should probably at least include enhanced barrier precautions.</p> <p>On 11/20/23 at 3:20 p.m., ASM #1 (the executive director) and ASM #2 (the interim director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Enhanced Barrier Precautions" documented, "1. Enhanced barrier precautions (EBPs) are used as an infection</p>	F 880			

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F 880	Continued From page 14 prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents. 2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply...4. EBPs are indicated (when contact precautions do not otherwise apply) for residents infected or colonized with the following: g. ESBL-producing Enterobacteriales..." References: (1) "Enterobacteriales are a large order of different types of germs that can cause infections both in healthcare settings and outside of healthcare, in communities. Examples of germs in the Enterobacteriales order include Escherichia coli (E. coli)..." This information was obtained from the website: https://www.cdc.gov/HAI/organisms/organisms.html#anchor_1613662156049	F 880			