STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195324	A. Building B. Wing	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair City Health and Rehab	2000 Main Street Franklinton, LA 70438

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 Based on record review and interviews, the facility failed to ensure a resident's representative was notified of a change in condition for 1 (#2) of 3 (#2, #3, #4) residents reviewed for falls. Findings: Review of the facility's policy and procedure titled, Fall Management revealed, in part: Overview: . A fall refers to unintentionally coming to rest on the ground, floor or other lower level but not as the result of an overwhelming force . Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred. Process: C. Post Fall Strategies: 3. Notify the Physician and Resident Representative. Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included, in part, the following; Encephalopathy; Psychosis Not Due to a Substance or Known Psychological Condition; Generalized Weakness; Lack of Coordination and Difficulty in Walking. Review of Resident #2's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/09/2023, indicated resident was assessed to have a Brief Interview of Mental Status (BIMS) of 99, which indicated severe cognitive impairment. Review of the facility's Fall Log revealed Resident #2 had an unwitnessed fall on 02/04/2023 at 6:28 a.m. Review of the facility's Incident Report #186 for Resident #2 revealed, in part, the following: Incident Report #186 (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Date/Time: 02/04/2023 at 6:28 a.m. (handwritten on computerized report by facility staff) Incident Location: Resident's room Description: Resident found lying on floor, denied pain, no bruises or pain noted. MD notified. Immediate Action Taken: assessment, notified MD. Review of Resident #2's Nurses Note written on 02/04/2023 at 6:39 a.m. by S47LPN indicated resident was found lying on floor. Resident denies pain. No bruises or pain noted. MD notified. On 02/14/2023 at 10:00 a.m., an interview was conducted with Resident #2's son. He confirmed their family was not aware of his father having a fall on 02/04/2023. On 02/13/2023 at 11:45 a.m., an interview was conducted with S27DON. He confirmed Resident #2 experienced an unwitnessed fall on 02/04/2023. He also confirmed there was no documentation to indicate anyone in his family had been notified of the fall. He then confirmed he would have expected the resident's assigned nurse to notify the resident's family that the fall had occurred. On 02/14/2023 at 11:35 a.m., an interview was conducted with S1ADM. He confirmed Resident #2 was indicated on their fall log as having an unwitnessed fall on 02/04/2023. He confirmed he would have expected the resident's assigned nurse to notify the resident's family that a fall had occurred.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 Based on record review and interviews, the facility failed to ensure services were provided to meet quality professional standards for 1 (#2) of 3 (#2, #3, #4) residents reviewed for falls. The facility failed to ensure: 1. Resident #2's unwitnessed fall was accurately and thoroughly documented via Incident Report and SBAR; 2. Resident #2 was assessed via Neurological Checks following an unwitnessed fall; 3. Resident #2 was re-evaluated for Fall Risk following an unwitnessed fall; 4. Resident #2 was assessed and monitored via Post Fall Evaluation following an unwitnessed fall; and 5. Resident #2's unwitnessed fall was reviewed and discussed by the Interdisciplinary Team. Findings: Review of the facility's policy and procedure titled, Fall Management revealed, in part, the following: Overview: Residents are evaluated for fall risk. A fall refers to unintentionally coming to rest on the ground, floor or other lower level . Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred. Purpose: Is to identify residents at risk for falls and establish/modify interventions to decrease the risk of a future fall(s) and minimize the potential for resulting injury. Process: C. Post Fall Strategies: 2. Initiate Neurological Checks as per policy or directed by physician's order. 3. Notify the . Resident Representative. 4. Re-evaluate fall risk utilizing the Post Fall Evaluation. 6. Initiate post fall documentation every shift for 72 hours. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7. Interdisciplinary Team to review fall documentation and complete root cause analysis. 9. Review resident weekly x4. Review of the facility's policy and procedure titled, Neurological Evaluation revealed, in part, the following: Procedure: 1. Identify Resident. 4. Perform neurological checks as follows unless otherwise ordered by a physician (for hitting head and/or unwitnessed falls) a. Every 15 minutes for 1 hour, b. Every hour for 4 hours, c. Every 4 hours for the next 19 hours. 5. Document neurological checks, vital signs and observations on the appropriate form or electronic equivalent. 7. Place completed form in medical record. Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included, in part, the following; Encephalopathy; Psychosis Not Due to a Substance or Known Psychological Condition; Generalized Weakness; Lack of Coordination and Difficulty in Walking. Review of Resident #2's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/09/2023, indicated resident was assessed to have a Brief Interview of Mental Status (BIMS) of 99, which indicated severe cognitive impairment. Review of Resident #2's Nurses Note written on 02/04/2023 at 6:39 a.m. by S47LPN indicated resident was found lying on floor. Review of the facility's Fall Log revealed Resident #2 had an unwitnessed fall on 02/04/2023 at 6:28 a.m. Review of the facility's Incident Report #186 for Resident #2 revealed, in part, the following: Incident Report #186 Date/Time: 02/04/2023 at 6:28 a.m. (handwritten on computerized report by facility staff) Incident Location: Resident's room Reporting: S47LPN (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Description: Resident found lying on floor, denied pain, no bruises or pain noted. MD notified. Immediate Action Taken: assessment, notified MD. Taken to hospital? No Injury Type: No injuries observed at time of incident. Level of Pain: Not documented. Level of Pain/Level of Consciousness/Mobility: Not documented. Mental Status: Not documented. Level of Pain: Not documented. Predisposing Factors: Physiological: Not documented. Situation: Not documented. Other info: Not documented. Witnesses: No witnesses found. Agencies/People Notified: Not documented. Notes: Not documented. Review attempted of the Resident #2's Change in Condition (SBAR-CHC) following an unwitnessed fall on 02/04/2023 with no documentation provided. Review attempted of Resident #2's Post Fall Monitoring following an unwitnessed fall on 02/04/2023 with no documentation provided. Review attempted of Resident #2's Neurological Checks following an unwitnessed fall on 02/04/2023 with no documentation provided. Review attempted of Resident #2's Reevaluation of Fall Risk following an unwitnessed fall on 02/04/2023 with no documentation provided. Review attempted of the facility's Interdisciplinary Team Meeting following Resident #2's unwitnessed fall on 02/04/2023 with no documentation provided. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/14/2023 at 9:30 a.m., an interview was conducted with S36LPN. She stated following an unwitnessed fall, the nurses would perform neurological checks post fall at the appropriate intervals. She stated she would receive a post fall neurological check sheet from the off going nurse to alert her they needed to be done. She also stated if the nurse who had the resident at time of fall put the fall into the computer, the charting system would alert her they needed to be done also. She stated if the nurse hadn't put everything from the fall into the computer, there would be no alert and if the nurse hadn't passed along to her that the neurological checks and monitoring needed to be done, she would have no way of knowing they were required. On 02/14/2023 at 10:54 a.m., an interview was conducted with S19LPN. She confirmed they were required to complete an incident report, SBAR and post fall evaluation for any fall, witnessed or unwitnessed. She confirmed an unwitnessed fall would require neurological checks to be performed per protocol. On 02/13/2023 at 10:15 a.m., an interview was conducted with S27DON. He stated unwitnessed falls required neurological checks per neurological check protocol. He stated all falls, witnessed or unwitnessed, would require the post fall evaluation monitoring. He confirmed both should be passed along by staff to the oncoming shift so they are aware of their responsibilities. He also stated all falls would require a complete incident report with SBAR and would be discussed daily in morning meetings with all documentation and evaluations reviewed at that time. He stated these meetings included all disciplines and confirmed post fall reevaluation of fall risks, care plans and MDS would be updated in that meeting immediately following falls. He then confirmed they had been a little behind on those meetings. On 02/13/2023 at 11:55 a.m., an interview was conducted with S4CN. She confirmed the Incident Report following Resident #2's unwitnessed fall on 02/04/2023 was not completed in entirety and she would have expected it to be. She also confirmed they had been unable to locate an SBAR Report, Post Fall Evaluation, Post Fall Reevaluation of Fall Risk or Neurological Checks following Resident #2's unwitnessed fall on 02/04/2023. She also confirmed following the 02/04/2023 unwitnessed fall for Resident #2, there was no documentation located to indicate the Interdisciplinary Team had reviewed fall documentation and completed a root cause analysis or had begun to review the resident weekly. She confirmed she would have expected all of the above to have been completed per the facility's policy and procedure. On 02/13/2023 at 12:15 p.m., an interview was conducted with S27DON. He confirmed the Incident Report following Resident #2's unwitnessed fall on 02/04/2023 was not completed in entirety and he would have expected it to be. He also confirmed he was unable to locate an SBAR Report, Post Fall Evaluation, Post Fall Reevaluation of Fall Risk, Neurological Checks or documentation of the Interdisciplary Team meeting and performing their required duties following Resident #2's unwitnessed fall on 02/04/2023. He confirmed he would have expected all of the above to have been completed per the facility's policy and procedure. On 02/14/2023 at 11:35 a.m., an interview was conducted with S1ADM. He confirmed Resident #2 was indicated on their fall log as having an unwitnessed fall on 02/04/2023. He confirmed he would have expected staff to follow the post fall policy and protocol as it was written.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965 Based on observations, interviews, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene for 2 (#4 and #5) of 5 (#1, #2, #3, #4, and #5) residents reviewed for ADLs. Findings: Review of the facility's policy titled, Activities of Daily Living revealed the following, in part: Policy: To encourage resident choice and participation of ADLs and provide oversight, cuing, and assistance as necessary. ADLs includes bathing, dressing, grooming, hygiene . Procedure: 2. CNA will provide needed oversight, cuing or assistance to resident. Resident #4 Review of the Clinical Record for Resident #4 revealed he was admitted to the facility on [DATE] and had diagnoses which included Parkinson's Disease, Moderate Protein-Calorie Malnutrition, History of Falling, Extrapyramidal and Movement Disorder, and Orthostatic Hypotension. Review of the Quarterly MDS with an ARD of 01/11/2023 for Resident #4 revealed he had a BIMS of 14, which indicated he was cognitively intact. Further review revealed he required extensive assistance of two staff members for transfers and personal hygiene, extensive assistance of one staff member for dressing, and was totally dependent of one staff member for bathing. Review of the Nurses Notes for Resident #4 from January 2023 to February 2023 revealed no documentation he had refused baths, shaving, or nail care. Review of the Bath Schedule provided by the facility revealed Resident #4 had baths scheduled twice weekly on Wednesdays and Saturdays. Review of the Bath Documentation for Resident #4 from January 2023 to February 2023 revealed he had not received a bath twice weekly the week of 01/29/2023 through 02/04/2023. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation was conducted of Resident #4 on 02/14/2023 at 9:08 a.m. His hair was oily, he had facial hair on bilateral sides of his face, a beard, and a mustache that was unkempt. His mustache hair was long and curled over his upper lip. His fingernails had black and brown substances on under them. An interview was conducted with Resident #4 at that time. He stated he did not want facial hair. He stated he could not shave himself and needed a staff member to shave him. He stated there had not been a staff member available to shave him. He stated he needed his nails cleaned and trimmed. He stated he did not get a bath on set days. He stated his preference was daily baths. He stated a lot of times, the staff did not have time to bring him to the shower room so he would have to agree to a bed bath. He stated his options would be a bed bath or no bath so he would choose a bed bath. An interview was conducted with S19LPN on 02/14/2023 at 10:52 a.m. She confirmed Resident #4 needed assistance with ADLs such as bathing and shaving. She stated Wednesdays and Saturdays were Resident #4's bath days. S19LPN confirmed the staff had to shave Resident #4. She stated Resident #4 could not shave himself related to his tremors. She stated it was the responsibility of the CNA to shave Resident #4 during his baths. She confirmed no staff had reported to her Resident #4 refused any ADLs. She stated if the CNA had reported a refusal to her, she would have documented it in the Nurses' Notes. She confirmed Resident #4 preferred to have a clean shaven face and he currently had full facial hair. An interview was conducted with S48CNA on 02/14/2023 at 12:28 p.m. She stated the CNAs on the hall were responsible for bathing residents. She stated there was a sign on the kiosk for what rooms got a bath which days. She stated each resident should have been provided nail care and shaving during a bath. She confirmed Resident #4 preferred a clean shaven face. She further confirmed Resident #4 currently had a lot of facial hair that was unkempt, and he needed his face shaved. She confirmed Resident #4 was not capable of shaving his own face. An interview was conducted with S49CNA on 02/14/2023 at 12:39 p.m. She confirmed she was assigned to Resident #4. She stated Resident #4 required assistance with ADLs. She stated Resident #4 was supposed to receive a bath twice a week. She stated she noticed Resident #4's facial hair was too long and unkempt. She stated she was not aware Resident #4 preferred a clean shaven face. She stated men were supposed to be shaven and nail care provided during a bath. Resident #5 Review of the Clinical Record for Resident #5 revealed she was admitted to the facility on [DATE] and had diagnoses which included Mild Protein-Calorie Malnutrition, Anxiety, Presence of Right Artificial Hip Joint, History of Falling, Personal History of COVID-19, Unspecified Dementia, and Other Lack of Coordination. Review of the Significant Change MDS with an ARD of 11/15/2022 for Resident #5 revealed she had a BIMS of 15, which indicated she was cognitively intact. Further review revealed she required extensive assistance of two staff members for bed mobility and one staff member physical assistance for bathing. Review of the current Physician Orders for Resident #5 revealed the following, in part: (Start date: 02/03/2022) Resident should be offered bath daily and document if resident received bath or refused. If resident refused, notify RP. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the MARs for Resident #5 dated January 2023 and February 2023 revealed she refused a bath on 01/25/2023. Further review revealed no other documented refusals of baths. Review of the Nurses Notes for Resident #5 from January 2023 to February 2023 revealed no documentation Resident #5 refused a bath. Review of the Bath Schedule provided by the facility revealed Resident #5 had baths scheduled twice weekly on Mondays and Thursdays. Review of the Bath Documentation for Resident #5 from January 2023 to February 2023 revealed she had not received a bath twice weekly. Further review revealed Resident #5 did not receive a bath from 01/14/2023 until 01/28/2023. An interview was conducted with Resident #5 on 02/13/2023 at 1:42 p.m. She stated her preference was to get a bath every other day. She stated it had been one week since she received a bath. She stated she had not been getting a bath twice weekly. An interview was conducted with S50LPN on 02/13/2023 at 2:30 p.m. She stated the CNAs were responsible to document when they gave each resident a bath. An interview was conducted with S4CN on 02/13/2023 at 3:20 p.m. She stated the CNAs were responsible to document each time they bathed a resident. An interview was conducted with S36LPN on 02/14/2023 at 10:39 a.m. She stated if Resident #5 refused a bath, the CNA would notify her. S36LPN stated she would notify Resident #5's family then document in her Nurses' Notes. She stated Resident #5 had not refused a bath recently. An interview was conducted with S27DON on 02/14/2023 at 11:00 a.m. He confirmed the only documented bath refusal for Resident #5 was on 01/25/2023. He confirmed if Resident #5 had refused a bath, it should have been documented on the MAR or in the Nurses' Notes. An interview was conducted with S27DON on 02/14/2023 at 11:45 a.m. He reviewed the bath documentation for Resident #4 and Resident #5. He confirmed Resident #4 had not been bathed twice weekly on the week of 01/29/2023. He stated Resident #4 should have had his face shaved if he preferred it clean shaven. He confirmed there was no documentation indicating Resident #5 had been bathed 01/14/2023 through 01/28/2023 and 02/07/2023 through 02/12/2023. He stated Resident #5 should have been bathed at least twice weekly and he expected the staff to follow the bath schedules for Resident #4 and Resident #5.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 Based on interviews and record reviews, the facility failed to ensure staff provided adequate supervision to prevent or reduce the risk of falls for a cognitively impaired resident for 1 (#2) of 3 (#2, #3, #4) residents reviewed for falls. Findings: Review of the facility's policy and procedure titled, Fall Management revealed, in part: Overview: Residents are evaluated for fall risk. Patient centered interventions are initiated based on resident risk. A fall refers to unintentionally coming to rest on the ground, floor or other lower level but not as the result of an overwhelming force (e.g. resident pushes another resident). Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred. Purpose: Is to identify residents at risk for falls and establish/modify interventions to decrease the risk of a future fall(s) and minimize the potential for resulting injury. Review of Resident #2's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included, in part, the following; Encephalopathy; Psychosis Not Due to a Substance or Known Psychological Condition; Generalized Weakness; Lack of Coordination and Difficulty in Walking. Review of Resident #2's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/09/2023, indicated resident was assessed to have a Brief Interview of Mental Status (BIMS) of 99, which indicated severe cognitive impairment. Review of Resident #2's current Care Plan revealed, in part, the following: Problem: At Risk for Falls related to Confusion. Review of the facility's Fall Log revealed Resident #2 had an unwitnessed fall on 02/04/2023 at 6:28 a.m. and an unwitnessed fall on 02/09/2023 at 1:10 a.m. Review of the facility's Incident Report #186 for Resident #2 revealed, in part, the following: Incident Report #186 Date/Time: 02/04/2023 at 6:28 a.m. (handwritten on computerized report by facility staff) Incident Location: Resident's room (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Description: Resident found lying on floor, denied pain, no bruises or pain noted. Physician notified. Taken to hospital? No Injury Type: No injuries observed at time of incident. Review of the facility's Incident Report #195 for Resident #2 revealed, in part, the following: Incident Report #195 Date/Time: 02/09/2023 at 1:10 a.m. (handwritten on computerized report by facility staff) Incident Location: Resident's room Description: Resident slid out of bed onto floor into a seated position. Resident unable to give description. Taken to hospital? No Injury Type: No injuries observed at time of incident. Review of the facility's Multidisciplinary Screening Form for Resident #2 indicated screening was performed on 02/10/2023 by S13RHB following 2 falls on 02/04/2023 at 6:28 a.m. and on 02/09/2023 at 1:10 a.m. Further review revealed resident was indicated to be very confused and unable to comply with safety measures. On 02/13/2023 at 12:17 p.m., an interview was conducted with S45PT. She stated most days when they attempted to work with Resident #2 he was not capable of comprehending simple instructions or following commands and had very poor safety insight. On 02/14/2023 at 9:17 a.m., interview was conducted with S44LPN. She stated during her night shift on 02/09/2023, she heard Resident #2 yelling and as she entered the room, he had slung his legs over the bedrails and was sliding out of the bed. She confirmed he came to rest on the ground unassisted by staff. She stated when she asked him what happened, he told her he was getting out of the car to go work on it. On 02/14/2023 at 9:22 a.m., an interview was conducted with S46CNA. She stated Resident #2 frequently hallucinated and spoke out of his head. She also stated he constantly made attempts to get out of his bed unless someone were present to redirect him. She confirmed she was not aware of any attempts to provide him with 1:1 care and supervision but felt he needed it. On 02/14/2023 at 9:30 a.m., an interview was conducted with S36LPN. She confirmed following a fall, a resident should receive increased supervision to prevent future falls. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/13/2023 at 11:45 a.m., an interview was conducted with S27DON. He confirmed Resident #2 had experienced 2 unwitnessed falls since being admitted to the facility; once on 02/04/2023 and again on 02/09/2023. He confirmed both falls took place on night shift when resident was in his room lying in bed. On 02/14/2023 at 11:35 a.m., an interview was conducted with S1ADM. He confirmed Resident #2 was indicated as having 2 unwitnessed falls on their fall log; 02/04/2023 and 02/09/2023.

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	195324	A. Building B. Wing	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair City Health and Rehab	2000 Main Street Franklinton, LA 70438

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 44965 Based on record review, interviews, and observations, the facility failed to have sufficient certified nursing assistant staff to provide direct care and related services to maintain the highest practicable physical, mental, and psychosocial well-being of each resident based on the facility assessment. The deficiency had the potential to affect the facility's total census of 102 residents. Findings: Review of the facility's Facility Assessment, updated on 01/25/2022, revealed, in part, the following: Part 1: Our Resident Profile Number of residents licensed to provide care for: 121 Average daily census: 101 Part 1.5: Acuity Major Categories (Based on 6 month trend) with Number/Average or Range or Residents: Rehabilitation: 24 Reduced Physical Function: 36 Special Treatments and Conditions (Based on 6 month trend) with Number/Average or Range or Residents: Mental Health: Behavioral Health Needs: 82 Assistance with Activities of Daily Living (ADLs) Bathing: 50-Assist of 1-2 staff; 50-Dependent Dressing: 52-Assist of 1-2 staff; 27-Dependent Transfer: 38-Assist of 1-2 staff; 30-Dependent Eating: 69-Assist of 1-2 staff; 21-Dependent (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Toileting: 69-Assist of 1-2 staff; 21-Dependent Mobility: 30-Assistive Device to Ambulate; 64-In Chair Most of Time Part 3.2: Staffing Plan - Total Number of Staff Needed for 24 hours: Nurse Aides providing Direct Care: 33 Part 3.3: Individual Staff Assignment: The staff assignments are based off resident acuity with assigning specific positions, halls, rooms varying between nurses and CNAs. Review of the facility's Staffing Pattern revealed, in part, the following: 01/18/2023 Census: 103 Staff Assigned: Evening Shift: 8-CNA; Night Shift: 8-CNA 01/19/2023 Census: 104 Staff Assigned: Evening Shift: 7-CNA; Night Shift: 8-CNA 01/20/2023 Census: 103 Staff Assigned: Evening Shift: 8-CNA; Night Shift: 8-CNA 01/21/2023 Census: 103 Staff Assigned: Day Shift: 7-CNA; Evening Shift: 5-CNA; Night Shift: 4-CNA 01/22/2023 Census: 104 Staff Assigned: Day Shift: 7-CNA; Evening Shift: 5-CNA; Night Shift: 4-CNA 01/23/2023 Census: 103 (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Staff Assigned: Evening Shift: 8-CNA; Night Shift: 8-CNA 01/24/2023 Census: 105 Staff Assigned: Evening Shift: 6-CNA; Night Shift: 8-CNA 01/25/2023 Census: 104 Staff Assigned: Evening Shift: 9-CNA 01/26/2023 Census: 104 Staff Assigned: Evening Shift: 6-CNA; Night Shift: 8-CNA 01/27/2023 Census: 106 Staff Assigned: Evening Shift: 8-CNA; Night Shift: 8-CNA 01/28/2023 Census: 107 Staff Assigned: Day Shift: 9-CNA; Evening Shift: 6-CNA; Night Shift: 5-CNA 01/29/2023 Census: 107 Staff Assigned: Day Shift: 7-CNA; Evening Shift: 5-CNA; Night Shift: 5-CNA 01/30/2023 Census: 107 Staff Assigned: Night Shift: 7-CNA 01/31/2023 Census: 106 (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Staff Assigned: Evening Shift: 7-CNA; Night Shift: 5-CNA 02/01/2023 Census: 105 Staff Assigned: Evening Shift: 8-CNA; Night Shift: 7-CNA 02/02/2023 Census: 105 Staff Assigned: Evening Shift: 6-CNA; Night Shift: 6-CNA 02/03/2023 Census: 107 Staff Assigned: Evening Shift: 6-CNA; Night Shift: 7-CNA 02/04/2023 Census: 102 Staff Assigned: Day Shift: 9-CNA; Evening Shift: 4-CNA; Night Shift: 5-CNA 02/05/2023 Census: 102 Staff Assigned: Day Shift: 9-CNA; Evening Shift: 4-CNA; Night Shift: 5-CNA 02/06/2023 Census: 101 Staff Assigned: Evening Shift: 6-CNA; Night Shift: 8-CNA 02/07/2023 Census: 102 Staff Assigned: Day Shift: 9-CNA; Evening Shift: 5-CNA; Night Shift: 6-CNA Review of the facility's CNA Staffing Assignment Sheets, dated 02/12/2023 to 02/14/2023, revealed, in part, the following: 02/12/2023 from 6:00 a.m. to 6:00 p.m.: (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6-CNAs; Blank x2 for Whirlpool; and Blank x1 for Restorative Aide. 02/12/2023 from 6:00 p.m. to 6:00 a.m.: 5-CNAs; 1-Float CNA. 02/13/2023 from 6:00 a.m. to 6:00 p.m. 7-CNAs; Blank x2 for Whirlpool; and Blank x1 for Restorative Aide. 02/13/2023 from 6:00 p.m. to 6:00 a.m. 5-CNAs. 02/14/2023 from 6:00 a.m. to 6:00 p.m.: 5-CNAs; 1-CNA (6:00 a.m. to 2:00 p.m.); 1-CNA (7:00 a.m. - 3:00 p.m.); Blank x2 for Whirlpool; and Blank x1 for Restorative Aide. Resident #4 Review of the Clinical Record for Resident #4 revealed he was admitted to the facility on [DATE] and had diagnoses, which included, Parkinson's Disease; Moderate Protein-Calorie Malnutrition; History of Falling; Extrapyramidal and Movement Disorder; and Orthostatic Hypotension. Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/11/2023 for Resident #4 revealed he was assessed to have a Brief Interview for Mental Status (BIMS) of 14, which indicated he was cognitively intact. Further review revealed he required extensive assistance of two staff members for transfers and personal hygiene, extensive assistance of one staff member for dressing, and was totally dependent of one staff member for bathing. Review of the Bath Schedule provided by the facility revealed Resident #4 was to receive baths twice weekly on Wednesdays and Saturdays. Review of the Bath Documentation for Resident #4 from January 2023 to February 2023 revealed he had not received a bath twice weekly the week of 01/29/2023 through 02/04/2023. An observation and interview was conducted of Resident #4 on 02/14/2023 at 9:08 a.m. His hair appeared to be oily and looked unkempt. He was observed with facial hair on both sides of his face, a beard, and a mustache that all appeared unkempt. His mustache hair was long and extended past his upper lip. His fingernails were noted with a black and brown substance under them. He confirmed he did not wish to have facial hair but stated he could not shave himself and needed a staff member to shave him. He also confirmed there had not been a staff member available to shave him. He confirmed he needed his nails cleaned and trimmed. He confirmed he did not get a bath on set days but his preference would be to receive daily baths. He stated a lot of times, the staff did not have time to bring him to the shower room. He stated in those instances, his option was to receive a bed bath or no bath so he would choose a bed bath. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #5 Review of the Clinical Record for Resident #5 revealed she was admitted to the facility on [DATE] and had diagnoses, which included, Mild Protein-Calorie Malnutrition; Anxiety; Presence of Right Artificial Hip Joint; History of Falling; Personal History of COVID-19; Unspecified Dementia; and Other Lack of Coordination. Review of the Significant Change MDS with an ARD of 11/15/2022 for Resident #5 revealed she was assessed to have a BIMS of 15, which indicated she was cognitively intact. Further review revealed she required extensive assistance of two staff members for bed mobility and one staff member physical assistance for bathing. Review of the Bath Schedule provided by the facility revealed Resident #5 was to receive baths twice weekly on Mondays and Thursdays. Review of the Bath Documentation for Resident #5 for the months of January 2023 to February 2023 revealed she had not received a bath twice weekly the week of 01/15/2023 through 01/21/2023 nor 01/22/2023 through 01/28/2023. Further review revealed Resident #5 had not received a bath from 01/14/2023 until 01/28/2023. An interview was conducted with Resident #5 on 02/13/2023 at 1:42 p.m. She stated she would like to get a bed bath every other day while she was on isolation. She stated when she was not on isolation, she would prefer to go to the shower room. She stated it had been a long time since she was able to go to the shower room because she required two staff members to transfer her to the shower chair and there were not enough staff available for her transfer. She confirmed it had been about a week since she had any kind of bath. She also confirmed she was not receiving a bath twice a week. An interview was conducted with S27DON on 02/14/2023 at 11:45 a.m. He confirmed Resident #4 had not been bathed twice weekly the week of 01/29/2023. He confirmed it was not documented Resident #5 had been bathed from 01/14/2023 until 01/28/2023 and from 02/07/2023 through 02/12/2023. He stated she should have been bathed at least three times during that period and her bath schedule was every Monday and Thursday. An observation was conducted of morning huddle held with S2IDON, S3ADON, day shift nurses and CNAs at NS H on 02/08/2023 at 6:20 a.m. S2IDON announced a current Census of 102 with 1 resident out of the facility. S2IDON then announced the facility was short CNAs for today but would be attempting to locate fill ins by calling staff members who were currently off and/or pulling people from their assigned duties and putting them on the floor. S2IDON stated they would immediately be pulling one of the transportation drivers from taking people to appointments and putting them on the floor until they could locate other alternatives for direct care. An interview was conducted with S50LPN on 02/13/2023 at 2:30 p.m. She confirmed the facility did not have enough staff to be able to bring each resident to the shower room for a bath or shower on their scheduled bath days. She stated they no longer had shower aide and there were barely any CNAs. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with S49CNA on 02/14/2023 at 12:39 p.m. She stated today her assigned section was rooms 46 to 53. She stated her assignment included 10 residents that needed a bath during her shift per the facility's bath schedule. She confirmed with that number, she was not able to get each resident to the shower room, so she had to provide bed baths. She confirmed there were many times when there was not enough staff to give each resident showers/baths so they received bed baths instead. She further confirmed it had been impossible to complete all of her tasks, round on every resident every two hours, and bring each resident to the shower room. An interview was conducted with S46CNA on 02/14/2023 at 1:00 p.m. She stated her current assignment was rooms 31 to 45. She confirmed there was not a shower aide and she was not able to complete all of her tasks during her shift because she had too many residents to take care of. She stated most days she did not get a lunch break. She confirmed it had not been possible to complete all of her tasks, feed dependent residents, round on every resident every two hours, and give baths. She stated today she had 10 residents that were scheduled to receive a bath. She stated there was no way she could get all of the baths done today. She confirmed there were many days she could not get baths done and had to tell the residents they had to wait until the following day to get their bath because she did not have time. She stated she had communicated the staffing concerns with administration and that S27DON was aware. She stated the staffing in the facility was unbelievable. She confirmed, at times, residents had not been fed timely because she had 3 residents to be fed and she could only feed one at a time. An observation was conducted of S52CNA on 02/14/2023 at 1:48 p.m. She was observed exiting Resident #R24's room with a Hoyer Lift. Resident #R24's room was observed without another staff member present. An interview was conducted with S52CNA on 02/14/2023 at 1:50 p.m. She confirmed she had used the Hoyer Lift to transfer Resident #R24 without the assistance of another staff member. She then confirmed she knew she was supposed to use two staff members for a Hoyer Lift transfer, but she had been on the hall by herself and could not find anyone to assist her. She also confirmed since the facility was so short staffed, she had frequently performed Hoyer Lift transfers independently. She stated she was assigned rooms 21-30 with two residents per room. She stated she had two residents that required feeding at each meal. She stated there was not enough direct care staff in the facility to allow her to perform all of her duties. She confirmed she had not been able to perform all of her baths per the bathing schedule because she did not have time. She stated at times she had to give residents a wipe off, but not a full bed bath. An interview was conducted with S4CN on 02/14/2023 at 2:08 p.m. She confirmed she would expect all Hoyer Lift transfers to be conducted with the assistance of two staff members. A telephone interview was conducted with S43LPN on 02/09/2023 at 3:40 p.m. She confirmed she had worked 6:00 p.m. to 6:00 a.m. last night and was assigned to NS H. She also confirmed there were only 4 CNAs in the facility for the night shift last night. An interview was conducted with S5CNA on 02/09/2023 at 10:24 a.m. She confirmed she had been one of only 4 CNAs working the night shift on 02/08/2023 and was assigned to Hall C. She also confirmed she had tested positive for COVID-19 during her shift at 11:06 p.m. She then confirmed she had not left the facility immediately because she would not leave them short staffed; so, she stayed to work the remainder of her shift and left the facility around 6:00 a.m. on 02/09/2023. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted with S51CNA on 02/14/2023 at 1:50 p.m. She stated she was responsible for bathing/showering an average of 15 to 16 residents per shift and providing incontinent care for roughly 15 residents. She also stated she was responsible for feeding 3 residents all of their meals and providing them with fluids throughout her shift. She stated CNAs were also expected to round on all of their residents every 2 hours. She then confirmed it had been impossible for her to always get all of her tasks done during her shift due to the workload. She stated she had tried as best as she could, but stated a soiled incontinent resident may have to wait until bath time to be changed and then would only receive a really quick wipe down bed bath and change of their brief. She stated the nurses have tried to help when they could, but they had their own stuff to do which limited what they were available to help with. An interview was conducted with S48CNA on 02/14/2023 at 1:50 p.m. She confirmed she normally worked as the Restorative Care Aide but had been pulled from her job duties to work the floor as a CNA on a more regular basis lately. She also confirmed she had been pulled to work the floor today because they were short CNAs. She then confirmed when she was pulled to work the floor, no one else performed her duties as the Restorative Care Aide, and she provided Restorative Aide services to 12 residents in the facility. She stated today she was responsible for rounding on all of her assigned residents every two hours, bathing/showering 16 or 17 residents, providing incontinent care for roughly 10 to 18 residents, feeding 3 residents for all of their meals and providing them with fluids throughout her shift. She confirmed it had been impossible for one person to get all of the tasks completed properly and thoroughly during one shift. An interview was conducted with S1ADM on 02/14/2023 at 1:22 p.m. He confirmed the following daily staffing ratios for CNAs based on the current facility assessment: Day Shift (6: 00 a.m. - 6:00 p.m.) - 10 CNAs; Day/Afternoon Shift (4:00 p.m. - 6:00 p.m.) - 9 CNAs; and Night Shift (6:00 p.m. - 6:00 a.m.) - 9 CNAs. He stated the facility had multiple staff that worked the floor from 6:00 a.m. to 2:00 p.m. or 8:00 a.m. to 4:00 p.m. He stated he also had other direct care floor staff who worked 12 hour shifts from 6:00 a.m. to 6:00 p.m. and those would indicate the people listed as working the Evening Shift on the Staffing Pattern. He confirmed he was not aware the CNAs were unable to get their work done timely related to staffing concerns.

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 44965 Based on observations, interviews and record reviews, the facility failed to ensure it was administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident by failing to ensure an effective system was implemented for preventing and controlling COVID-19 infections. The facility failed to ensure: 1. A staff member (S5CNA) reported signs and symptoms of COVID-19 prior to providing direct care to the residents residing on Hall C; 2. A staff member (S5CNA) did not care for 3 (#R14, #R15, and #R16) non-positive COVID-19 residents after she tested positive on 02/08/2023 at 11:06 p.m.; 3. COVID-19 testing was being performed and documented on all staff during an outbreak; 4. S10KDM was trained to perform COVID-19 testing accurately on self and kitchen staff (S17RD, S8KC, S7KA); 5. Nursing and kitchen staff (S6KA, S7KA, S8KC, S9CNA, S20LPN, S28DOM, S29ADOM, S30CNA, S31LPN, and S34LPN) wore a face mask during a COVID-19 outbreak; 6. Visitors were notified of active COVID-19 infections, provided a face mask, and educated on hand hygiene and social distancing prior to entering the facility; and 7. Outpatient facilities and transportation providers were notified of a COVID-19 outbreak in the facility. This deficient practice resulted in an Immediate Jeopardy situation with the likelihood of severe injury and/or death to facility residents beginning on 02/08/2023 at 6:59 p.m., when S5CNA entered the facility with signs and symptoms of COVID-19 and began providing direct patient care to non-COVID-19 positive residents on Hall C. On 02/08/2023 at 11:06 p.m., S5CNA tested positive for COVID-19 and continued to provide direct care for 3 non-COVID-19 positive residents (#R14, #R15, and #R16). On 02/08/2023 observations were made of facility staff failing to wear masks while providing resident care and handling resident food. Staff also failed to educate visitors on the facility's COVID-19 outbreak, signs and symptoms of COVID -19, provide masks, or instruct on infection control measures prior to the visitors entering the facility. Interviews with staff revealed staff and visitors had not been screened for signs and symptoms of COVID-19, visitors were not notified of the facility's COVID-19 outbreak and provided education and a face mask, and all staff that worked in the facility were not tested for COVID-19 since the outbreak began on 02/01/2023. Due to the facility failing to implement infection control measures, Residents #R6 and #R7 tested positive for COVID-19 on 02/08/2023 and Resident #R17 tested positive for COVID-19 on 02/09/2023. As of 02/09/2023, there were 102 residents residing in the facility with 10 active resident COVID-19 cases. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	S1ADM was notified of the immediate jeopardy on 02/09/2023 at 7:18 p.m. The facility presented the following Plan of Removal on 02/10/2023 at 4:20 p.m.: Plan of Removal: Brief Summary of Events: On 2/09/23 at 7:18 PM the State Agency (SA) notified the Executive Director (ED) of an immediate jeopardy related to F-835 Administration. The facility administration failed to ensure an effective system was in place to prevent and control the spread of COVID-19 infections in the facility since an outbreak dated 02/01/2023. An immediate jeopardy (IJ) template was provided to the ED by the SA. Immediate Action started on 02/09/2023 at 7:30 p.m.: - Signage was posted at both entrances on Visitor Infection Control and Stop Notification to notify facility of any symptoms of COVID-19 or COVID-19 Positive results on 02/09/2023. QI Monitoring Tool will be conducted by the ED/designee to ensure signage is posted at both entrances on Visitor Infection Control and Stop Notification to notify facility of any symptoms of COVID -19 or COVID-19 Positive results for three times per week for four weeks and then monthly for two months. - Employee screening log placed at front entrance for staff to begin screening prior to work and was initiated on 02/10/2023 using the Employee Screening form and will continue until facility is no longer in COVID-19 outbreak. QI Monitoring Tool will be conducted by the ED/designee to ensure employee screening logs placed at front entrance for staff to begin screening prior to work for three times per week for four weeks and then monthly for two months. - Employee testing log implemented on 02/10/2023. Infection Control Preventionist will maintain logs to ensure appropriate employees are tested during COVID-19 outbreak. QI monitoring tool will be conducted by DON or designee to ensure appropriate employees are tested two times per week for four weeks and then monthly for two months. - COVID-19 testing competency check-offs were initiated on 02/10/2023 by Regional Director of Clinical Services 2 (RDCS2). QI monitoring tool will be conducted by DON or designee to ensure competency in COVID-19 testing two times per week for four weeks, then weekly for 1 week, and then monthly for two months. - Executive Director education and competency was conducted by Regional [NAME] President of Operations on 02/10/2023 on the aforementioned education. Resident Specific Action: - Resident #R6, #R7 and #R17 room assignments were reassigned to accommodate cohorting positive COVID-19 with positive COVID-19 and exposed negative COVID-19 with exposed negative COVID-19. QAPI: (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	- On 02/09/23 at 7:30PM the Quality Assurance Performance Improvement (QAPI) Committee met to review the F-835 Infection Control IJ template and conduct a Root Cause Analysis (RCA) and review policy and procedures for changes. Attendees were the Executive Director (ED), Interim Director of Nursing (DON), Activities Director (AD), Housekeeping Supervisor (HIC), Regional Director of Clinical Services (RDCS), Director of Therapy (DOR), Assistant Director of Nursing (ADON), Business Office Manager (BOM), and Human Resources Director (HRD). The Medical Director (MD) was notified by phone. - The RCA determined the facility administration failed to ensure an effective system was in place to prevent and control the spread of COVID-19 infections. - The facility failed to alert visitors of active COVID-19 cases, provide education to visitors regarding infection control related to COVID-19, and provide face mask while visiting in the facility. - The facility failed to ensure staff were screened for COVID-19 prior to working in the facility. - The facility failed to maintain tracking and documentation of COVID-19 testing. - The facility failed to ensure staff were knowledgeable and trained to accurately perform point of care COVID-19 testing. Education: - Current Employees including agency and contract, will receive training upon hire and prior to working with emphasis on the following: - Visitors will be alerted to active COVID -19 infections, provided education, screened and provided face mask prior to entering the facility. Signage will be provided at entrance to include Infection Control information regarding COVID-19. Education and competency initiated by Regional Director of Clinical Services 2 (RDCS2) on 02/10/2023. Education and competency will be completed by 02/13/2023. Current staff will be screened prior to working within the facility. Education and competency initiated by Regional Director of Clinical Services 2 (RDCS2) on 02/10/2023. Education and competency will be completed by 02/13/2023. - Tracking and documentation of COVID-19 will be maintained by the infection Control Preventionist. Education and competency initiated by Regional Director of Clinical Services 2 (RDCS2) on 02/10/2023. Education and competency will be completed by 02/13/2023. - Current staff will be knowledgeable and trained to accurately perform point of care COVID-19 testing. Education and competency initiated by Regional Director of Clinical Services 2 (RDCS2) on 02/10/2023. Education and competency will be completed by 02/13/2023. - No current employee or new hire will work without the aforementioned education. - A reconciliation will be completed on education records and current employee list to ensure the aforementioned education is completed by 02/15/2023. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair City Health and Rehab	2000 Main Street Franklinton, LA 70438

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	The Immediate Jeopardy was removed on 02/10/2023 at 4:20 p.m. when the provider presented an acceptable plan of removal. Through observations, interviews and record review, the surveyors confirmed the above components of the plan of removal had been initiated and/or implemented prior to exit. This deficient practice continued at more than minimal harm for the remaining 92 non-positive COVID-19 residents residing in the facility that were at risk for contracting COVID-19. Findings: Cross Reference F-880 Cross Reference F-882 An interview was conducted with S2IDON on 02/08/2023 at 9:30 a.m. She stated she was currently in charge of the Infection Control Program and she was the facility's Infection Preventionist. She stated her and S27DON were responsible for tracking infections, identifying patterns, monitoring infection practices, and implementing practices to improve quality. She stated she was responsible for implementation of COVID-19 infection control practices. She stated the facility outbreak dated 02/01/2023 began from an employee, S11CNA, who tested positive for COVID-19. She stated she was unsure what the current COVID-19 community transmission rate was. She stated there was a COVID-19 rapid testing document the nurses were supposed to fill out for staff and residents after they were tested for COVID-19, but she did not know how the COVID-19 testing was being tracked. She confirmed all facility staff should have been tested last week. She confirmed the facility provided all COVID-19 tests performed after the start of the outbreak on 02/01/2023 and there were staff members that had been working after the outbreak without a COVID-19 test result. She stated all staff should have been wearing a N95 mask covering their mouth and nose in resident care areas, including during the provision of care and while preparing food for the residents. She stated it was never acceptable for the staff to provide care for a resident unmasked. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted on 02/09/2023 at 12:45 p.m. with S2IDON, S3ADON and S4CN. S2IDON stated pre-shift screening on employees was not required and had not been implemented since the start of the outbreak on 02/01/2023. She stated she depended on staff to report if they were experiencing symptoms. She stated she expected an employee with any kind of illness to report that to their supervisor before they reported to work. She stated she would have expected the staff to be educated on reporting symptoms of COVID-19 prior to their shift. She stated on 02/08/2023, after S5CNA tested positive for COVID-19, she was allowed to stay the remainder of her shift. S2IDON confirmed S5CNA should not have been allowed to care for any non-COVID-19 positive residents. S3ADON stated she would have expected the positive COVID-19 employee to separate from the negative COVID-19 employees. S4CN stated S5CNA should not have been allowed to work in the facility after testing positive for COVID-19. S2IDON stated there was no documentation COVID-19 testing was being conducted on all facility and contract staff weekly. She stated the system for tracking COVID-19 testing of staff was to keep the COVID-19 Rapid Test Result sheet for each staff. She confirmed she could not find all COVID-19 test results for all staff. She stated there was not a log or documentation kept by administration to ensure each staff member was tested for COVID-19. She confirmed it was the responsibility of the facility to ensure COVID-19 testing of facility and contract staff was being completed. S2IDON confirmed visitors were not being screened related to COVID-19. She stated she expected the staff to provide each visitor entering the facility with a mask. She stated she would not expect the staff to notify a visitor of an outbreak of COVID-19 in the facility. She stated she would not provide a visitor with any type of education regarding infection control practices if the resident they were visiting was not on isolation. S2IDON and S4CN confirmed any outside facility, day program, and/or transportation company utilized by the facility should have been immediately notified of the facility's COVID-19 Outbreak Status. S2IDON confirmed she did not know if there was a process in place on how the facility handled a COVID-19 outbreak. S2IDON stated any staff could perform COVID-19 testing as long as they had been trained. S2IDON stated she was unsure if staff were trained to perform COVID-19 testing. S2IDON stated the facility should have retained any training for the COVID-19 testing. S2IDON was unable to answer what the contract staff were trained to perform. S2IDON confirmed she had not performed any training or skills check-offs regarding COVID-19 testing or self-swabbing. S2IDON also confirmed she was not aware of and could not put her hands on any documentation to indicate facility or contracted staff had been trained or evaluated via skill check-off for COVID-19 self-swabbing. S2IDON then confirmed she expected all facility and contract staff to have been trained followed by return demonstration to ensure an adequate sample was obtained. S3ADON confirmed she had not performed any training or skills check-offs regarding COVID-19 testing or self-swabbing. S3ADON also confirmed she was not aware of and could not put her hands on any documentation to indicate facility or contracted staff had been trained or evaluated via skill check-off for COVID-19 self-swabbing. S3ADON confirmed any staff member performing COVID-19 testing should have been trained. S4CN confirmed you should wait for 15 minutes after performing a COVID-19 rapid swab and document the result. S4CN confirmed it was not best practice to allow staff to self-swab for COVID-19 testing. S2CN confirmed the test should have been performed by a trained medical professional and not dietary/kitchen staff. S4CN stated if an adequate specimen was not obtained and if the testing procedure was not followed according to manufacturer instructions, the test results could have been inaccurate. S4CN stated when performing the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARD test, the results required a minimum of 15 minutes and maximum of 30 minutes to process after the application of the antigen drops to the swab. Both S2IDON and S3ADON verbalized agreement with S4CN's two above statements. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	A telephone interview was conducted with S27DON on 02/08/2023 at 11:43 a.m. He stated he was responsible for keeping track of staff COVID-19 testing for the week of 02/01/2023 when the COVID-19 outbreak began. He stated he thought all staff had been tested but did not have documentation they had been. He stated he did not track COVID-19 testing for contract staff, which included therapy, housekeeping, laundry, and dietary staff. He stated he notified each department head that their staff needed to be tested for COVID-19 weekly, but did not follow up to ensure the staff were actually being tested . He stated it was the department head's responsibility to ensure each of their staff was being tested weekly. An interview was conducted with S27DON on 02/14/2023 at 12:45 p.m. He confirmed all outside facilities, day programs and/or transportation companies utilized by the facility should have been immediately notified of the COVID-19 Outbreak Status within the facility. An interview was conducted with S1ADM on 02/09/2023 at 11:18 a.m. He confirmed he was notified of S5CNA testing positive for COVID-19 around 11:00 p.m. on 02/08/2023. He stated the decision was made to assign her to the rooms on Hall C that had COVID-19 positive residents in them. He confirmed there were 3 rooms on Hall C that contained a COVID-19 positive and a COVID-19 negative resident. He stated it was not acceptable for S5CNA, a COVID-19 positive employee, to provide direct care to any non-COVID-19 positive residents. An interview was conducted on 02/09/2023 at 1:35 p.m. with S1ADM. He confirmed the current COVID-19 outbreak began on 02/01/2023. He stated he was not sure if he expected staff to screen prior to their shift during a COVID-19 outbreak. He stated if a staff member was in the facility and began having symptoms of COVID-19, he would have expected them be tested and leave the facility immediately. He stated he was not notified S5CNA was symptomatic of COVID-19. He stated the current system the facility had to ensure COVID-19 testing was being completed on all staff was not working. He stated visitors should have been asked to wear a mask. He stated there should have been signage posted to make visitors aware of the facility's COVID-19 outbreak and there was not. He stated outpatient facilities should have been notified of the facility's COVID-19 outbreak. He confirmed he had not reviewed or verified the manufacturer's guidelines and/or instructions to ensure the facility was performing the COVID-19 testing procedure appropriately, to verify if it allowed for self-swabbing or to verify if this type of test could be performed by an unqualified or untrained person. He stated he assumed since the company made a similar test for at home use, it would have been fine for anyone to self-swab. He stated staff should have been trained on rapid swabbing for COVID-19 used in the facility. He confirmed the processing time of the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARD test was a minimum of 15 minutes and max of 30 minutes from the time the nasal swabbing was performed. He confirmed a test that was performed incorrectly could yield an inaccurate result. He stated he expected staff to let the rapid COVID-19 test sit for 15 minutes prior to reading a result. He stated he expected masking at all times in the facility. He stated the administrative staff had been inconsistent. He stated training had not been completed on his new administrative staff. He stated the retention of staff should not have affected the quality of care for the residents or the facility's Infection Program (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with S18MD on 02/09/2023 at 3:50 p.m. He confirmed he was the Medical Director for the facility. He confirmed staff should have worn a face mask covering their mouth and nose at all times when interacting with residents or during the preparation of food. He confirmed a COVID-19 positive staff member should not have been allowed to continue their shift and care for non-COVID-19 positive residents. He stated he expected the facility to notify visitors of the COVID-19 outbreak status. He confirmed the facility should have notified outside facilities and outside transportation companies of the COVID-19 outbreak status in the facility. He confirmed staff should have been trained prior to performing COVID-19 testing. He confirmed if COVID-19 testing was performed incorrectly it could yield inaccurate results.

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 44965 Based on observations, interviews, and record review, the facility failed to ensure an effective infection control and prevention program was implemented for preventing and controlling COVID-19 infections for 92 non-positive residents who resided in the facility during a COVID-19 outbreak. The facility failed to ensure: 1. A staff member (S5CNA) reported signs and symptoms of COVID-19 prior to providing direct care to the residents residing on Hall C; 2. A staff member (S5CNA) did not care for 3 (#R14, #R15, and #R16) non-positive COVID-19 residents after she tested positive on 02/08/2023 at 11:06 p.m.; 3. COVID-19 testing was being performed and documented on all staff during an outbreak; 4. S10KDM was trained to perform COVID-19 testing accurately on self and kitchen staff (S17RD, S8KC, S7KA); 5. Nursing and kitchen staff (S6KA, S7KA, S8KC, S9CNA, S20LPN, S28DOM, S29ADOM, S30CNA, S31LPN, and S34LPN) wore a face mask during a COVID-19 outbreak; 6. Visitors were notified of active COVID-19 infections, provided a face mask, and educated on hand hygiene and social distancing prior to entering the facility; and 7. Outpatient facilities and transportation providers were notified of a COVID-19 outbreak in the facility. This deficient practice resulted in an Immediate Jeopardy situation with the likelihood of severe injury and/or death to facility residents beginning on 02/08/2023 at 6:59 p.m., when S5CNA entered the facility with signs and symptoms of COVID-19 and began providing direct patient care to non-COVID-19 positive residents on Hall C. On 02/08/2023 at 11:06 p.m., S5CNA tested positive for COVID-19 and continued to provide direct care for 3 non-COVID-19 positive residents (#R14, #R15, and #R16). On 02/08/2023 observations were made of facility staff failing to wear masks while providing resident care and handling resident food. Staff also failed to educate visitors on the facility's COVID-19 outbreak, signs and symptoms of COVID -19, provide masks, or instruct on infection control measures prior to the visitors entering the facility. Interviews with staff revealed staff and visitors had not been screened for signs and symptoms of COVID-19, visitors were not notified of the facility's COVID-19 outbreak and provided education and a face mask, and all staff that worked in the facility were not tested for COVID-19 since the outbreak began on 02/01/2023. Due to the facility failing to implement infection control measures, Residents #R6 and #R7 tested positive for COVID-19 on 02/08/2023 and Resident #R17 tested positive for COVID-19 on 02/09/2023. As of 02/09/2023, there were 102 residents residing in the facility with 10 active resident COVID-19 cases. S1ADM was notified of the immediate jeopardy on 02/09/2023 at 7:18 p.m. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	The facility presented the following Plan of Removal on 02/10/2023 at 4:20 p.m.: Brief Summary of Events: On 02/09/2023 at 7:18 p.m., the State Agency (SA) notified the Executive Director (ED) of an immediate jeopardy related to F-880 Infection Control. The facility failed to implement a system for preventing and controlling COVID -19 infections within the facility after a confirmed outbreak on 02/01/2023. An immediate jeopardy (IJ) template was provided to the ED by the SA. Immediate Action started on 02/09/2023 at 7:30 p.m. - Signage was posted at both entrances on Visitor Infection Control and Stop Notification to notify facility of any symptoms of COVID-19 or COVID-19 Positive results on 02/09/2023. QI Monitoring Tool will be conducted by the ED/designee to ensure signage is posted at both entrances on Visitor Infection Control and Stop Notification to notify facility of any symptoms of COVID-19 or COVID-19 Positive results for three times per week for four weeks and then monthly for two months. - Visitor screening placed at entrance for visitor sign in area on 02/10/2023 using the Visitor/Vendor Screening form and will continue until facility is no longer in COVID-19 outbreak. QI Monitoring Tool will be conducted by the ED/designee to ensure visitor screening is placed at the entrance sign in area for three times per week for four weeks and then monthly for two months. - Quality rounds were performed on 02/09/2023 to ensure nursing staff donned face mask while providing direct patient care and kitchen staff donned face mask while prepping/serving meals during COVID-19 outbreak. QI Monitoring Tool will be conducted by the ED/designee to ensure quality rounds are performed to ensure nursing staff donned face mask while providing direct patient care and kitchen staff donned face mask while prepping/serving meals during COVID-19 outbreak for three times per week for four weeks and then monthly for two months. - Facility notified outpatient facilities and outpatient transportation providers on 02/09/2023 and will continue notifying weekly of a current COVID-19 outbreak in the facility and will continue until facility is no longer in COVID-19 outbreak. QI Monitoring Tool will be conducted by the ED/designee to notify outpatient facilities and outpatient transportation providers of a current COVID-19 outbreak in the facility weekly for four weeks and then monthly for two months. - Employee screening log placed at front entrance for staff to begin screening prior to work and initiated on 02/10/2023 using the Employee Screening Form and will continue until facility is no longer in COVID-19 outbreak. QI Monitoring Tool will be conducted by the ED/designee to ensure employee screening logs placed at front entrance for staff to begin screening prior to work for three times per week for four weeks and then monthly for two months. - S5CNA was relieved of duty on 02/09/2023 for a minimum of 10 days related to confirmed positive. Resident Specific Action: Resident #R6, Resident #R7 and Resident #R17 room assignments were reassigned to accommodate cohorting positive COVID-19 with positive COVID-19 and exposed negative COVID-19 with exposed negative COVID-19. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	QAPI: - On 02/09/2023 at 7:30 p.m. the Quality Assurance Performance Improvement (QAPI) Committee met to review the F-880 Infection Control IJ template and conduct a Root Cause Analysis (RCA) and review policy and procedures for changes. Attendees were the Executive Director (ED), Interim Director of Nursing (IDON), Activities Director (AD), Housekeeping Supervisor (HKS), Regional Director of Clinical Services (RDCS), Director of Therapy (DOR), Assistant Director of Nursing (ADON), Business Office Manager (BOM), and Human Resources Director (HRD). The Medical Director (MD) was notified by phone. - The RCA determined the facility failed to implement infection control measures for Resident R6 and Resident R7 who tested positive for COVID-19 on 02/08/2023 and Resident R17 who tested positive for COVID-19 on 02/09/2023. - The facility failed to alert visitors of active COVID-19 cases, provide education to visitor regarding infection control related to COVID-19, and provide face mask while visiting in the facility. - Direct care nursing staff were not donned in masks while providing direct care. - Kitchen staff were not donned in face mask while prepping and serving meals. - Outpatient facilities and outpatient transportation were not notified of a COVID-19 outbreak in the facility. - A Certified Nursing Assistant (CNA) who became symptomatic during a shift and tested positive for COVID-19 continued to provide care to COVID-19 positive and COVID-19 negative residents. Education: Current Employees including agency and contract, will receive training upon hire and prior to working with emphasis on the following: - Visitors will be alerted to active COVID-19 infections, provided education, screening and provided face mask prior to entering the facility. Signage will be provided at entrance to include Infection Control information regarding COVID-19. Education initiated by Regional Director of Clinical Services 2 (RDCS 2) on 0 2/10/2023 don face mask when prepping and serving meals and to be completed by the receipt date of statement of deficiencies. - Nursing staff will don face mask while providing direct resident care and kitchen staff will don face mask when prepping and serving meals. Education initiated by Interim Director of Nurses (IDON) on 02/10/2023 with nursing staff will don face mask while providing direct resident care and kitchen staff will don face mask when prepping and serving meals and to be completed by the receipt date of statement of deficiencies. - Facility will notify outpatient facilities and outpatient transportation providers of a COVID-19 outbreak in facility. Education initiated by Regional Director of Clinical Services 1 (RDCS 1) on 02/09/2023 with Interdisciplinary Team (IDT) and to be completed by the receipt date of statement of deficiencies. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	- Staff who test positive for COVID-19 with signs and symptoms of COVID-19 will self-report to their immediate supervisor, be relieved of duties, and exit the facility. Education initiated by IDON on 02/10/2023 with current staff to ensure staff who test positive for COVID-19 with signs and symptoms of COVID-19 will self-report to their immediate supervisor, be relieved of duties, and exit the facility. - No current employee or new hire will work without the aforementioned education. - A reconciliation will be completed on education records and current employee list to ensure the aforementioned education is completed by 02/15/2023. The Immediate Jeopardy was removed on 02/10/2023 at 4:20 p.m. when the provider presented an acceptable plan of removal. Through observations, interviews and record review, the surveyors confirmed the above components of the plan of removal had been initiated and/or implemented prior to exit. This deficient practice continued at more than minimal harm for the remaining 92 non-positive COVID-19 residents residing in the facility that were at risk for contracting COVID-19. Findings: 1. and 2. Review of the facility's policy titled, COVID-19 - Pandemic Plan revealed the following, in part: Employee Health: 28. Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including: - handling staff members who develop symptoms at work Review of the list of employees with positive COVID-19 test results revealed S5CNA tested positive on 02/08/2023. Review of the Time Card for S5CNA dated 02/08/2023 to 02/09/2023 revealed she clocked in for work at 6:59 p.m. on 02/08/2023 and clocked out at 5:51 a.m. on 02/09/2023. An interview was conducted with S42HR on 02/09/2023 at 9:56 a.m. S42HR reviewed S5CNA's time stamps and confirmed S5CNA worked in the facility from 6:59 p.m. on 02/08/2023 to 5:51 a.m. on 02/09/2023. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	A telephone interview was conducted with S5CNA on 02/09/2023 at 10:24 a.m. She stated when she entered the facility on 02/08/2023 for her night shift, she was feeling very tired, had body aches, and a headache. She stated the staff did not have to screen for signs and symptoms of COVID-19 prior to starting their shift. She stated she was assigned to care for the residents on Hall C at the beginning of her shift on 02/08/2023. She stated she took a COVID-19 test at the facility around 11:06 p.m. after realizing she could not taste her food and the results were positive. She stated she did not want to leave the facility short staffed and worked until around 6:00 a.m. on 02/09/2023. She further explained after testing positive, the night shift supervisor changed her room assignments so she cared for the isolation rooms on Hall C the remainder of her shift. She stated she was assigned to 5 isolation rooms with 2 residents in each. She stated she did not know if there were COVID-19 negative residents in the isolation rooms she cared for. She stated she did not limit her movement within the facility during her shift. An interview was conducted with S1ADM on 02/09/2023 at 11:18 a.m. He confirmed he was notified of S5CNA testing positive for COVID-19 around 11:00 p.m. on 02/08/2023. He stated the decision was made to assign her to the rooms on Hall C that had COVID-19 positive residents in them. He confirmed there were 3 rooms on Hall C that contained a COVID-19 positive and a COVID-19 negative resident. He stated it was not acceptable for S5CNA, a COVID-19 positive employee, to provide direct care to any non-COVID-19 positive residents. An interview was conducted with S36LPN on 02/09/2023 at 11:25 a.m. She stated there was a total of five COVID-19 isolation rooms on Hall C. She stated out of the 5 rooms there were 3 rooms that housed a COVID-19 positive resident with a non-COVID-19 positive resident. She stated the residents that were not COVID-19 positive and were housed with a COVID-19 positive resident were Residents #R14, #R15, and #R16. An interview was conducted with S30CNA on 02/08/2023 at 5:08 a.m. She confirmed staff were not required to perform screening for signs or symptoms of COVID-19 prior to their shift. An interview was conducted with S20LPN on 02/08/2023 at 5:16 a.m. She stated the staff were not required to screen for signs and symptoms of COVID-19 prior to their shift. An interview was conducted with S31LPN on 02/08/2023 at 5:20 a.m. She stated she did not screen for signs and symptoms of COVID-19 prior to beginning her shift and could not recall the last time she had done so. She explained staff were no longer required to screen for signs and symptoms of COVID-19 prior to the start of their shift. An interview was conducted with S9CNA on 02/08/2023 at 5:30 a.m. She stated she was not required to screen for signs or symptoms of COVID-19 prior to working in the facility An interview was conducted with S32CNA on 02/08/2023 at 5:35 a.m. She stated staff were no longer required to self-screen for signs and symptoms of COVID-19 prior to beginning their shift. She confirmed she did not self-screen prior to the start of her shift tonight and could not recall the last time she had done so. An interview was conducted of S6KA on 02/08/2023 at 6:10 a.m. She confirmed staff were no longer being screened for signs and symptoms of COVID-19 prior to entering the facility to start her shift. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with S35CNA on 02/08/2023 at 6:15 a.m. She stated she was not required to screen for signs and symptoms of COVID-19 prior to starting her shift. An interview was conducted with S36LPN on 02/08/2023 at 7:37 a.m. She confirmed she was not screened for signs and symptoms of COVID-19 prior to entry into the facility. An interview was conducted with S37LPN on 02/08/2023 at 7:51 a.m. She confirmed since the start of the facility's COVID-19 outbreak staff were not required to screen for signs and symptoms of COVID-19 prior to starting their shift. An interview was conducted with S38CNA on 02/08/2023 at 9:56 a.m. She confirmed she was not screened for signs and symptoms of COVID-19 prior to the start of her shift this morning and had not been screened since the start of the current COVID-19 outbreak. A telephone interview was conducted with S12LPN on 02/08/2023 at 11:16 a.m. She stated there was not a screening process for staff prior to entering the facility. An interview was conducted with S39HKLS on 02/08/2023 at 1:37 p.m. She stated the staff were not required to screen for signs or symptoms of COVID-19 prior to their shift. An interview was conducted with S2IDON, S3ADON and S4CN on 02/09/2023 at 12:45 p.m. S2IDON stated pre-shift screening on employees was not required and had not been implemented since the start of the outbreak on 02/01/2023. S2IDON stated she depended on staff to report if they were experiencing symptoms. S2IDON stated she expected an employee with any kind of illness to report that to their supervisor before they reported to work. S2IDON stated she would have expected the staff to be educated on reporting symptoms of COVID-19 prior to their shift. S2IDON stated on 02/08/2023, after S5CNA tested positive for COVID-19, she was allowed to stay the remainder of her shift. S2IDON confirmed S5CNA should not have been allowed to care for any non-COVID-19 positive residents. S3ADON stated she would have expected the positive COVID-19 employee to separate from the negative COVID-19 employees. S4CN stated S5CNA should not have been allowed to work in the facility after testing positive for COVID-19. An interview was conducted with S1ADM on 02/09/2023 at 1:35 p.m. He stated he was not sure if he expected staff to screen prior to their shift during a COVID-19 outbreak. He stated if a staff member was in the facility and began having symptoms of COVID-19, he would have expected them be tested and leave the facility immediately. He stated he was not notified S5CNA was symptomatic of COVID-19. An interview was conducted with S18MD on 02/09/2023 at 3:50 p.m. He confirmed a COVID-19 positive staff member should not have been allowed to continue their shift and care for non-COVID-19 positive residents. 3. Review of the facility's policy titled, COVID-19 - Pandemic Plan revealed the following, in part: Testing: Outbreak Investigation: (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of the list of employees with positive COVID-19 infection from 02/01/2023 through 02/13/2023 revealed the following employees tested positive on the following dates: S11CNA - 02/01/2023 S13RHB - 02/01/2023 S12LPN - 02/06/2023 S14COTA - 02/07/2023 S5CNA - 02/08/2023 S15LS - 02/08/2023 S40CNA - 02/08/2023 S41LPN - 02/13/2023 S20LPN - 02/13/2023 Review of the facility's COVID-19 Staff Testing Results for the week of 02/01/2023 compared to the facility's list of 112 active employees revealed 79 active employees did not have a COVID-19 test result during the current outbreak. Review of the list of current contract dietary staff provided by S10KDM revealed no COVID-19 test was conducted on the 9 staff members identified on the list between the dates of 02/01/2023 to 02/09/2023. Review of the current contract therapy staff provided by S13RHB revealed 15 of the 17 staff members on the list were not tested for COVID-19 between the dates of 02/01/2023 to 02/09/2023. Review of the current contract housekeeping and laundry staff provided by S39HKLS revealed 11 of the 12 staff members on the list were not tested for COVID-19 between the dates of 02/01/2023 to 02/09/2023. An interview was conducted with S3ADON on 02/08/2023 at 11:00 a.m. She confirmed the facility provided all documentation for staff COVID-19 testing that began with the outbreak on 02/01/2023. She confirmed she could not provide COVID-19 test results for the above staff members. A telephone interview was conducted with S27DON on 02/08/2023 at 11:43 a.m. He stated he was responsible for keeping track of staff COVID-19 testing for the week of 02/01/2023 when the COVID-19 outbreak began. He stated he thought all staff had been tested but did not have documentation they had been. He stated he did not track COVID-19 testing for contract staff, which included therapy, housekeeping, laundry, and dietary staff. He stated he notified each department head that their staff needed to be tested for COVID-19 weekly, but did not follow up to ensure the staff were actually being tested . He stated it was the department head's responsibility to ensure each of their staff was being tested weekly. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with S2IDON on 02/08/2023 at 9:30 a.m. She stated she was currently in charge of the Infection Control Program and she was the facility's Infection Preventionist. She stated her and S27DON were responsible for tracking infections, identifying patterns, monitoring infection practices, and implementing practices to improve quality. She stated she was responsible for implementation of COVID-19 infection control practices. She stated the facility outbreak dated 02/01/2023 began from an employee (S11CNA) who tested positive for COVID-19. She stated she was unsure what the current COVID-19 community transmission rate was. She stated there was a COVID-19 rapid testing document the nurses were supposed to fill out for staff and residents after they were tested for COVID-19, but she did not know how the COVID-19 testing was being tracked. She confirmed all facility staff should have been tested last week. She confirmed the facility provided all COVID-19 tests performed after the start of the outbreak on 02/01/2023 and there were staff members that had been working after the outbreak without a COVID-19 test result. She stated all staff should have been wearing a N95 mask covering their mouth and nose in resident care areas, including during the provision of care. She stated it was never acceptable for the staff to provide care for a resident unmasked. An interview was conducted with S39HKLS on 02/08/2023 at 1:37 p.m. She confirmed she and her staff were contract employees. She explained housekeeping and laundry staff went to the nurses' station in the facility to be tested for COVID-19 and S2IDON tracked to ensure they were tested . She confirmed she did not track to ensure all of her staff were being tested for COVID-19 weekly. An interview was conducted with S2IDON on 02/09/2023 at 12:45 p.m. S2IDON confirmed she did not know if there was a process in place on how the facility handled a COVID-19 outbreak. S2IDON stated there was no documentation COVID-19 testing was being conducted on all facility and contract staff weekly. She stated the system for tracking COVID-19 testing of staff was to keep the COVID-19 Rapid Test Result sheet for each staff. She confirmed she could not find all COVID-19 test results for all staff. She stated there was not a log or documentation kept by administration to ensure each staff member was tested for COVID-19. She confirmed it was the responsibility of the facility to ensure COVID-19 testing of facility and contract staff was being completed. An interview was conducted with S1ADM on 02/09/2023 at 1:35 p.m. He stated the current system the facility had to ensure COVID-19 testing was being completed on all staff was not working. He stated the administrative staff had been inconsistent. He stated training had not been completed on his new administrative staff. He stated the retention of staff should not have affected the quality of care for the residents or the facility's Infection Program. He confirmed the current COVID-19 outbreak began on 02/01/2023. 4. Review of the facility's policy titled, COVID-19 - Pandemic Plan revealed the following, in part: Testing: Point of Care (POC) Antigen Testing: -Center has identified and trained staff member(s) to utilize the POC device - as designated by the DON (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of the Product Guide for the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARD revealed, in part, the following: Frequently Asked Questions: What kind of test and is it accurate? . The visually read test . provides results in 15 minutes. What PPE to use/wear to perform the test? . Change gloves between handling of specimens. How do we dispose of test materials after testing? All components of the . test kit should be discarded as biohazard waste . Review of the FDA's Guide and Instructions For Use for the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARD revealed, in part, the following: The BinaxNOW (Trademark) COVID-19 Ag Card is intended for use by medical professionals or trained operators. NOTE: Failure to follow the instructions may result in inaccurate test results. Part 1 - Sample Test Procedure 3. Rotate (twirl) swab shaft 3 times CLOCKWISE (to the right). * Used test cards should be discarded as Biohazard waste . Precautions: 1. Failure to follow the instructions may result in inaccurate test results. 5. Treat all specimens as potentially infectious. Follow universal precautions when handling samples, this kit and its contents. 16. Change gloves between handling of specimens . 17. Do not read test results before 15 minutes . Results read before 15 minutes . may lead to a false positive, false negative, or invalid result. 19. False Negative results can occur if the sample swab is not rotated (twirled) prior to closing the card. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with S10KDM on 02/09/2023 at 9:30 a.m. He confirmed he was responsible for performing the COVID-19 testing of kitchen staff. He confirmed he tested using the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARD. He then confirmed the facility had never trained him or performed a competency skills check-off for the performance of COVID-19 testing nor did he have any documentation of completing the training at another facility. He then confirmed he would let the test process for no longer than 5 minutes before reading and documenting the results. He stated he brought the result forms to S2IDON and did not track the results himself. An observation was conducted with S10KDM on 02/09/2023 at 9:50 a.m. S10KDM donned a pair of clear white kitchen gloves then opened the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARDs test kit packets. At 10:00 a.m., S17RD, S8KC, S7KA, and S10KDM performed their self-swab. The employees then placed their swabs into their test card, and S10KDM placed the testing drops onto each of the test cards. He was not observed to perform the required swirling motion of the swabs following the application of the drops. At 10:04 a.m., S10KDM verbalized and transcribed all 4 results and stated they needed no longer than 5 minutes to process. At 10:05 a.m., S10KDM gathered the four processed tests and placed them in a coffee cup then placed them into a standard trash bag. An interview was conducted with S10KDM on 02/09/2023 at 10:10 a.m. He confirmed he performed all 4 tests without changing gloves and no one swirled the swab after the application of the testing drops. He confirmed he had allowed the tests to process for a total of 5 minutes from the time the employees performed their self-swab to the time he read the results. He then confirmed he discarded the dirty gloves and processed testing cards/swabs into a regular trashcan. An interview was conducted with S2IDON, S3ADON and S4CN. S2IDON on 02/09/2023 at 12:45 p.m. S2IDOnstated any staff could perform COVID-19 testing as long as they had been trained. S2IDON stated she did not know what staff were trained to perform COVID-19 testing. S2IDON stated the facility should have retained any training for the COVID-19 testing. S4CN confirmed you should wait for 15 minutes after performing a COVID-19 rapid swab and document the result. S4CN confirmed it was not best practice to allow staff to self-swab for COVID-19 testing. S4CN confirmed the test should have been performed by a trained medical professional and not dietary/kitchen staff. S2IDON stated she was unsure if staff were trained on performing swabbing for COVID-19. S2IDON was unable to answer what the contract staff were trained to perform. S2IDON confirmed she had not performed any training or skills check-offs regarding COVID-19 testing or self-swabbing. S2IDON also confirmed she was not aware of and could not put her hands on any documentation to indicate facility or contracted staff had been trained or evaluated via skill check-off for COVID-19 self-swabbing. S2IDON then confirmed she expected all facility and contract staff to have been trained followed by return demonstration to ensure an adequate sample was obtained. S3ADON confirmed she had not performed any training or skills check-offs regarding COVID-19 testing or self-swabbing. S3ADON also confirmed she was not aware of and could not put her hands on any documentation to indicate facility or contracted staff had been trained or evaluated via skill check-off for COVID-19 self-swabbing. S3ADON confirmed any staff member performing COVID-19 testing should have been trained. S4CN stated if an adequate specimen was not obtained and if the testing procedure was not followed according to manufacturer instructions, the test results could have been inaccurate. S4CN stated when performing the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARD test, the results required a minimum of 15 minutes and maximum of 30 minutes to process after the application of the antigen drops to the swab. Both S2IDON and S3ADON verbalized agreement with S4CN's two above statements. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with S1ADM on 02/09/2023 at 1:35 p.m. He confirmed he had not reviewed or verified the manufacturer's guidelines and/or instructions to ensure the facility was performing the COVID-19 testing procedure appropriately, to verify if it allowed for self-swabbing or to verify if this type of test could be performed by an unqualified or untrained person. He stated he assumed since the company made a similar test for at home use, it would have been fine for anyone to self-swab. He stated staff should have been trained on rapid swabbing for COVID-19 used in the facility. He confirmed the processing time of the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARD test was a minimum of 15 minutes and max of 30 minutes from the time the nasal swabbing was performed. He confirmed a test that was performed incorrectly could yield an inaccurate result. He stated he expected staff to let the rapid COVID-19 test sit for 15 minutes prior to reading a result. An interview was conducted with S18MD on 02/09/2023 at 3:50 p.m. He confirmed he was the Medical Director for the facility. He confirmed staff should have been trained prior to performing COVID-19 testing. He confirmed if COVID-19 testing was performed incorrectly it could yield inaccurate results. 5. An observation was conducted at Entry J prior to entering the facility on 02/08/2023 at 5:00 a.m. The front door and surrounding floor to ceiling windows were noted to be clear glass with an unobstructed line of sight into the facility from the exterior. 4 staff members were observed walking throughout the interior of the facility with no face masks in place. S31LPN was noted on Hall A at a medication cart with no face mask in place. S31LPN and S30CNA opened the door at Entry J for the su [TRUNCATED]

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F 0882 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44590 44965 Based on observations, interviews, and record review, the facility failed to ensure the individual designated as the Infection Preventionist established and maintained an effective infection prevention and control program to prevent the spread of COVID-19. This deficient practice resulted in an Immediate Jeopardy situation with the likelihood of severe injury and/or death to facility residents beginning on 02/08/2023 at 6:59 p.m., when S5CNA entered the facility with signs and symptoms of COVID-19 and began providing direct patient care to non-COVID-19 positive residents on Hall C. On 02/08/2023 at 11:06 p.m., S5CNA tested positive for COVID-19 and continued to provide direct care for 3 non-COVID-19 positive residents (#R14, #R15, and #R16). On 02/08/2023 observations were made of facility staff failing to wear masks while providing resident care and handling resident food. Staff also failed to educate visitors on the facility's COVID-19 outbreak, signs and symptoms of COVID -19, provide masks, or instruct on infection control measures prior to the visitors entering the facility. Interviews with staff revealed staff and visitors had not been screened for signs and symptoms of COVID-19, visitors were not notified of the facility's COVID-19 outbreak and provided education and a face mask, and all staff that worked in the facility were not tested for COVID-19 since the outbreak began on 02/01/2023. Due to the facility failing to implement infection control measures, Residents #R6 and #R7 tested positive for COVID-19 on 02/08/2023 and Resident #R17 tested positive for COVID-19 on 02/09/2023. As of 02/09/2023, there were 102 residents residing in the facility with 10 active resident COVID-19 cases. S1ADM was notified of the immediate jeopardy on 02/09/2023 at 7:18 p.m. The facility presented the following Plan of Removal on 02/10/2023 at 4:20 p.m.: Plan of Removal: Brief Summary of Events: On 02/09/2023 at 7:18 p.m. the State Agency (SA) notified the Executive Director (ED) of an immediate jeopardy related to F-882 Infection Preventionist Qualifications/Role. The facility failed to ensure the Infection Preventionist established and maintained an effective infection prevention and control program to prevent the spread of COVID-19. An immediate jeopardy (IJ) template was provided to the ED by the SA. Immediate Action started on 02/09/2023 at 7:30 p.m.: - Signage was posted at both entrances on Visitor Infection Control and Stop notification to notify facility of any symptoms of COVID-19 or COVID-19 Positive results on 02/09/2023. QI Monitoring Tool will be conducted by the ED/designee to ensure signage is posted at both entrances on Visitor Infection Control and Stop Notification to notify facility of any symptoms of COVID-19 or COVID-19 Positive results for three times per week for four weeks and then monthly for two months. (continued on next page)

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F 0882 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	- Visitor screening placed at entrance for visitor sign in area on 02/10/2023 using the Visitor/Vendor Screening form and will continue until facility is no longer in COVID-19 outbreak. QI Monitoring Tool will be conducted by the ED/designee to ensure visitor screening is placed at the entrance sign in area for three times per week for four weeks and then monthly for two months. - Quality rounds were performed on 02/09/2023 to ensure nursing staff donned face mask while providing direct patient care and kitchen staff donned face mask while prepping/serving meals during COVID-19 outbreak. QI Monitoring Tool will be conducted by the ED/designee to ensure quality rounds are performed to ensure nursing staff donned face mask while providing direct patient care and kitchen staff donned face mask while prepping/serving meals during COVID-19 outbreak for three times per week for four weeks and then monthly for two months. - Facility notified outpatient facilities and outpatient transportation providers on 02/09/2023 and will continue notifying weekly of a current COVID-19 outbreak in the facility form and will continue until facility is no longer in COVID-19 outbreak. QI Monitoring Tool will be conducted by the ED/designee to notify outpatient facilities and outpatient transportation providers of a current COVID-19 outbreak in the facility weekly for four weeks and then monthly for two months. - Employee screening log placed at front entrance for staff to begin screening prior to work and initiated on 02/10/2023 using the Employee Screening form and will continue until facility is no longer in COVID-19 outbreak. QI Monitoring Tool will be conducted by the ED/designee to ensure employee screening logs placed at front entrance for staff to begin screening prior to work for three times per week for four weeks and then monthly for two months. - S5CNA was relieved of duty on 02/09/2023 for a minimum of 10 days related to confirm positive. - Employee testing log implemented on 02/10/2023. Infection Control Preventionist will maintain log to ensure appropriate employees are tested during COVID-19 outbreak. QI monitoring tool will be conducted by DON or designee to ensure appropriate employees are tested two times per week for four weeks and then monthly for two months. - COVID-19 testing competency check-offs were initiated on 02/10/2023 by Regional Director of Clinical Services 2 (RDCS2). QI monitoring tool will be conducted by DON or designee to ensure competency in COVID-19 testing two times per week for four weeks, then weekly for 1 week, and then monthly for two months. Resident/Staff Specific Action: - Resident R6, Resident R7, and Resident R17 room assignments were reassigned to accommodate cohorting positive COVID-19 with positive COVID-19 and exposed negative COVID-19 with exposed COVID-19. QAPI:| (continued on next page)

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	195324	A. Building B. Wing	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair City Health and Rehab	2000 Main Street Franklinton, LA 70438

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F 0882 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	- On 02/09/2023 at 7:30 p.m. the Quality Assurance Performance Improvement (QAPI) Committee met to review the F-882 Infection Preventionist Qualifications/Role IJ template and conduct a Root Cause Analysis (RCA) and review policy and procedures for changes. Attendees were the Executive Director (ED), Interim Director of Nursing (IDON), Activities Director (AD), Housekeeping Supervisor (HO), Regional Director of Clinical Services (RDCS), Director of Therapy (DOR), Assistant Director of Nursing (ADON), Business Office Manager (BOM), Human Resources Director (HRD).The Medical Director (MD) was notified by phone. - The RCA determined the facility failed to ensure the Infection Preventionist established and maintain an effective Infection Control program by failing to provide oversight. - The facility failed to alert visitors of active COVID -19 cases, provide education to visitor regarding infection control related to COVID-19, and provide face mask while visiting in the facility. - Direct care nursing staff were not donned in masks while providing direct care. - Kitchen staff were not donned in face mask while prepping and serving meals. - Outpatient facilities and outpatient transportation was not notified of a COVID19 outbreak in the facility. - A Certified Nursing Assistant (CNA) who became symptomatic during a shift and tested positive for COVID-19 continued to provide care to COVID-19 positive and COVID-19 negative residents. - The facility failed to ensure staff were screened for COVID-19 prior to working in the facility. - The facility failed to maintain tracking and documentation of COVID-19 testing. - The facility failed to ensure staff were knowledgeable and trained to accurately perform point of care COVID-19 testing. Education: Current Infection Control Preventionist received training on 02/10/2023 by the Regional Director of Clinical Services 1 (RDCS1) on Infection Control with emphasis on: - Visitors will be alerted to active COVID -19 infections, provided education, screening and provided face mask prior to entering the facility. Signage will be provided at entrance to include Infection Control information regarding COVID-19. Education initiated by Regional Director of Clinical Services 2 (RDCS 2) on 02/10/2023. - Nursing staff will don face mask while providing direct resident care and kitchen staff will don face mask when prepping and serving meals. Education initiated by Interim Director of Nurses (IDON) on 02/10/2023 with nursing staff will don face mask while providing direct resident care and kitchen staff will don face mask when prepping and serving meats and to be completed by the receipt date of statement of deficiencies. (continued on next page)

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F 0882 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	- Facility will notify outpatient facilities and outpatient transportation providers of a COVID -19 outbreak in facility. Education initiated by Regional Director of Clinical Services 1 (RDCS 1) on 02/09/2023 with Interdisciplinary Team (IDT) and to be completed by the receipt date of statement of deficiencies. - Staff who test positive for COVID -19 with signs and symptoms of COVID -19 will self-report to their immediate supervisor, be relieved of duties, and exit the facility. Education initiated by DON on 02/10/2023 with current staff to ensure staff who test positive for COViD-19 with signs and symptoms of COVID-19 will self-report to their immediate supervisor, be relieved of duties, and exit the facility. Current employees including agency and contract, will receive training upon hire and prior to working with emphasis on staff who test positive for COVID-19 with signs and symptoms of COVID -19 will self-report to their immediate supervisor, be relieved of duties, and exit the facility. - Current staff will be screened prior to working within the facility. Education and competency initiated by Regional Director of Clinical Services 2 (RDCS2 2) on 02/10/2023. Educa and competency will be completed by 02/13/2023.Tracking and documentation of COVID-19 will be maintained by the Infection Control Preventionist. Education and competency initiated by Regional Director of Clinical Services 2 (RDCS2 2) on 02/10/2023. Education and competency will be completed by 02/13/2023. - Current staff will be knowledgeable and trained to accurately perform point of care COVID-19 testing. Education and competency initiated by Regional Director of Clinical Services 2 (RDCS2 2) on 02/10/2023. Education and competency will be completed by 02/13/2023. - No current employee or new hire will work without the aforementioned education. - A reconciliation will be completed on education records and current employee list of the aforementioned education is completed by 02/15/2023. The Immediate Jeopardy was removed on 02/10/2023 at 4:20 p.m. when the provider presented an acceptable plan of removal. Through observations, interviews and record review, the surveyors confirmed the above components of the plan of removal had been initiated and/or implemented prior to exit. This deficient practice continued at more than minimal harm for the remaining 92 non-positive COVID-19 residents residing in the facility that were at risk for contracting COVID-19. Findings: Cross Reference F-880 (continued on next page)

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F 0882 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with S2IDON on 02/08/2023 at 9:30 a.m. She stated she was currently in charge of the Infection Control Program and she was the facility's Infection Preventionist. She stated her and S27DON were responsible for tracking infections, identifying patterns, monitoring infection practices, and implementing practices to improve quality. She stated she was responsible for implementation of COVID-19 infection control practices. She stated the facility outbreak dated 02/01/2023 began from an employee, S11CNA, who tested positive for COVID-19. She stated she was unsure what the current COVID-19 community transmission rate was. She stated there was a COVID-19 rapid testing document the nurses were supposed to fill out for staff and residents after they were tested for COVID-19, but she did not know how the COVID-19 testing was being tracked. She confirmed all facility staff should have been tested last week. She confirmed the facility provided all COVID-19 tests performed after the start of the outbreak on 02/01/2023 and there were staff members that had been working after the outbreak without a COVID-19 test result. She stated all staff should have been wearing a N95 mask covering their mouth and nose in resident care areas, including during the provision of care and while preparing food for the residents. She stated it was never acceptable for the staff to provide care for a resident unmasked. (continued on next page)

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F 0882 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted on 02/09/2023 at 12:45 p.m. with S2IDON, S3ADON and S4CN. S2IDON stated pre-shift screening on employees was not required and had not been implemented since the start of the outbreak on 02/01/2023. She stated she depended on staff to report if they were experiencing symptoms. She stated she expected an employee with any kind of illness to report that to their supervisor before they reported to work. She stated she would have expected the staff to be educated on reporting symptoms of COVID-19 prior to their shift. She stated on 02/08/2023, after S5CNA tested positive for COVID-19, she was allowed to stay the remainder of her shift. S2IDON confirmed S5CNA should not have been allowed to care for any non-COVID-19 positive residents. S3ADON stated she would have expected the positive COVID-19 employee to separate from the negative COVID-19 employees. S4CN stated S5CNA should not have been allowed to work in the facility after testing positive for COVID-19. S2IDON stated there was no documentation COVID-19 testing was being conducted on all facility and contract staff weekly. She stated the system for tracking COVID-19 testing of staff was to keep the COVID-19 Rapid Test Result sheet for each staff. She confirmed she could not find all COVID-19 test results for all staff. She stated there was not a log or documentation kept by administration to ensure each staff member was tested for COVID-19. She confirmed it was the responsibility of the facility to ensure COVID-19 testing of facility and contract staff was being completed. S2IDON confirmed visitors were not being screened related to COVID-19. She stated she expected the staff to provide each visitor entering the facility with a mask. She stated she would not expect the staff to notify a visitor of an outbreak of COVID-19 in the facility. She stated she would not provide a visitor with any type of education regarding infection control practices if the resident they were visiting was not on isolation. S2IDON and S4CN confirmed any outside facility, day program, and/or transportation company utilized by the facility should have been immediately notified of the facility's COVID-19 Outbreak Status. S2IDON confirmed she did not know if there was a process in place on how the facility handled a COVID-19 outbreak. S2IDON stated any staff could perform COVID-19 testing as long as they had been trained. S2IDON stated she was unsure if staff were trained to perform COVID-19 testing. S2IDON stated the facility should have retained any training for the COVID-19 testing. S2IDON was unable to answer what the contract staff were trained to perform. S2IDON confirmed she had not performed any training or skills check-offs regarding COVID-19 testing or self-swabbing. S2IDON also confirmed she was not aware of and could not put her hands on any documentation to indicate facility or contracted staff had been trained or evaluated via skill check-off for COVID-19 self-swabbing. S2IDON then confirmed she expected all facility and contract staff to have been trained followed by return demonstration to ensure an adequate sample was obtained. S3ADON confirmed she had not performed any training or skills check-offs regarding COVID-19 testing or self-swabbing. S3ADON also confirmed she was not aware of and could not put her hands on any documentation to indicate facility or contracted staff had been trained or evaluated via skill check-off for COVID-19 self-swabbing. S3ADON confirmed any staff member performing COVID-19 testing should have been trained. S4CN confirmed you should wait for 15 minutes after performing a COVID-19 rapid swab and document the result. S4CN confirmed it was not best practice to allow staff to self-swab for COVID-19 testing. S2CN confirmed the test should have been performed by a trained medical professional and not dietary/kitchen staff. S4CN stated if an adequate specimen was not obtained and if the testing procedure was not followed according to manufacturer instructions, the test results could have been inaccurate. S4CN stated when performing the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARD test, the results required a minimum of 15 minutes and maximum of 30 minutes to process after the application of the antigen drops to the swab. Both S2IDON and S3ADON verbalized agreement with S4CN's two above statements. (continued on next page)

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F 0882 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	A telephone interview was conducted with S27DON on 02/08/2023 at 11:43 a.m. He stated he was responsible for keeping track of staff COVID-19 testing for the week of 02/01/2023 when the COVID-19 outbreak began. He stated he thought all staff had been tested but did not have documentation they had been. He stated he did not track COVID-19 testing for contract staff, which included therapy, housekeeping, laundry, and dietary staff. He stated he notified each department head that their staff needed to be tested for COVID-19 weekly, but did not follow up to ensure the staff were actually being tested . He stated it was the department head's responsibility to ensure each of their staff was being tested weekly. An interview was conducted with S27DON on 02/14/2023 at 12:45 p.m. He confirmed all outside facilities, day programs and/or transportation companies utilized by the facility should have been immediately notified of the COVID-19 Outbreak Status within the facility. An interview was conducted with S1ADM on 02/09/2023 at 11:18 a.m. He confirmed he was notified of S5CNA testing positive for COVID-19 around 11:00 p.m. on 02/08/2023. He stated the decision was made to assign her to the rooms on Hall C that had COVID-19 positive residents in them. He confirmed there were 3 rooms on Hall C that contained a COVID-19 positive and a COVID-19 negative resident. He stated it was not acceptable for S5CNA, a COVID-19 positive employee, to provide direct care to any non-COVID-19 positive residents. An interview was conducted on 02/09/2023 at 1:35 p.m. with S1ADM. He confirmed the current COVID-19 outbreak began on 02/01/2023. He stated he was not sure if he expected staff to screen prior to their shift during a COVID-19 outbreak. He stated if a staff member was in the facility and began having symptoms of COVID-19, he would have expected them be tested and leave the facility immediately. He stated he was not notified S5CNA was symptomatic of COVID-19. He stated the current system the facility had to ensure COVID-19 testing was being completed on all staff was not working. He stated visitors should have been asked to wear a mask. He stated there should have been signage posted to make visitors aware of the facility's COVID-19 outbreak and there was not. He stated outpatient facilities should have been notified of the facility's COVID-19 outbreak. He confirmed he had not reviewed or verified the manufacturer's guidelines and/or instructions to ensure the facility was performing the COVID-19 testing procedure appropriately, to verify if it allowed for self-swabbing or to verify if this type of test could be performed by an unqualified or untrained person. He stated he assumed since the company made a similar test for at home use, it would have been fine for anyone to self-swab. He stated staff should have been trained on rapid swabbing for COVID-19 used in the facility. He confirmed the processing time of the [NAME] BinaxNOW (Trademark) COVID-19 Ag CARD test was a minimum of 15 minutes and max of 30 minutes from the time the nasal swabbing was performed. He confirmed a test that was performed incorrectly could yield an inaccurate result. He stated he expected staff to let the rapid COVID-19 test sit for 15 minutes prior to reading a result. He stated he expected masking at all times in the facility. He stated the administrative staff had been inconsistent. He stated training had not been completed on his new administrative staff. He stated the retention of staff should not have affected the quality of care for the residents or the facility's Infection Program (continued on next page)

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F 0882 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	An interview was conducted with S18MD on 02/09/2023 at 3:50 p.m. He confirmed he was the Medical Director for the facility. He confirmed staff should have worn a face mask covering their mouth and nose at all times when interacting with residents or during the preparation of food. He confirmed a COVID-19 positive staff member should not have been allowed to continue their shift and care for non-COVID-19 positive residents. He stated he expected the facility to notify visitors of the COVID-19 outbreak status. He confirmed the facility should have notified outside facilities and outside transportation companies of the COVID-19 outbreak status in the facility. He confirmed staff should have been trained prior to performing COVID-19 testing. He confirmed if COVID-19 testing was performed incorrectly it could yield inaccurate results.