STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385272	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tigard Rehabilitation and Care	14145 SW 105th Avenue Tigard, OR 97224

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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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 32543 Based on interview and record review it was determined the facility failed to ensure a resident had the right to refuse medications for 1 of 3 sampled residents (#2) reviewed for unnecessary medications. This placed residents at risk of not having the right to refuse. Findings include: Resident 2 was admitted to the facility in 2022 with diagnoses including stroke. Resident 2's 6/2022 MAR included the order Ok to disguise medications in food due to medication refusals. On 6/10/22 at 10:52 AM Staff 2 (DNS) stated the order did not allow Resident 2 the right to refuse. Staff 2 stated she would discontinue the order immediately.

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

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

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 41458 Based on interview and record review it was determined the facility failed to obtain copies of advance directives for 2 of 4 sampled residents (#s 105 and 156) reviewed for advance directives. This placed residents at risk for not having their health care decisions honored. Findings include: 1. Resident 105 was admitted to the facility in 5/2022 with diagnoses including chronic kidney disease, heart failure, atrial fibrillation and stroke. The 5/20/22 Admission Agreement indicated Resident 105 completed an advance directive. There was no advance directive located in Resident 105's medical record. On 6/9/22 at 1:20 PM Staff 1 (Administrator) confirmed there was no advance directive in Resident 105's medical record and the family had not been contacted to provide a copy. 46053 2. Resident 156 admitted to the facility in 5/2022 with diagnoses including a stroke. On 6/8/22 at 3:13 PM the resident stated she/he completed an advance directive while in the hospital and it was sent to the current facility with the rest of her/his paperwork. No advance directive was found in the facility's electronic health record for Resident 156. On 6/9/22 at 1:20 PM Staff 1 (Administrator) verified there was no advanced directive in the resident's medical record.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted 41458 Based on interview and record review it was determined the facility failed to provide a written summary of the baseline care plan for 2 of 2 sampled residents (#s 106 and 107) reviewed for new admissions. This placed residents at risk of being uninformed of their plan of care. Findings include: 1. Resident 106 was admitted to the facility in 5/2022 with diagnosis including multiple sclerosis and urinary tract infection. The 5/21/22 Admission MDS revealed Resident 106 had intact cognition. On 6/14/22 at 1:50 PM Resident 106 was shown her/his baseline care plan and stated she/he did not recall reviewing her/his baseline care plan and did not receive a copy of it. On 6/14/22 at 1:17 PM Staff 2 (Interim DNS) and Staff 19 (RNCM) stated the facility had no formal process to review the baseline care plan or to provide copies of the baseline care plan to residents or their representatives. 2. Resident 107 was admitted to the facility in 5/2022 with diagnoses including diabetes, heart failure and chronic kidney disease. The 5/27/22 Admission MDS revealed Resident 107 had intact cognition. On 6/14/22 at 1:51 PM Resident 107 was shown her/his baseline care plan and stated she/he never saw the baseline care plan before and did not receive a copy of it. On 6/14/22 at 1:17 PM Staff 2 and Staff 19 stated the facility had no formal process to review the baseline care plan or to provide copies of the baseline care plan to residents or their representatives.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 41458 Based on interview and record review it was determined the facility failed to develop a comprehensive person-centered care plan for 3 of 7 sampled residents (#s 105, 107 and 156) reviewed for activities and unnecessary medications. This placed residents at risk for unmet needs. Findings include: 1. Resident 105 was admitted to the facility in 5/2022 with diagnoses including chronic kidney disease, heart failure, atrial fibrillation and stroke. Resident 105's 5/27/22 Admission MDS-Section F: Preferences for Customary Routine and Activities identified her/his most important activities were to listen to music, keep up with the news, do things in groups of people, do their favorite activities, go outside to get fresh air when the weather was good and to participate in religious services or practices. Resident 105's current activity care plan included the following interventions: facility RA/CNA will walk with the resident in the mornings and the social service director or activity director will walk with Resident 105 in the afternoons. Resident 105's care plan did not include activities identified in her/his Admission MDS. In an interview on 6/14/22 at 2:27 PM Staff 2 (Interim DNS) reviewed Resident 105's activity care plan and stated Resident 105 did not walk, she would expect the care plan to reflect the resident's interests and the care plan should have included the identifed activities from the MDS. 2. Resident 107 was admitted to the facility in 5/2022 with diagnoses including heart failure, diabetes and bipolar disorder. Resident 107's 5/27/22 Admission MDS-Section F: Preferences for Customary Routine and Activities identified her/his most important activities were to listen to music, be around animals such as pets, keep up with the news, do things with groups of people, do their favorite activities and go outside to get fresh air when the weather is good. Resident 107's 6/2/22 Activity Assessment identified the resident's activity preferences as crafts, music, walking/wheeling outdoors, watching TV, talking or conversing, cooking, dining out, movies, needlework, painting, quilting and radio. Resident 107's 6/9/22 current activity care plan directed staff to provide the resident with coloring pages/books and colored pencils and encourage the resident to request in-room activities they enjoy. Resident 107's care plan did not include other activities identified in her/his Admission MDS or Activity Assessment. In an interview on 6/14/22 at 2:27 PM Staff 2 reviewed Resident 107's activity care plan and stated preferences identifed on the resident's Admission MDS and Activity Assessment were not included on the care plan and she expected the care plan to be personalized and include those preferences. 46053 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Resident 156 was admitted in 5/2022 with diagnoses including stroke. A review of the resident's medical record on 6/14/22 revealed no comprehenensive care plan was developed. On 6/16/22 at 10:54 AM Staff 2 (Interim DNS) confirmed the care plan was not developed in the appropriate amount of time.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 41458 Based on observation, interview, and record review it was determined the facility failed to provide an ongoing program of activities designed to meet the interests and needs for residents for 2 of 2 sampled residents (#s 105 and 107) reviewed for activities. This placed residents at risk for a lack of psychosocial well-being. Findings include: The facility's Group Programs and Activities Calendar policy, last revised 6/2018, indicated large and small group activities were available in the facility and an activities calendar was completed and maintained in a high-visibility, high traffic area to inform residents, families and staff of the activity opportunities available. 1. Resident 105 was admitted to the facility in 5/2022 with diagnoses including chronic kidney disease, heart failure, atrial fibrillation and stroke. Random observations from 6/8/22 through 6/15/22 between the hours of 8:00 AM and 4:00 PM revealed Resident 105 was in bed with the room dark; occasionally the TV was on. No other activities were observed. The activity calendar in the main hallway was blank with the exception of payday and Father's Day listed. Resident 105's 5/27/22 Admission MDS-Section F: Preferences for Customary Routine and Activities identified her/his most important activities were to listen to music, keep up with the news, do things in groups of people, do their favorite activities, go outside to get fresh air when the weather was good and to participate in religious services or practices. On 6/9/22 at 2:32 PM and 6/14/22 at 8:36 AM Staff 20 (Activities/Social Services Director) stated she was recently hired as the Activities Director and there was currently no functioning activity program. Staff 20 stated she had no process in place to set up activities and there was no interim activity staff to conduct the program or assist her while she was being trained. On 6/10/22 at 11:07 AM, 11:51 AM and 6/13/22 at 10:59 AM Staff 11 (CNA), Staff 15 (CNA) and Staff 5 (CNA) reported the facility did not currently have an activities program. On 6/14/22 at 11:45 AM Staff 1 (Adminstrator) reported the facility did not have an activities program and Staff 20 would be trained as the activity director once payment was made for the activity training course. 2. Resident 107 was admitted to the facility in 5/2022 with diagnoses including heart failure, diabetes and bipolar disorder. Resident 107's 5/27/22 Admission MDS-Section F: Preferences for Customary Routine and Activities identified her/his most important activities were to listen to music, be around animals such as pets, keep up with the news, do things with groups of people, do their favorite activities and go outside to get fresh air when the weather is good. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 107's 6/2/22 Activity Assessment identified the resident's activity preferences as crafts, music, walking/wheeling outdoors, watching TV, talking or conversing, cooking, dining out, movies, needlework, painting, quilting and radio. Random observations from 6/8/22 through 6/15/22 between the hours of 8:00 AM and 4:00 PM revealed Resident 107 was in her/his room, at times coloring pages from a coloring book and occasionally watching TV. No other activities were observed. The activity calendar in the main hallway was blank with the exception of payday and Father's Day listed. On 6/8/22 at 11:28 AM, 6/13/22 at 8:52 AM, 6/14/22 at 10:48 AM and 6/15/22 at 8:20 AM Resident 107 reported that no activities occurred in the facility during the week or on the weekends. Resident 107 stated she/he was given coloring pages and colored pencils, had colored many pages, was tired of coloring and wanted to do something different. Resident 107 stated a few weeks ago she/he was given a stack of old magazines which she/he read at least twice and had no further interest in reading them again. Resident 107 stated she/he loved crafts and bingo and asked to have a visit with her/his dog but that did not happened. Resident 107 reported she/he just sat in her/his room all day and stated they just dump you off and leave you here. On 6/9/22 at 2:32 PM and 6/14/22 at 8:36 AM Staff 20 (Activities/Social Services Director) stated she was recently hired as the Activities Director and there was currently no functioning activity program. Staff 20 stated she had no process in place to set up activities and there was no interim activity staff to conduct the program or assist her while she was being trained. On 6/10/22 at 11:07 AM, 11:51 AM and 6/13/22 at 10:59 AM Staff 11 (CNA), Staff 15 (CNA) and Staff 5 (CNA) reported the facility did not currently have an activities program. On 6/14/22 at 11:45 AM Staff 1 (Adminstrator) reported the facility did not have an activities program and Staff 20 would be trained as the activity director once payment was made for the activity training course.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 32543 Based on interview and record review it was determined the facility failed to follow physician's orders for medication administration for 4 of 5 sampled residents (#s 2, 107, 156 and 157) reviewed for unnecessary medications. This placed residents at risk for adverse medication consequences. Findings include: 1.Resident 2 was admitted to the facility in 2022 with diagnoses including constipation. Resident 2's Physician Order Report signed my the physician on 5/2/22 revealed orders for the following PRN bowel care medications: - Milk of Magnesia, to be administered if the resident did not have a bowel movement for three days. - Senna, to be administered first on day three with no bowel movement. Resident 2's 5/10/22 through 6/10/22 bowel record revealed the following date ranges when the resident did not have a bowel movement: - 5/18/22 through 5/20/22. - 6/3/22 through 6/5/22. Resident 2's 5/2022 and 6/2022 MARs revealed the ordered Milk of Magnesia and senna were not administered when the resident did not have a bowel movement for three days. 41458 2. Resident 107 was admitted to the facility in 5/2022 with diagnoses including heart failure, diabetes and bipolar disorder. a. A 5/20/22 physician's order indicated Resident 107 was prescribed insulin aspart U-100 units solution; subcutaneously at meals; 100 unit/ML per sliding scale as follows: -If blood sugar is 141 to 180, give 1 unit. -If blood sugar is 181 to 220, give 2 units. -If blood sugar is 221 to 260, give 2 units. -If blood sugar is 261 to 300, give 3 units. -If blood sugar is 301 to 340, give 3 units. -If blood sugar is 341 to 380, give 4 units. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-If blood sugar is 381 to 420, give 4 units. -If blood sugar is greater than 420, give 5 units. -If blood sugar is greater than 420, call MD. A review of Resident 107's 5/2022 and 6/2022 MARs revealed Resident 107 was not administered insulin aspart U-100 at breakfast (8:00 AM) on 5/23/22 and 5/26/22. A 5/23/22 comment note on Resident 107's MAR indicated Resident 107's blood sugar was not checked prior to breakfast and a 5/26/22 comment note indicated the resident's insulin was not administered due to Resident 107's blood sugar being 175. On 6/13/22 at 3:15 PM Staff 19 (RNCM) reviewed Resident 107's 5/23/22 and 5/26/22 insulin MAR and progress notes and stated the resident was not administered insulin as prescribed by the physician. b. A 5/20/22 physician's order indicated Resident 107 was prescribed ferrous gluconate 324 mg, once a day. A review of Resident 107's 5/2022 and 6/2022 MARs revealed Resident 107 received ferrous gluconate, 324 mg, twice on 6/3/22. On 6/13/22 at 3:15 PM Staff 19 (RNCM) reviewed Resident 107's 6/3/22 ferrous gluconate MAR and stated the resident incorrectly received two doses of ferrous gluconate 6/3/22. On 6/14/22 at 2:42 PM Staff 2 (Interim DNS) was provided with the findings of this investigation and acknowledged the medications were not administered according to physician's orders. 46053 3. Resident 156 was admitted in 5/2022 with diagnoses including stroke. a. The 6/2022 MAR indicated an order for metformin to be administered twice daily to address the symptoms associated with diabetic polyneuropathy. The MAR indicated the morning dose on 6/2/22 was not administered due to other. No additional information was located in the resident's clinical record to indicate a rationale for not providing the medication. On 6/16/22 at 10:54 AM Staff 2 (Interim DNS) confirmed the medication should have been administered. b. The 6/2022 MAR indicated Resident 156 had an order for pantoprazole to be administered twice daily before meals to address GI distress. The MAR indicated the morning dose on 6/2/22 was not administered due to other. No additional information was located in the resident's clinical record to indicate a rationale for not providing the medication. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/16/22 at 10:54 AM Staff 2 (Interim DNS) confirmed the medication should have been administered. She reported there should be documentation from the nurse clarifying the reason the dose was not administered. 4. Resident 157 was admitted to the facility in 5/2022 with diagnoses including diabetes. The 6/2022 MAR indicated Resident 157 had an order for omeprazole to be administered once each day. The MAR indicated she/he received one dose in the morning and one dose in the evening on 6/3/22. On 6/15/22 at 3:39 PM Staff 19 (RNCM) confirmed the medication error and reported the order was revised after the morning dose on 6/3/22 to allow for evening administration of the medication. She reported when an order was updated, the previous administration on that day was no longer visible to the administering nurse.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 41458 Based on interview and record review, it was determined the facility failed to ensure nursing staff received and demonstrated the appropriate competencies and skills to provide nursing services to assure resident safety and maintain highest practicable physical, mental, and psychosocial well-being of each resident for 13 of 13 staff (#s 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 and 16) reviewed for sufficient and competent nurse staffing. This placed residents at risk for lack of care by competent staff. Findings include: The facility's Competency of Nursing Staff policy, last revised 5/2019, indicated the following: 1. All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by the State law. 2. In addition, licensed nurses and nursing assistants employed (or contracted) by the facility will: a. participate in a facility-specific, competency based development and training program: and b. demonstrate specific competencies and skill sets deemed necessary to care for the needs of residents, as identified through resident assessments and described in the plans of care. On 6/13/22 at 12:15 PM, nursing staff training requirements were reviewed to ensure licensed nursing staff had the specific competencies and skills sets necessary to care for residents' needs, as identified through resident assessments and described in the plan of care and nurse aides were able to demonstrate competency in skills and techniques necessary to care for residents' needs as identified through resident assessments and described in the plan of care. On 6/10/22 at 12:58 PM Staff 1 (Administrator) reported when new staff were hired, they completed a packet of orientation materials and then were assigned to the floor with an experienced nursing staff member until they were sure the staff member was capable of performing all tasks. Staff 1 reported the experienced staff member provided him with feedback and, based on the feedback, it was determined if the newly hired staff member was competent to perform their job duties. Staff 1 reported they did not utilize any type of formal competency measures or checklists. Staff 1 stated he was not aware of any routine competencies being completed with current staff. On 6/10/22 at 11:03 AM, 6/13/22 at 8:30 AM and 6/13/22 at 10:49 AM Staff 11 (CNA), Staff 6 (RN) and Staff 5 (CNA) reported they did not remember being assessed for competencies to perform their job duties. On 6/13/22 at 12:15 PM Staff 1 and Staff 2 (Interim DNS) were asked to provide documentation of all licensed nursing staff including documentation indicating all staff were able to exhibit competencies required for their job duties. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6/13/22 at 1:27 PM Staff 1 stated they were unable to provide any documentation indicating nursing staff displayed specific competencies, skill sets and techniques necessary to care for residents. Refer to F759 and F880.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observe each nurse aide's job performance and give regular training. 41458 Based on interview and record review it was determined the facility failed to have a system in place to track annual nurse aide training (required 12-hour minimum every year) and failed to complete nurse aide training performance reviews every 12 months and provide regular in-service training based on the outcome of these reviews for 10 of 10 CNAs (#s 5, 7, 9, 10, 11, 12, 13, 14, 15 and 16) reviewed for sufficient and competent nurse staffing. This placed residents at risk for lack of care by competent staff. Findings include: A review of the facility's staff training records for CNAs employed over one year revealed the following: -Staff 5 (CNA), hired 1/7/21, had no performance review and no documentation they completed 12 hours of in-service training. -Staff 7 (CNA), hired 11/1/20, had no performance review and no documentation they completed 12 hours of in-service training. -Staff 9 (CNA), hired 12/2/20, had no performance review and no documentation they completed 12 hours of in-service training. -Staff 10 (CNA), hired 8/17/20, had no performance review and no documentation they completed 12 hours of in-service training. -Staff 11 (CNA), hired 7/11/17, had no performance review and no documentation they completed 12 hours of in-service training. -Staff 12 (CNA), hired 5/8/12, had no performance review and no documentation they completed 12 hours of in-service training -Staff 13 (CNA), hired 10/14/09, had no performance review and no documentation they completed 12 hours of in-service training. -Staff 14 (CNA), hired 6/7/12, had no performance review and no documentation they completed 12 hours of in-service training. -Staff 15 (CNA), hired 1/16/21, had no performance review and no documentation they completed 12 hours of in-service training. -Staff 16 (CNA), hired 9/4/20, had no performance review and no documentation they completed 12 hours of in-service training. On 6/13/22 at 1:27 PM, Staff 1 (Administrator) acknowledged the facility did not have a system in place to track nurse aide in-service training hours and did not complete annual performance reviews.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 32543 Based on observation, interview and record review it was determined the facility failed to ensure a medication error rate of less than five percent for 3 of 7 residents (#s 106, 107 and 156) reviewed for medication administration. The facility's medication administration error rate was 35%. This placed residents at risk for adverse medication consequences. Findings include: 1. Resident 106 was admitted to the facility in 2022 with diagnoses including stroke. Resident 106's current physician's orders included the following medications that were ordered to be administered between 6:00 AM and 10:00 AM: - aspirin (pain reliever and blood thinner) - vitamin D3 (supplement) - fludrocortisone (steroid) - levetiracetam (anticonvulsant) - magnesium oxide (supplement) - polyethylene glycol (stool softener) Resident 106's current physician's orders included the medication Eliquis (anticoagulant) that was ordered to be administered at 8:00 AM. On 6/13/22 at 12:01 PM Staff 6 (RN) was observed to administer Resident 106's aspirin, vitamin D3, fludrocortisone, levetiracetam, magnesium oxide, polyethylene glycol and Eliquis. On 6/13/22 at 1:39 PM Staff 2 (DNS) stated medications should be administered within 1 hour of their ordered administration times. 2. Resident 107 was admitted to the facility in 2022 with diagnoses including diabetes. Resident 107's current physician's orders included insulin aspart 10 units (injectable medication for treating high blood sugar). On 6/14/22 at 11:42 AM Staff 17 (Agency RN) administered insulin aspart to Resident 107 using an insulin pen. Staff 17 did not prime the pen first to remove air from the needle. Staff 17 confirmed she did not prime the pen and stated she did not prime the pen because she did not see any air in it. The Surveyor suggested Staff 17 check the insulin pen manufacturers instructions, which she did not do. On 6/14/22 at 12:15 PM Staff 19 (RNCM) confirmed the correct procedure was to prime the insulin pen prior to administering the insulin. (continued on next page)

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	385272	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tigard Rehabilitation and Care	14145 SW 105th Avenue Tigard, OR 97224

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Resident 156 was admitted to the facility in 2022 with diagnoses including diabetes. Resident 156's current physician's orders included insulin aspart per sliding scale (injectable medication for treating high blood sugar). On 6/14/22 at 11:52 AM Staff 17 (Agency RN) administered insulin aspart to Resident 156 using an insulin pen. Staff 17 did not prime the pen first to remove air from the needle. Staff 17 confirmed she did not prime the pen and stated she did not prime the pen because she did not see any air in it. The Surveyor again suggested Staff 17 check the insulin pen manufacturers instructions, which she did not do. On 6/14/22 at 12:15 PM Staff 19 (RNCM) confirmed the correct procedure was to prime the insulin pen prior to administering the insulin.

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide and implement an infection prevention and control program. 32543 Based on observation, interview and record review it was determined the facility failed to properly disinfect a glucometer between resident uses for 1 of 2 sampled residents (#107) reviewed for CBG monitoring. This failure, which was determined to be immediate jeopardy, placed Residents 156, 2, 104 and 155 at risk for viral hepatitis C infection. Findings include: On 6/10/22 at 12:38 PM Staff 3 (RN) used a glucometer (a device used to check CBG levels from a blood sample) from the treatment cart to check Resident 107's CBG. Staff 3 then wiped the front of the glucometer with an alcohol wipe and placed the glucometer in the front center of the top drawer of the treatment cart. On 6/10/22 at 1:00 PM Staff 3 removed the same glucometer from the treatment cart and prepared to enter Resident 156's room to check the resident's CBG. The Surveyor stopped Staff 3 from entering the room and asked her what the facility's policy and procedure was for disinfecting glucometers. Staff 3 stated she did not know. At the Surveyors request, Staff 3 then asked Staff 2 (DNS) what the correct procedure was for disinfecting glucometers between use. Staff 2 stated there were disinfectant wipes on the treatment cart for disinfecting the glucometers. The surveyor, Staff 2 and Staff 3 returned to the cart and verified the disinfectant wipes were available on the treatment cart. Staff 2 was asked to provide a list of residents who have CBGs checked and if any of them had a bloodborne infection. Staff 2 was requested by the Surveyor to cease all resident CBG checks at this time. Staff 2 immediately removed all seven used glucometers from the two treatment carts for disposal. Staff 2 then brought six brand new unused glucometers from storage for individual resident use. Staff 2 stated the glucometers would be labeled for each resident and stored in separate bags. On 6/10/22 at 1:45 PM The facility provided a list of all residents in the facility who had their CBG's checked. The list indicated Resident 107 had viral hepatitis C. On 6/10/22 at 2:39 PM Staff 1 (Administrator) was notified of the immediate jeopardy situation and was provided with a copy of the immediate jeopardy template. An immediate plan of correction was requested. On 6/10/22 at 4:03 PM Staff 1 and Staff 2 (DNS) provided a copy of the glucometer manufacturers disinfection instructions, demonstrated the manufacturers recommended disinfection cleaning wipes were available in the facility and the wipes were labeled with the correct contact time. Staff 2 provided copies of licensed nurse in-servicing materials related to glucometer disinfecting and a roster which indicted licensed nurse staff currently in the facility competed the education. On 6/10/22 at 4:11 PM Staff 1 submitted an acceptable plan of correction which included the following: Immediate: - All CBG's stopped, nurses in the building trained on policy and proper protocol as well as demonstrating competency, as well as education on the correct germicidal product to be used for cleaning the CBG machine, along with dwell times. (continued on next page)

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F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	- All open CBG machines have been pulled and discarded. New individualized CBG machines have been assigned to each resident and labeled with their name and placed in individualized bag. - RNCM has assumed charge roll of the floor and is educating RN while working side by side. - Documentation to be provided showing the germicidal product meets manufacturer's requirements for disinfection of CBG machine. Ongoing: - Resident physicians notified and obtained orders for bloodborne pathogen testing. - Blood draws ordered for residents who received CBG testing. - All remaining nurses to be trained before next working shift on proper protocol on CBG process, as well as education on the correct germicidal product to be used for cleaning the CBG machine, along with dwell times. Systemic Changes: - Germicidal product to be clearly labeled with dwell time. - DNS/RNCM or designee will perform CBG competencies all current licensed nurses employed and will conduct CBG competency for all new hires prior to end of orientation period. Monitoring: - DNS/RNCM or designee, to complete random weekly checks on 50% of residents receiving CBG testing to ensure compliance with correct CBG administration as well as monitoring of technique and ensuring correct cleaning protocols are being followed, corrections as needed. - DNS/RNCM or designee to report findings at Monthly QAPI. On 6/10/22 at 4:17 PM Staff 1 was notified the immediacy was removed and resident CBG testing could resume. 41458

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 46053 Based on interview and record review it was determined the facility failed to provide education regarding the benefits and potential side effects associated with receiving the pneumococcal vaccination for 3 of 5 sampled residents (#s 3, 155 and 156) reviewed for vaccinations. This placed residents at risk of not being aware of healthcare options. Findings include: 1. Resident 3 was admitted in 5/2022 with diagnoses including one-sided weakness. There was no documentation of her/him receiving information from the facility regarding the benefits and potential side effects related to the pneumococcal vaccine or if the resident had received the pneumococcal vaccine. On 6/14/22 at 12:16 PM Staff 2 (Interim DNS) stated she was unaware of Resident 3's pneumococcal vaccination status and had not discussed this with the resident. 2. Resident 155 was admitted in 6/2022 with diagnoses including chronic kidney disease. There was no documentation of the facility staff offering her/him the pneumococcal vaccines or providing information related to their benefits and potential side effects. On 6/14/22 at 10:27 AM Resident 155 stated she/he just got over pneumonia and the facility staff did not discuss the vaccine with her/him. On 6/14/22 at 12:19 PM, Staff 2 (Interim DNS) confirmed she had not discussed or offered the pneumococcal vaccine with Resident 155. 3. Resident 156 admitted to the facility in 5/2022 with diagnoses including a stroke. The resident stated the facility staff had not asked if she/he had received the pneumococcal vaccine previously and had not provided information regarding the pneumococcal vaccine, its benefits, or potential side effects with her/him. There was no documentation in the resident's medical record of the resident receiving the pneumococcal vaccine or education related to the benefits or potential side effects. On 6/14/22 at 12:19 PM, Staff 2 (Interim DNS) stated she had not discussed or offered the pneumococcal vaccine with Resident 156.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. 46053 Based on interview and record review it was determined the facility failed to provide education regarding the benefits, risks, and potential side effects associated, and failed to provide the opportunity to accept or decline COVID-19 vaccinations for 2 of 5 sampled residents (#s 3 and 157) reviewed for vaccinations. This placed residents at risk for making uninformed healthcare decisions. Findings include: 1. Resident 3 was admitted in 5/2022. There was no documentation of her/him receiving information from the facility regarding the benefits and potential side effects related to the COVID-19 vaccine. On 6/15/22 at 1:07 PM Staff 2 (Interim DNS) confirmed she did not yet offer the COVID-19 vaccine to the resident or provide her/him with education related to the risks, benefits, and potential side effects associated with receiving the vaccine. 2. Resident 157 was admitted in 5/2022 with diagnoses including diabetes. No evidence was found in the facility's electronic health record indicating Resident 157's COVID-19 vaccination status. On 6/15/22 at 10:14 AM Resident 157 reported the facility did not discuss a COVID-19 vaccination with her/him. She/he stated she/he received both doses plus one booster of the vaccine prior to admission and that she/he kept a vaccination card with her/his personal belongings. On 6/15/22 at 1:05 PM, Staff 2 (Interim DNS) stated she did not document any communication with Resident 157 related to her/his COVID-19 vaccination status.