

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

PRINTED: 3/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-067-1553	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/03/2022	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CTR OF LAWRENCEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 210 COLLINS INDUSTRIAL WAY LAWRENCEVILLE, GA 30045		
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F 000	<p>INITIAL COMMENTS</p> <p>A Recertification and Complaint survey was conducted by Healthcare Management Solutions, LLC on behalf of the Georgia Department of Community Health on 1/31/2022 through 2/3/2022. In addition, Complaint Intake numbers GA00218921, GA00215413 and GA00214755 was investigated in conjunction with this standard survey with no deficiencies cited. Complaint Intake number GA00214740 was investigated and F686 was cited. The Standard survey and Complaint investigation revealed that the facility was not in substantial compliance with Medicare/Medicaid regulations at 42 Code of Federal Regulations (C.F.R.) Part 483, Subpart B - Requirements for Long Term Care Facilities. The following deficiencies resulted from the facility's noncompliance related to the standard survey. As indicated on the facility's Form CMS-672, Resident Census and Conditions of Residents Form, the facility's census on 2/3/2022 was 68 residents.</p>	F 000		
F 0578 SS= D	<p>483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir</p> <p>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).</p> <p>(i) These requirements include provisions to inform and provide written information to all</p>	F 0578		

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	<p>adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interviews, review of the facility's admission packet, and facility policy review, the facility failed to ensure resident wishes were correctly entered into orders to reflect the residents preferred code status, failed to ensure a copy of the resident's advance directives were obtained and filed in the medical record, and/or were provided advance directive education material as well as a written description of the facility's advance directive policy for four of six (Residents (R)19, R23, R29, R38) sampled residents reviewed for advance directives.</p> <p>Findings include:</p>			

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	<p>1. Review of R29's "Profile" in the electronic medical record (EMR) under the "Profile" tab revealed R29 was admitted to the facility on 12/10/2021 for rehabilitation on the skilled nursing unit. R29 signed a document on 12/10/2021 that acknowledged R29 had an advance directive prior to admission. This document included "prior to admission, I have executed an Advance Directive and will provide the facility with a copy."</p> <p>Review of R29's admission "Minimum Data Set (MDS)" located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of 12/17/2021 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating the resident was cognitively intact.</p> <p>Review of R29's "Social Services" notes located in the EMR from 12/15/2021 to 12/2021/2022 under the "Progress Notes" tab revealed no documentation of any discussion about R29's advance directives or code status.</p> <p>During an interview on 02/01/2022 at 10:24 AM, the Social Services Director (SSD) stated during the admission process the admission director will obtain a copy of code status and/or advance directives or ask if they want one. The SSD stated she only gave advance directive information, which included a booklet explaining what advance directives were and the applicable state laws, at admission if the resident or family asked for it. Otherwise, it was not provided.</p> <p>On 2/01/2022 at 5:03 PM during an interview, R29 stated she was a full code, but didn't want heroic measures should her health change. She stated she had an advance director and her brother, who lived locally, kept a copy for her. She went on to say no one had asked her for a copy of her advance directives or about her code status. She stated no one had provided</p>			

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	<p>her educational materials about advance directives when she was admitted or during her stay at the facility. During a subsequent interview on 02/03/2022 at 8:45 AM, R29 stated she called her brother to ask if the facility had provided advance directive information or had asked him for a copy of her advance directive and he told her "No."</p> <p>Interview on 2/01/2022 at about 5:20 PM, the Admission Director confirmed R29 was marked as having an advance directive in her admission paperwork but stated R29 did not provide a copy of her advance directives at the time of admission. In a subsequent interview on 2/03/2022 at 9:00 AM, the Admission Director stated during the admission process if the resident had an advance directive, she would request for a copy, but she did not document such requests. She stated if the resident or responsible party did not give her a copy, she did not follow-up on it and she wasn't sure what happened from there. She went on to say copies that are provided are scanned into the EMR and a written copy is placed on the hard chart.</p> <p>2. Review of R38's "Profile" in the EMR under the "Profile" tab revealed the resident was re-admitted to the facility on 12/18/2021 for rehabilitation on the skilled nursing unit. R38's original admission date was 11/17/2021.</p> <p>Review of R38's admission "MDS" located in the EMR under the "MDS" tab with an ARD of 12/25/2021 revealed a BIMS score of 15 out of 15, indicating the resident was cognitively intact.</p> <p>Review of R38's 12/01/2021 "Care Plan" under the "Care Plan" tab located in the EMR revealed a focus area for a full code status that included an intervention of "Code Status will be reviewed on a quarterly basis and PRN (as needed)."</p>			

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	<p>During an interview on 2/01/2022 at 9:23 AM, R38 revealed she wanted to be a Do not Resuscitate ("DNR") because chest compressions would crush her bones. However, she and her daughter hadn't completed the paperwork for the code and no one at the facility had revisited the topic since she came back from her last hospitalization. She went on to say she had an advance directive.</p> <p>Review of R38's admission paperwork revealed R38's daughter signed a document on 11/17/2021 that acknowledge R38 had an advance directive prior to admission. This document revealed, "prior to admission, I have executed an Advance Directive and will provide the facility with a copy."</p> <p>Review of R38's "Social Services" notes dated 11/24/2021 through 2/02/2022 in the EMR under the "Progress Notes" tab revealed no documentation of any discussion about R38's advance directives, only that R38 "prefers to be a Full Code."</p> <p>During an interview on 02/01/2022 at 10:24 AM, the SSD stated R38 was a Full Code. She stated R38 may have an advance directive, but she was told upon admission R38 wanted to be a Full Code. The SSD admitted she hadn't revisited the topic since R38 had come back from the hospital.</p> <p>3. Review of R23's "Admission Record" located under the "Profile" tab of the EMR revealed R23 was admitted to the facility on 5/19/2021. Review of R23's admission "MDS" located in "the EMR under the "MDS" tab with an ARD of 6/01/2021 revealed a BIMS score of 15 out of 15, indicating the resident was cognitively intact. Since this time, R23 has had a significant change and according to her quarterly "MDS" with an ARD of 12/02/2021 revealed a BIMS of seven out of 15, indicating the resident was</p>			

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	<p>severely cognitively impaired.</p> <p>Upon admission, R23 provided the facility with her living will dated, 3/17/16, in which the resident chose a Do Not Resuscitate (DNR) status. Additionally, R23 had a Physician Orders for Life-Sustaining Treatment (POLST) dated 6/08/2021 and another POLST dated 08/24/2021 in which R23 chose a DNR status.</p> <p>Review of R23's EMR and hard chart had the resident listed as Full Code status.</p> <p>During an interview on 2/01/2022 at 10:31 AM with the SSD, she revealed that she speaks with the family upon admission to find out the code status. The SSD further stated that she is very familiar with R23 and knows that she is a Full Code. When presented with the R23's living will and POLST, the SSD was unable to explain the discrepancy.</p> <p>During an interview on 02/01/2022 at 10:36 AM with the Director of Nursing (DON), revealed if a resident is found unresponsive, she would look in the EMR for the code status. Specifically, for R23, the DON stated that according to R23's chart, the resident is a Full Code and the DON stated Cardiopulmonary resuscitation (CPR) would be started for this resident.</p> <p>During an interview on 2/01/2022 at 10:42 AM with Licensed Practical Nurse (LPN) 1, she stated if R23 was found unresponsive, she would begin CPR due to R23 being listed as a full code.</p> <p>During an interview on 2/01/2022 at 11:00 AM, R23's son/healthcare surrogate stated that R23 wishes to be a DNR, and he respects her wishes. He also stated he expects the facility to follow R23's preference to be a DNR.</p>			

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	<p>During a second interview on 2/01/2022 at 11:13 AM with the DON, she stated R23's code status should have been updated to reflect R23's wishes and that it was the nursing department responsibility to update the record accordingly.</p> <p>4. Review of R19's "Admission Record" located in the "Profile" tab in the EMR revealed R19 was admitted to the facility on 11/30/2021 and readmitted on 01/17/2022.</p> <p>Review of the Admission "MDS" with an ARD of 12/07/2021 and 01/24/2022 revealed R19 had a BIMS score of 13 that indicated the resident had intact cognitive status.</p> <p>Review of Physician "Orders" in the "Orders" tab in the EMR dated 12/01/2021 revealed R19 had a physician's order for DNR; however, there were no advance directives in R19's EMR or hard copy chart.</p> <p>Review of nursing "Progress Notes" in the "Progress Notes" tab in the EMR revealed R19 was discharged to the community on 12/30/2021 and readmitted on 1/17/2022 with physician orders for a Full Code; however, there were no advance directives in R19's EMR or hard copy chart.</p> <p>During an interview on 2/01/2022, R19 stated he has been a DNR for a long time and he did not want any life sustaining treatment and that he formulated advance directives a long time ago.</p> <p>During an interview on 02/01/2022 at 11:46 AM, the Admission Coordinator (AC) obtained files from the business office that documented on 11/30/2021, per the "Admission Agreement" the resident had advance directives and the</p>			

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	<p>resident's living will was in the file, not in the resident's medical record. The Admission Coordinator acknowledged that she does not provide any education or written material regarding advance directives, the Social Services Department does that.</p> <p>Review of "Attachment H" of R19's "Admission Agreement" provided by the Admission Coordinator and obtained from the business office dated 11/30/2021 documented "Advance Directives Prior to admission, I have executed an Advance Directive and will provide the facility with a copy."</p> <p>Review of R19's "Living Will" dated 12/17/1996 and obtained from the Admission Coordinator from the 11/30/2021 admission file maintained in the business office directs that "my life shall not be prolonged under the circumstances set forth below: 1. If at any time I should ...have a terminal condition ...become in a coma with no reasonable expectation of regaining consciousness, or...become in a persistent and vegetative state with no reasonable expectation of regaining significant cognitive function I direct that the application of life-sustaining procedures to my body ...including nourishment and hydration ...be withheld and I be permitted to die; In the absence of my ability to give directions regarding the use of such life sustaining procedures, it is my intention that this living will be honored by my family and physician(s) as the final expression of my legal right to refuse medical and surgical treatmentI understand I may revoke this living will at any time." There was no copy of this Living Will in the resident's EMR of hard chart.</p> <p>Review of "Attachment H" of R19's Admission Agreement provided by the Admission Coordinator and obtained from the business office dated 1/17/2022 documented "Advance Directives Prior to admission, I have executed an Advance Directive and will provide the facility</p>			

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	<p>with a copy."</p> <p>During an interview on 2/01/2022 at 1:30 PM the SSD acknowledged that the resident was a DNR during the 11/30/2021 admission and was a Full Code upon readmission on 1/17/2022 based on an interview with the resident when he indicated he wanted to be a Full Code including CPR. The SSD acknowledged that if a resident or family requests information on Advance Directives she will provide them with a pamphlet titled "Georgia Advance Directives"; however, she does not routinely do that.</p> <p>During an interview on 2/01/2022 at 2:00 PM the DON acknowledged that residents should receive written information on Advance Directives upon Admission and that Advance Directives are a part of the resident's permanent medical record.</p> <p>Review of the facility's policy titled "Advance Directives" dated 10/20/2021 defines a "Living Will - A document that specifies the kind of medical care the resident wants (or doesn't want) regarding measures to prolonged life if he or she became unable to make his/her own decisions in a terminal condition or persistent vegetative state" and directs that "All residents or their responsible parties receive materials concerning their rights under applicable laws to make decisions regarding their medical care, including the right to accept or refuse medical care, the right to accept or refuse medical or surgical treatment, organ donation requests, and the formation of advance directives upon admission. A written description of the facility's policies regarding advance directives and applicable State law is provided to the resident or resident representative. Information is provided in a manner easily understood by the resident or resident representative... If the resident has an advance directive, the social worker will request a copy of the directive so that it may become part of the medical record.</p>			

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F 0686 SS= D	<p>Documentation of such directives are placed in the Social Services progress notes. The resident's attending physician is made aware of such, and the appropriate orders are incorporated into the resident's care plan Note: The advance directive copy should always remain in the resident's record, protected in a plastic cover, even if the chart is thinned ... Each time the resident is admitted to the facility, quarterly, and when a change in condition is noted in the resident condition, the facility should review the advance directive and advance care planning information ... This review should focus on if the existing advance directives and ACP [advance care plan] match the current goals of care for the resident. The social services director or designee should document this conversion in the medical record and assist as needed with updating the documents that need revision in accordance with state and federal requirements."</p> <p>Review of facility's policy titled, "Cardiopulmonary Resuscitation (CPR) Guidelines", revised 10/15/2021 indicated, "Facilities must address how resident preferences and physician orders related to CPR and other advance directive issues are communicated throughout the facility so that staff know immediately what action to take or not take when an emergency arises."</p> <p>Review of the facility's "Resident Admission Agreement" packet revealed no advance directive education literature or a description of the facility's advance directive policy. The only reference to advance directives revealed on page 10 "You or your Representative have been given written material about your right to accept or refuse medical treatments as provided by state law and has been informed of the Resident's right to formulate Advance Directives."</p>	F 0686		

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	<p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure that a resident who entered the facility with a pressure ulcer received care and services to promote healing and that wound care staff performed complete evaluations to ensure wound treatment was appropriate for one (Resident (R) 36) of four residents reviewed for pressure ulcers. This deficient practice had the potential to compromise the healing of R36's pressure ulcers.</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Documentation & Assessment of Wounds" revised 08/23/21 documented that "Certain risk factors have been identified that increase a patient's susceptibility to develop or impair healing of pressure ulcers. Examples include - but are not limited to ...under nutrition, malnutrition, and hydration deficits" and directs "A wound assessment/documentation is required to occur at a minimum 'weekly' ...A staging tool such as the classification system developed by the National Pressure Injury</p>			

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	<p>Advisory panel (NPIAP), found at https://npiap.com/page/PressureInjuryStages, should be used to describe pressure injuries ...Pressure injury management calls for a multidisciplinary team approach. A nurse specially trained in wound care typically leads the team. A certified nursing assistant implements measures to prevent pressure injury formation and reports signs of skin breakdown to the nurse. A dietitian provides a dietary plan that promotes wound healing. A wound care practitioner may be needed to debride wounds. The director of nursing oversees the pressure injury program and provides staff members with performance improvement measures so that they can gauge the quality of their care and improve as needed ...Complications of pressure injuries include infection, pain, osteomyelitis, and social isolation ...Document the size, location, depth, and stage of the pressure injury. Also, note the presence or absence of necrosis, slough, tunneling, and exudate. [19] Document the condition of the wound bed (including such evidence of healing as granulation), presence of eschar, and status of the periwound area. Record the presence of signs of infection and pain. Document wound care provided and the resident's response to those interventions. Document teaching provided to (the resident and family (if applicable), their understanding of that teaching, and any need for follow-up teaching."</p> <p>Review of R36's "Profile" located in the "Profile" tab in the electronic medical record (EMR) revealed R36 was admitted to the facility on 12/21/2021 with diagnoses that included cancer, anemia, hypertension, and diabetes mellitus.</p> <p>Review of the "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 12/28/21 revealed the resident had a Brief Interview for Mental Status Score (BIMS) of 15 out of 15, which indicates the resident is cognitively intact and entered the facility with a</p>			

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	<p>Stage three unhealed pressure ulcer, unstageable ulcer(s) and one venous/arterial ulcer.</p> <p>Review of R 36's "Care Plan" located in the "Care Plan" tab in the EMR revealed on 12/28/21 documentation of a problem "resident has pressure ulcer to coccyx and right buttock r/t [related to] Immobility" with planned interventions to "Assess wound healing weekly Measure length, width and depth where possible. Assess and document status of wound perimeter, wound bed and healing progress. Report improvements and declines to the MD [Medical Doctor]." On 12/30/21 the "Care Plan" was revised and included an identified problem "is at risk for pressure ulcer development due to impaired bed mobility and frequent bowel incontinence" with planned interventions to "Clean and dry skin after each incontinent episode ...Encourage good nutrition and hydration in order to promote healthier skin ...Follow facility protocols for treatment of injury ...Weekly skin assessment by LN [licensed nurse]."</p> <p>Review of the 12/22/21 Buttock "NRSG [Nursing]: Wound Observation Tool" located in the Assessments tab in the EMR documented that R36 had an unstageable pressure injury of the right buttock that measured 4.0 centimeters (cm.) length (L) x 7.5 cm width (W) with no drainage, no pain and no signs of infection; however, no depth was documented and no comments were entered to describe the periwound and margins of the wound. Review of additional Buttock "NRSG: Wound Observation Tool" evaluations dated 12/29/21, and 01/27/22 reviewed they also did not evaluate the depth of the resident's wound.</p> <p>During an interview on 02/03/22 at 1:30 PM Registered Nurse (RN)10 acknowledged some of the nursing documentation did not contain depth measurements and stated they should be</p>			

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	<p>there even if the value is none rather than blank.</p> <p>Review of the 12/22/21 Coccyx "NRSG: Wound Observation Tool" located in the Assessments tab in the EMR documented that R 36 had a Stage 3 Pressure Ulcer of the coccyx that measured 2.0 cm. L x 3.0 cm W with epithelial tissue, no drainage, no pain, and no signs of infection; however, no depth was measured, and no comments were entered to describe the periwound and margins of the wound. Review of additional Coccyx "NRSG: Wound Observation Tool" evaluations dated 12/29/21, and 01/27/22 reviewed they also did not evaluate the depth or the periwound for R36's wound.</p> <p>During an interview on 02/03/22 at 1:38 PM, the Director of Nursing (DON) acknowledged the resident's wounds had depth based on the Wound Medical Doctor's (Wound MD) documentation and nursing staff should be documenting it along with all wound characteristics.</p> <p>Review of the 01/02/22 initial "NUTRITION: Assessment Nutritional Data Collection " by the Registered Dietician (RD) located in the "Assessments" tab of the EMR revealed R36 weighed 276 pounds (lb.) (obese) and the resident requested small portions of a regular diet. Resident stating, he has painful swallowing. The RD documented the 12/22/21 labs TP (Total Protein) 5.6 (normal 6.2-8.2) g/dl Alb (albumin) 2.7 (normal 3.5-5.7) g/dl; however, no prealbumin value (indicator of malnutrition) was noted. Resident is consuming less than 25% of all his meals, which does not meet his needs.</p> <p>Review of the Wound MD "Notes" provided by the Medical Record Director (MRD) revealed the following:</p>			

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	<p>On 01/06/22 R36's coccyx deteriorated, unstageable and measured 3.3 cm. L x 1.4 cm. W x 0.2 cm. Depth (D) with 100% necrotic tissue. Surgical debridement with benzocaine anesthesia was performed on the coccyx "to remove necrotic tissue and establish viable margins." The Right buttock measured 7.0 cm. L x 5.0 cm. W x 0.1 cm. D with 20% necrosis, 80% granulation. The wound MD documented "My goal for this wound is healing as evidenced by a decrease in surface area of the wound and/or a decrease in the percentage of necrotic tissue within the wound bed. The best medical estimate of the time required for this wound to heal with continued physician evaluation and intervention is 58 days. This estimate is made with an 80% degree of certainty." The Wound Physician recommended a dietary consultation for an abnormal BMI and to obtain a prealbumin level. Review of the EMR and hard copy chart revealed the prealbumin level was never ordered and obtained.</p> <p>On 01/22/22 R36's coccyx wound deteriorated and was "unstageable due to necrosis" and measured 3 cm. L x 1.5 cm. W x 0.2 cm. D with light serous exudate and an "Unstageable right buttock" that measured 9.8 cm. L x 4.5 cm. W x 0.1 cm. depth with 20% necrotic, 80% granulation. Surgical debridement with benzocaine anesthesia was performed on the coccyx "to remove necrotic tissue and establish viable margins." New treatment for Santyl (topical medicine helps remove dead skin tissue and aid in wound healing) and ¼ strength Dakins (antiseptic solution for the treatment of wounds) solution covered with gauze island with border dressing. Factors complicating healing diabetes mellitus, however there was no documentation of R36's poor nutritional intake.</p> <p>Review of the 01/26/22 "Nutrition Note" located in "Progress Note" tab in the EMR revealed R36's plan of care was discussed at the resident at risk (RAR) meeting on 01/18/22 that revealed R36 continued to consume 25% of a</p>			

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	<p>mechanical soft diet and had a significant weight loss of 9.8% (27 lb.) in one month. The RD documented "Resident with fluid issues" and noted that the resident had no added sugar shake (supplement) BID (twice a day) and 30 ml. ProSource plus (protein supplement) TID (three times a day) which provides additional 700 calories and 63 grams of protein; there was no evaluation of his actual supplement intake. Resident continues to have painful swallowing but does not want puree texture meals tolerates his supplements. MD and resident aware of weight loss.</p> <p>Review of R36's "Eating-ADL" meal consumption from 01/05/22 to 01/26/22 located in the "Tasks" tab in the EMR revealed on 15 days R36 ate 0-25% for all meals, on five days R36 ate 0-50% for all meals and only ate 100% for one meal.</p> <p>Review of the January "Medication Administration Record" (MAR) located in the reports in the "Orders" tab of the EMR revealed R36 consumed the ProSource; however, the house shakes were not consumed for 35 of 44 opportunities, 25% was consumed for two of 44 opportunities, 50% was consumed for 2 of 44 opportunities, 75% was consumed for one of 44 opportunities and 100% was consumed for four of 44 opportunities.</p> <p>During concurrent review of wound documentation and interview on 02/03/22 at 9:46 AM, the Wound MD acknowledged that he initially evaluated the residents wound on 01/06/21 because he was on vacation and that was the earliest time he could get into the facility. The Wound MD stated that the facility staff were competent to perform wound evaluations and routinely contact him for pressure sores. Upon initial evaluation he assesses the buttock and coccyx wounds, provided treatment orders, conferred with staff,</p>			

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	<p>and performed debridement when required. The Wound MD stated the coccyx wound remained unchanged and the right buttock wound deteriorated since his first evaluation on 01/06/22. The Wound MD acknowledged that he did not evaluate the wound since 01/22/22 because he was on vacation last week; however, the facility wound nurse evaluated the wounds. The wound MD stated all wounds should be measured to provide a full assessment of length, width, depth, exudate, odor, periwound, and the presence/absence of pain. The Wound MD stated that the nutritional aspects of R36's wound healing should be managed by the dietician and acknowledged that R36's nutritional needs required monitoring for proper wound healing.</p> <p>During a concurrent record review and interview on 02/03/22 at 2:08 PM, the Registered Dietician (RD) acknowledged that upon her initial evaluation she determined the resident was not eating and his intake was suboptimal to meet his nutritional needs including wound healing and she recommended a pureed diet because the resident had painful swallowing. She added supplements and Vitamin C. The RD acknowledged the resident was monitored with weekly weights, continued to lose weight, consume 25% or less and said he had edema, so it was okay. The RD stated that during that time the facility did not have formal resident at risk (RAR) meetings, described as interdisciplinary team meetings to discuss nutrition problems and other resident issues that require interdisciplinary review, because of a COVID outbreak so the interdisciplinary communication was "informal." When R36 was admitted he was on a full liquid diet, the next day he was changed to regular meals, on 01/03/22 he was changed to pureed, then on 01/14/22 he did not want pureed and requested mechanical soft and Occupational Therapy (OT) changed him from an assist with meals and added a curved spoon so he could feed himself. "I think I need to recommend meds [medications] to stimulate his appetite." The RD</p>			

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F 0697 SS= D	<p>acknowledged that although his meal intake was poor, she did not obtain a prealbumin and was unaware of the recommendations made by the Wound MD. R36 informed her that in the past, he had taken ensure supplements; however, it's not a supplement the facility has, and the family stated they would bring some in. The RD confirmed she did not confer with the physician; she was "trusting other professional to reach out to the physician" and assumed the nurses talked to the physician(s).</p> <p>During an interview on 02/03/22 at 4:05 PM, R36's attending Medical Doctor (MD) 1 acknowledged that R36's wound were "unavoidable" due to his functional quadriparesis, and he did not want to move. In addition, MD1 acknowledged that R36 had poor meal intake with protein calorie malnutrition and despite continual nutritional counseling, the resident's nutritional status had not improved, and his wounds have not improved. MD1 acknowledged that the resident's nutritional status is important for wound healing and stated that some of the resident's weight loss was desirable due to edema, then acknowledged that the small diuretic dose of Lasix 20 mg administered three times a week would not totally account for the resident's significant weight loss.</p> <p>483.25(k) Pain Management</p> <p>§483.25(k) Pain Management.</p> <p>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, review of hospital records, interviews, and facility policy review, the facility failed to develop an interdisciplinary</p>	F 0697		

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	<p>and resident-centered plan of care to manage chronic pain for one of two (R36) reviewed for pain.</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Pain Assessment and Management" dated 07/17/21 directs "All resident will be assessed for pain indicators upon admission/re-admission, quarterly, and with any change of condition ...An individualized pain management care plan will be developed an initiated when pain indicators are identified ...The facility will utilize the Lippincott Procedure: Pain assessment, long-term care."</p> <p>Review of the "Lippincott Procedure" dated 05/21/21 provided by the Director of Nursing revealed directs "Utilize a numerical pain scale (0-10) for residents who are able to self-report their level of pain ...Assess pain every shift and record on MAR [medication administration record] ...When performing a pain assessment, assess the following specifics: Location ...Intensity ...Quality ... Onset and duration ...Previous treatments ...Associated symptoms ...Effects on mobility and function ...Expectations about pain and pain relief ...Objective report about resident's mood and behavior ...Effect of pain on functioning and quality of life ...The entire health care team is responsible for communicating a resident's report or signs of pain."</p> <p>Review of R36's "Profile" located in the "Profile" tab in the electronic medical record (EMR) revealed R36 was admitted to the facility on 12/21/21.</p> <p>Review of the Admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 12/28/21 located in the "MDS" tab of</p>			

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	<p>the EMR revealed R36 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 that indicated the resident was cognitively intact.</p> <p>Review of the "Physical Therapy Summary" from the hospital located in the hard chart dated 12/20/21 documented R36 was diagnosed with cervical myelopathy [compression of the spinal cord in the neck] with incomplete quadriplegia [weakness and/or loss of movement of all four limbs]. In addition, R36's goals revealed patient delayed in progression towards goals due to (decreased cognition, unresolved medical issues, and pain). Clinical Impression Pt's [patient's] progression is limited by his pain and decreased cognition. Max [maximum] A[assist] x 2 [staff] with PT [Physical Therapy] to roll in bed to either side. Very poor limb control. PT recs [recommendations] LTAC [Long Term Acute Care] consideration as the patient has many current co-morbidities that need managing including BLE [bilateral lower extremity] wounds, systemic, swelling and is being followed by HMS [health monitoring system]. He is also too low level to tolerate Acute Rehab and to low level to tolerate sub-acute rehab. He needs more medical management with rehab care in an LTAC environment."</p> <p>Review of the Physician Encounter "SOAP"[Subjective Objective Assessment Plan] note provided by the Medical Records Director (MRD) dated 12/22/21 documented "Pain management: May use Oxycodone and tramadol (narcotic pain medication) and that "The patient's medication was adjusted and scheduled for optimizing pain management."</p> <p>Review of R36's "Care Plan" in the "Care Plan" tab in the EMR documented R36 "expresses pain r/t [related to] recent C3 [Cervical 3], C4 anterior cervical discectomy [neck surgery to remove damaged disc]" on 12/21/21 with a goal for "The resident will express pain relief" with</p>			

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	<p>planned interventions to "Evaluate the effectiveness of pain medication once given." Additional interventions added on 12/30/21 included "Anticipate the resident's need for pain relief and respond immediately to any complaint of pain ...Observe and report changes in usual routine, sleep patterns, decrease in functional abilities, decrease ROM [Range of Motion], withdrawal or resistance to care ...Observe and report to Nurse any s/sx [signs and symptoms] of non-verbal pain ...Report to Nurse any change in usual activity attendance patterns or refusal to attend activities related to s/sx or c/o [complaints of] pain or discomfort ...Report to nurse loss of appetite, refusal to eat and weight loss."</p> <p>Review of Physician "Orders" in the "Orders" tab in the EMR revealed R36 had the following orders related to pain management and therapy:</p> <p>Orders dated 12/21/21 "Assess for pain on a scale of 0-10 every shift, 0 to 3 equals mild pain, 4 to 6 equals moderate pain, and 7 to 10 equals severe pain," and "gabapentin capsule 300 mg give one capsule by mouth three times a day for neuropathy scheduled at 9:00 AM, 1:00 PM, and 5:00 PM."</p> <p>On 12/22/21 an order was received for "Oxycodone HCl tablet five mg, give one tablet by mouth every six hours as needed for severe pain."</p> <p>On 12/24/21 an order was received for "cyclobenzaprine HCl table five mg, give one tablet by mouth every eight hours as needed for Muscle Spasm."</p> <p>On 12/27/21 an order was received for "Oxycodone HCl table five mg give one tablet by mouth every six hours for Moderate to Severe Pain."</p>			

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	<p>On 12/28/21 an order was received for "tramadol HCl table 50 mg, give one tablet by mouth four times a day for Moderate Pain" (Review of the "Medication Administration Record (MAR) revealed the medication was scheduled and administered at 3:00 AM, 9:00 AM, 3:00 PM and 9:00 PM)</p> <p>On 01/19/22 an order was received for "Oxycodone HCl tablet five mg, give one tablet by mouth as needed for moderate to severe pain, three times a day."</p> <p>On 02/02/22 an order was received for "Oxycodone HCl tablet five mg, give one tablet by mouth one time a day for pain."</p> <p>Review of the Physician Encounter "SOAP" note provided by the MRD revealed the following documentation related to pain and therapy:</p> <p>On 12/27/21 "Muscle spasms: Initiate Flexeril (muscle relaxant) and schedule pain medication. Monitor for sedation or confusion."</p> <p>On 12/29/21 "He is tolerating rehab. Although exercise is minimal. He states pain is now well controlled. Denies spasms. Pain management: Well controlled."</p> <p>On 12/31/21 "We will review medication and give Oxycodone without the Tylenol for pain management. The patient counseled on pain management use and risk of liver failure with current regimen and insistence of use. The patient also counseled on addictive and abuse of opioids."</p> <p>On 01/19/22 "The patient is tolerating rehab and</p>			

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	<p>is more active. Describes pain as reduced."</p> <p>On 01/20/22 "pain management: Reducing dose of Oxycodone to three times a day. Previously, he was receiving Oxycodone along with tramadol alternating every three hours. We will monitor for pain."</p> <p>On 01/24/22 "pain management is adequate."</p> <p>Review of January 2022 "MAR" located in the "Report" tab within the "Orders" tab of the EMR revealed that five of 93 shifts documented R36 had pain scored at a level "3", one of 93 shifts he had pain scored at a level "5", one of 93 shifts had pain scored at a level "6", and 86 of 93 shifts had pain scored at a level "0."</p> <p>Review of Nursing "Progress Notes" located in the "Progress Notes" tab in the EMR revealed that the documentation from 12/22/21 to current documented occasionally that "pain meds were administered per orders and was effective"; however there were no specifics documented that describe location, intensity, quality, onset and duration, previous treatments, associated symptoms, effects on mobility and function, expectations about pain and pain relief, objective report about resident's mood and behavior, and/or effect of pain on functioning and quality of life in accordance with facility policy.</p> <p>During a concurrent interview on 01/31/22 at 10:47 AM, R36 stated he has chronic pain due to surgery for spinal stenosis and has leg spasms that is being treated with muscle relaxer medication, and he was currently waiting for medication from staff</p> <p>Review of the "Orders-Administration Note" located in the "Progress Notes" tab in the EMR</p>			

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	<p>by LPN7 dated 01/31/22 12:52 noted that the muscle spasm medication as "effective"; however, there was no progress note stating the location, duration, exacerbating /alleviating factor and severity of the pain the resident experienced.</p> <p>During a concurrent record review and interview on 02/03/22 at 3:35 PM, LPN 7 stated R36 asked for a muscle relaxer not pain medication on the morning of 01/31/22 and she didn't ask him his pain level "because he told me what was going on with him" and when she checked the MAR, she determined his pain pill was due around 1:00 PM. LPN7 acknowledged she did not document R36's pain level, nor the source of his discomfort in the progress notes nor the exacerbating or alleviating factors because "she knew what was going on with him." LPN7 stated on 01/31/22 she did go back to determine if the medication administration was effective, and it was which she documented at 12:52 PM. LPN 7 stated the source of R36's pain is his legs and his bottom and added that he is always uncomfortable with care.</p> <p>During an interview on 02/03/22 at 4:52 PM, the Assistant Director of Rehabilitation Services (ADOR) stated R36 is scheduled for Physical Therapy (PT) and Occupational Therapy (OT) five days per week. The ADOR stated that typically therapy staff will ask nursing staff to medicate the resident prior to therapy. The ADOR revealed the last time the resident got out of bed was 01/24/22 because "his bottom was too sore to get in the wheelchair." When R36 refuses to get out of bed therapy staff work on passive range of motion exercises; however, he has refused left lower extremity exercises due to pain and positioning, so staff have provided some soft tissue massage recently.</p> <p>During an interview on 02/03/22 at 5:07 PM Physical Therapy Assistant (PTA)12 stated staff usually gave R36 tramadol prior to therapy and</p>			

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F 0880 SS= D	<p>his therapy was around noon, generally R36 does not want to move. PTA12 acknowledged that the resident has not participated in therapy since 01/25/22 because he is in too much pain from his "bottom and legs."</p> <p>During an interview on 02/03/22 at 4:05 PM, R36's attending Medical Doctor (MD) 1 acknowledged that R36's pain management related to his functional quadriplegia is problematic and stated, "he wants more and more narcotic pain medication" and stated he abuses opiates. MD1 stated R36 remains in bed all day and nursing staff are doing the best they can.</p> <p>During an interview on 02/03/22 at 5:40 PM, the DON acknowledged that nursing staff are required to evaluate the resident's pain using the numeric scale and facility policy and reevaluate the effectiveness of the interventions.</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable</p>	F 0880		

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	<p>diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>			

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	<p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, record review and policy review, the facility failed to ensure that staff followed transmission-based precautions for COVID-19 for two (Resident (R) 122 and R123) of three newly admitted residents on quarantine. In addition, the facility failed to ensure that multiuse glucometers were cleaned and disinfected according to manufacture's instructions and the facility's policy on two (Gateway 1 and Gateway 2) of four medication carts observed for glucometer cleaning and disinfection.</p> <p>Findings include:</p> <p>1. Review of the facility's policy titled " Coronavirus (COVID 19) (SARS-CoV-2)" revised 01/22/22 directs " Ensure everyone is aware of recommended Infection Control Preventionist (IPC) practices in the facility... Post signs, or posters at the entrance and in strategic places (e.g., waiting areas, elevators) with instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene) ...In general, all nonvaccinated residents who are new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission. All recommended COVID-19 PPE [Personal Protective Equipment] should be worn during care of residents under quarantine, which includes use of an N95 or higher-level respirator (or facemask if a</p>			

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	<p>respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown."</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS) "COVID-19 Nursing Home Data" dated 01/16/22 located at https://data.cms.gov/covid-19/covid-19-nursing-home-data revealed that Gwinnet County, Georgia had a county positivity rate of 27.88% with a high positivity rate.</p> <p>During an interview on 01/31/22 at 9:26 AM, the Administrator stated that the facility had four to five COVID positive residents residing on a designated COVID Unit and several residents on quarantine who were unvaccinated new admissions, and the staff were wearing N95 masks and eye protection throughout the building.</p> <p>A. Review of R 122's "Admission Record" located in the "profile" tab in the electronic medical record (EMR) revealed the resident was admitted to the facility on 1/18/22.</p> <p>During an observation on 1/31/22 at 12:50 PM Occupational Therapist (OT)8 was instructing R122 to perform arm exercises using a dowel bar in the resident's room. Outside R122's door there was Centers for Disease control and Prevention (CDC) laminated 8-12" x 11" signs that posted "Contact Precautions " that posted that staff must put on gloves, gown prior to entry into the room and an 8-12" x 11" laminated CDC "Droplet Precautions" sign that instructed staff to fully cover their eyes, nose, and mouth. OT8 was wearing a N95 mask, a face shield and gloves; however, she was not wearing a gown and was seated in a stationary chair that was three feet away from the resident who was seated in a wheelchair and not wearing a mask. Continued observation of the therapy session</p>			

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	<p>revealed at 12:56 PM OT8 adjusted the blanket on R122's lap. At 12:59 PM OT8 instructed the resident to stand up with a walker and contact guard assistance was provided by OT8. R122 ambulated back and forth in her room three times. At 1:03 PM R122 sat back in her wheelchair and the OTR assisted the resident to cleanse her hands with ABHR [alcohol based hand rub]. At 1:07 PM OT8 exited the room after doffing her gloves and using ABHR.</p> <p>During an interview on 01/31/22 at 1:08 PM, OT8 stated that R122 was on "observation for 14 days" and she did not have to don a gown while she was in the room because R122 "did not have any signs and symptoms of COVID." OT8 stated she was last trained on PPE usage in June 2021. The surveyor asked OT8 to read the signs posted outside the R122's room and OT8 acknowledged that she should have worn a gown during the resident's therapy session after reading the signs.</p> <p>B. Review of R 123's "Admission Record" located in the "profile" tab in the electronic medical record (EMR) revealed the resident was admitted to the facility on 01/28/22.</p> <p>During an observation on 01/31/22 at 12:56 PM Certified Occupational Therapy Aide (COTA) 5 went into R123's with no gloves and gown to deliver a glass to the resident. Outside R123's door there was CDC laminated 8-12" x 11" signs that posted "Contact Precautions " that posted that staff must put on gloves, gown prior to entry into the room and an 8-12" x 11" laminated CDC "Droplet Precautions" sign that instructed staff to fully cover their eyes, nose, and mouth. R123 was in bed sitting in high fowlers, was wearing oxygen and no mask and coughed several times. COTA5 left the room and used ABHR,</p> <p>During an interview on 01/31/22 at 12:58 PM</p>			

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	<p>COTA5 acknowledged that he was not wearing a gown in R123's room because there was no isolation set up outside the door and he was just bringing the resident a cup of ice. When asked if he saw the signage posted outside the resident's room, he acknowledged that the signage stated everyone that enters the room must don a gown prior to entry and doff a gown upon leaving and there were gowns available in the hall near the resident's room.</p> <p>2. Review of the facility's policy titled "Blood glucose Monitoring" dated 08/03/21 directs "Associates who obtain capillary blood glucose specimens will do so in accordance with their scope of practice and in accordance with all applicable local, state, and federal guidelines. Specimens will be collected in a manner that adheres to current standards of practice and infection control standards ... This facility will utilize the Lippincott procedure."</p> <p>Review of the undated "Lippincott Procedure" provided by the Director of Nursing (DON) from the electronic link contained in the "Blood Glucose Monitoring" policy dated 08/03/21 directs " The CDC recommends refraining from sharing blood glucose monitors among residents whenever possible. If one device must be used to monitor several residents, it must be cleaned and disinfected after every use following the manufacturer's instructions to prevent carryover of blood and infectious agents. Single-use, auto-disabling fingerstick devices should also be used to prevent the spread of bloodborne pathogens."</p> <p>Review of the "User Instruction Manual for the Assure Prism Multi Blood Glucose Monitoring System," revised 02/2020, revealed the device manufacturer, ". . . Validated Clorox Healthcare Bleach Germicidal Wipes ...and Super Sani-cloth Germicidal Disposable Wipe [sic] for disinfecting the Assure Prism multi meter." Review of the "Special Instructions for Cleaning</p>			

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	<p>and Decontamination Against HIV-1, Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) of Surfaces/Objects Soiled with Blood/Body Fluids" information on an undated back label of a canister of a PDI Super Sani-Cloth Germicidal Disposable Wipes, revealed that one wipe must first be used to thoroughly clean the surface of all blood and other body fluids. The instructions then directed, "Use [a] second germicidal wipe to thoroughly wet [the] surface. Allow to remain wet two (2) minutes, let air dry."</p> <p>During an observation on 02/01/22 at 4:46 PM Licensed Practical Nurse (LPN) 7, who was working on the Gateway 2 Medication Cart, obtained an Assure Prism Glucometer, entered R 56's room, and obtained a blood glucose reading on R56 using the glucometer. Continued observation and interview on 02/01/22 at 5:05 PM LPN7 returned to the medication cart with the meter, acknowledged that this was the last resident of six blood glucose checks that evening, and proceeded to wipe the glucometer with one PDI Saniwipe for five seconds and placed it on the medication cart without a barrier. LPN7 acknowledged that the glucometer was dry within one minute and stated she was taught to clean the meter for one minute by the Infection Control Preventionist (ICP). She acknowledged she only used one wipe on the glucometer.</p> <p>B. During an observation on 02/02/22 at 11:12 AM LPN3 who was working on the Gateway1 Medication Cart, obtained an Assure Prism glucometer that still had the plastic shield on the face, entered R33's room, and obtained a blood glucose reading using the glucometer. Continued observation revealed when LPN3 was done at 02/02/22 11:21 AM, she placed the glucometer on a barrier on the cart after wiping it for 15 seconds with one PDI wipe. LPN3 acknowledged that the glucose meter was dry within one minute and she only used one wipe.</p>			

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	<p>Continued concurrent observation and interview on 02/02/22 at 11:23 AM revealed LPN3 used the same glucometer, entered Room 221's room, and performed blood glucose reading using the glucometer. When LPN 3 was finished at 11:27 AM she used one PDI Saniwipe for eight seconds wiping all surfaces, placed the glucometer on a barrier and stated the glucometer needs to dry within two minutes. Continued observation revealed the glucometer was dried at 11:28 AM. LPN3 acknowledged, while looking at the glucometer that it was dry within one minute and noted that the plastic shield was still on the face of the meter. LPN3 removed the shield and wiped the meter for eight seconds with one wipe, acknowledged that this was the only glucometer on the cart for the two residents, and acknowledged that the meter again dried within one minute. LPN 3 stated it was ready for use and stored it in the medication cart.</p> <p>During an interview on 02/03/22 at 03:50 PM, the ICP acknowledged that the facility used the Assure Prism glucometers for multiple residents since none of the diabetic residents have any bloodborne pathogens. When questioned how staff are required to clean and disinfect the glucometers between resident use, the ICP stated for cleaning the glucose meter the facility uses "purple top" PDI Sani wipes and the glucometers dry within two minutes, then "it's ready for use." Upon questioning the cleansing method while reading the directions for use on the product label, the ICP stated that the "dry time" is two minutes and acknowledged that that is the training she provided to facility staff.</p> <p>During an interview on 02/03/22 at 4:02 PM, the DON acknowledged that staff are supposed to follow facility policy and the manufacturer's instructions and let the glucometer remain wet for two minutes and let it air dry.</p>			