

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

PRINTED: 04/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056378		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/08/2023	
NAME OF PROVIDER OR SUPPLIER REGENCY OAKS POST ACUTE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3850 E. ESTHER ST. LONG BEACH, CA 90804			
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F 000	INITIAL COMMENTS Amended 4/25/2023 The following reflects the findings of the California Department of Public Health during the investigation of one complaint. Complaint number: CA00833964 Representing the Department: HFEN 46415. Representing the Department: HFEN 43906. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiency was written as a result of facility-reported incident number CA00833964. See Tags F655 and F880.			F 000			
F 655 SS=E	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders.			F 655			

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

TITLE

(X6) DATE

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

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F 655	<p>Continued From page 1</p> <p>(C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the licensed nurse failed to develop a baseline care plan for residents with Candida Auris (C-Auris: a fungal infection that is multi-drug resistant and can cause serious illnesses such as blood stream infections and even death) for three out of four sampled residents (Residents 7, Resident 8, and Resident 9).</p> <p>This deficient practice had the potential to cause a C. Auris outbreak and compromise the health of</p>	F 655			

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F 655	<p>Continued From page 2</p> <p>the medically vulnerable residents of the facility.</p> <p>1. A review of the Admission Record indicated that Resident 7 was admitted to the facility on 1/27/2023 with diagnoses including sepsis (an infection of the blood stream resulting symptoms such as a drop in a blood pressure, increased in heart rate and fever.), pneumonia (an infection in one or both of the lungs, characterized by severe cough with, fever, chills and difficulty in breathing.), tracheostomy (surgical incision to manage airway), dependence on respiratory ventilator (mechanical device that moves air in and out of lungs), extended spectrum beta lactamase (ESBL) resistance (an infection that is resistant to many antibiotics) and other sites of C-Auris.</p> <p>A review of the Minimum Data Set (MDS), a standardized assessment and care planning tool, dated 2/3/2023 indicated Resident 7 had severe cognitive (ability to make decisions of daily living) impairment and could not make daily decisions for self. Resident 7 was totally dependent in all aspect of activities of daily living (ADL) (activities related to personal care).</p> <p>During a concurrent interview and record review on 4/3/2023 at 12:09 p.m. with Licensed Vocational Nurse (LVN) 4, LVN 4 stated Resident 7 should have a care plan for C-Auris and an order for contact isolation (a series of procedures designed to protect from infection through direct or indirect contact). LVN 4 stated care plans are updated every three months and the admitting nurse, the dietary department and activity department will update the care plan as needed.</p> <p>During a concurrent interview and record review</p>	F 655			

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F 655	<p>Continued From page 3</p> <p>on 4/3/2023 at 12:53 p.m. with Minimum Data Set Nurse (MDSN) 1, MDSN 1 confirmed that care plans are usually initiated within 72 hours and the care plan for C-Auris is not done for Resident 7. MDSN 1 stated it is important to update the care plan to ensure the nurses are taking the proper precautions when caring for C-Auris residents and that staff assigned to work with those residents are aware. MDSN 1 stated the resident will not be receiving the proper care if the facility staff taking care of the resident are not aware of what is going on with the resident.</p> <p>2. A review of the Admission Record indicated that Resident 8 was admitted to the facility on 1/27/2021 with diagnoses including persistent vegetative state (a clinical state of absence of responsiveness and awareness), dependence on respiratory ventilator status, other sites of candidiasis.</p> <p>A review of the MDS, dated 1/4/2023 indicated Resident 8 had severe cognitive impairment and could not make daily decisions for self. Resident 8 required extensive assistance in every activity of living such as, bed mobility and dressing, personal hygiene, and toileting.</p> <p>During a concurrent interview and record review on 4/3/2023 at 12:59 p.m. with MDSN 1, MDSN 1 stated Resident 8 did not have a care plan for C-Auris. MDSN 1 stated care plans are updated every three months and different departments update their care plan for each resident. MDSN 1 stated they switched over to an electronic medical records system in August 2022 and not all of the care plans were transferred over, but Resident 8 should have had a care plan by now since the Minimum Data Set Nurse (MDSN) does quarterly</p>	F 655			

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F 655	Continued From page 4 updates. 3. A review of the Admission Record indicated that Resident 9 was admitted to the facility on 8/8/2023 with diagnoses including other sites of candidiasis, chronic respiratory failure, chronic obstructive pulmonary disease (COPD: blockage of airflow causing breathing related problems), muscle wasting, tracheostomy, and malignant neoplasm of pleura (buildup of fluid and cancer cells that collects between the chest wall and lungs). A review of the MDS, dated 1/2/2023 indicated Resident 9 had moderate cognitive impairment and required supervision while eating but required extensive assistance in ADL ' s. During a concurrent interview and record review on 4/3/2023 at 1:08 p.m. with MDSN 1, MDSN 1 stated Resident 9 does not have a care plan and should have had a care plan for C-Auris. During a review of the facility ' s policy and procedure (P&P) titled, "Care Plans-Baseline" dated March 2022, the P&P indicated, "A baseline plan of care to meet the resident ' s immediate health and safety needs is developed for each resident within forty-either (48) hours of admission."	F 655			
F 880 SS=K	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable	F 880			

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F 880	<p>Continued From page 5 diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <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 	F 880			

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F 880	<p>Continued From page 6</p> <p>must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to practice infection control measures to prevent scabies (a contagious skin condition caused by tiny insects called mites that infest and irritate skin causing intense itching, inflammation, and red patches) outbreak for five of 87 residents (Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5). The facility failed to:</p> <p>1. Recognize a possible scabies outbreak 3/12/2023 when Resident 1 was treated for scabies and Resident 2, who was Resident 1's roommate was suspected to have scabies and provide the necessary care and treatment, including but not limited to conduct skin scraping (a diagnostic test to confirm or rule out scabies),</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>Provide treatment for residents that tested positive) both residents.</p> <p>2. Implement the local department of health (DPH) Healthcare-Associated-Infections Epidemiologist (HAIE - a health care professional that specializes in the recommendations to conduct Resident 1 and Resident 2's skin scraping rule out scabies. Both residents had symptoms of possible scabies and resided in one room on the Sub-Acute unit.</p> <p>3. Provide prophylactic treatment (treatment to prevent a disease) with Permethrin (Elimite) cream 5% (a medication applied to the entire body to treat scabies) to 87 of 87 residents and staff in the facility within 24 hours per HAIE recommendation on 3/31/2023 and again on 4/3/2023. On 4/3/2023 the number of infected residents had doubled since 3/31/2023 and there were four identified residents exhibiting signs and symptoms of possible scabies (visible rash). On 4/3/2023, 36 hours after HAIE recommendations to apply prophylactic treatment to the residents within 24 hours from 3/31/2023, 20 residents in the Sub-Acute unit were treated. However, the remaining 65 residents in the skilled nursing unit (SNF) had not yet received prophylactic treatment.</p> <p>4. Monitor the rash status of affected residents and staff (resolved, nor resolved, new rash) for 86 of 86 facility residents, by implementing an infection control surveillance (close observation or monitoring) and completing a line listing (a table that contains key information about each case, such as potential exposure, symptomatic [showing signs of infection], asymptomatic [not</p>	F 880			

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F 880	<p>Continued From page 8 showing signs of infection]).</p> <p>5. Perform deep terminal cleaning (the thorough manual cleaning of all surfaces, floors, soft furnishings, and re-usable equipment, which is required after every resident with treatment for scabies has used the shower room) in two of two shower rooms (Shower Room 1 and Shower Room 2) after use by residents and staff potentially exposed to scabies or with symptoms of scabies.</p> <p>6. Ensure staff working on the 7:00 a.m. to 3:00 p.m. shift on 4/3/2023 and 4/4/2023 received a prophylactic treatment to prevent further spread of scabies as recommended by HAIE from DPH.</p> <p>These deficient practices placed Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5 and all facility residents, staff, and visitors to the facility, at risk for spread of undiagnosed and untreated scabies.</p> <p>On 4/6/2023 at 6:33 p.m., an Immediate Jeopardy [(IJ) a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident and the situation created a need for immediate corrective action] situation was called in the presence of the Administrator (ADM), Administrator in Training (AIT), Director of Nursing (DON), and two Regional Consulting Nurses 1 (RCN 1) and RCN 2 due to the facility's failure to implement and maintain a scabies infection control program. The facility was notified to provide IJ removal plan (IJRP) with the immediate actions to be taken to prevent further</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>spread of the scabies infection. On 4/8/2023 at 12:12 p.m., the ADM provided an acceptable IJRP. The IJ removal plan included the following:</p> <ol style="list-style-type: none"> 1. The first two treatments with Permethrin were provided to Resident 1 and Resident 2 on 4/3/2023 due to a lack of availability of medication. The treatment was completed, and both residents were showered 12 hours later 4/4/2023. 2. All Sub-Acute residents, including Residents 3, Resident 4, and Resident 5 were treated with Permethrin (as it became available) on 4/4/2023 and the rest of remaining 81 residents in the facility on 4/5/2023. 3. 12 residents refused treatment on 4/5/2023. Residents that refused treatment were placed on monitoring of skin issues/rashes daily for six weeks. Infection Prevention Nurse (IPN) will ensure compliance Monday to Friday and Registered Nurse (RN) supervisor/charge nurse on Saturday and Sunday. Those residents will be offered treatment again on 4/10/2023. 4. All residents will receive a second dose of Permethrin treatment on 4/11/2023, 4/12/2023 or 4/13/2023. 5. IPN/DON initiated discussions with individual staff regarding scabies prophylactic treatment on 4/5/2023. Any direct care staff refusing the treatment will need to use gowns and gloves while providing care for six weeks. IP Nurse will ensure compliance Monday to Friday and RN supervisor/charge nurse on Saturday and Sunday for six weeks. 	F 880			

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F 880	<p>Continued From page 10</p> <p>6. An in-service of facility staff will be completed by 4/10/2023, prior to staff returning to work regarding scabies signs and symptoms, treatment, staff treatments, Personal Protective Equipment [(PPE) a disposable specialized clothing or gear that protects from hazards such as infections) needs and infection control practices until all staff have been educated (in-serviced) by the DON or IP nurse. Ongoing in-services of staff and any staff not in-serviced yet will undergo in-service by IP nurse or designee before reporting to a workstation.</p> <p>7. A facility wide skin sweep (a careful inspection of each residents' skin condition performed by a licensed health care professional) was conducted by the treatment nurses on 4/3/23 for a total of 87 residents on 4/7/23 for a total of 87 residents. No new rashes were identified.</p> <p>8. Treatment Nurses will perform weekly skin sweeps every Monday for six weeks. Any new skin issues identified will be reported to DON for review.</p> <p>9. The wound care physician provided an examination of Resident 1, Resident 2, and Resident 4 on 4/4/2203 who were already being seen by the Wound care physician for other skin issues.</p> <p>a. Resident 1 has had a history of reddened skin and rashes with various treatments provided and is currently prescribed A&D ointment (moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations), Betamethasone cream (used to treat skin inflammation and itchiness) and was treated with Permethrin on 4/3/2023.</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>b. Resident 2 has a history of eczema (a group of skin conditions characterized by itchy, scaly, red skin), Clobetasol (medication used to treat, itching, swelling and redness) prescribed and a Permethrin treatment was given on 4/3/2023. Resident 3 did not have a rash or skin issues and received Permethrin treatment on 4/4/2023.</p> <p>c. Resident 4 had a diagnosis of moisture associated skin damage (MASD) diagnosis according to the previous physician's examination. Resident 4 received Permethrin prophylactically on 4/4/2023.</p> <p>d. Resident 5 was treated with Permethrin on 4/4/2023 and scheduled to be seen by a dermatologist (branch of medicine concerned with the diagnosis and treatment of skin disorders) on 4/7/2023.</p> <p>e. The facility Medical Director reviewed details of skin issues and conducted examinations for Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 on 4/7/2023. Medical Director is aware and in agreement with the dermatologist follow-up.</p> <p>f. A Dermatologist is scheduled to examine Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and any residents with a new rash, itching or reddened skin on 4/9/2023.</p> <p>g. Facility Wound Care Physicians will be conducting ongoing skin assessments on Tuesdays for any resident with new skin issues as needed for six weeks or greater. Any resident with a new skin issue will be identified and receive physician follow up as needed. A physician visit and exam will be done at least</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>weekly for six weeks or until no new skin issues are identified.</p> <p>h. A Line listing for subacute residents and staff, who worked in the subacute unit was initiated on 3/31/2023. The line listing was updated to include SNF residents and all staff on 3/31/2023. IP was instructed to utilize a line list form provided by DPH on 4/3/2023, (by DPH). The Line listing was updated daily and reviewed by DON as of 4/4/2023. The Line Listing will be completed daily by the IP or designee until advised by PH to discontinue.</p> <p>i. Shower sheets or skin sheets (assessment of residents' skin) will be done daily and reviewed by the licensed nurses for follow-up as needed. IP nurse will audit process five days a week for six weeks. Residents shower chairs, wheelchairs and equipment were terminally cleaned (deep cleaning) on 4/6/2023.</p> <p>j. In-service for housekeeping/laundry staff was provided on 4/6/2023 regarding PPE, terminal cleaning, and scabies procedures by the IP Nurse. There will be ongoing in-services of staff and any staff not in-serviced yet will attend an in-service by IP nurse/designee before reporting to their workstations. Additional in-services will be provided by DON to housekeeping/laundry staff on 4/8/2023, 4/9/2023 and 4/10/2023.</p> <p>On 4/8/2023 at 4:24 p.m. after onsite validation through observation, interviews, and record review the IJRP implementation, the IJ situation was removed in the presence of Administrator, AIT, DON, IP, and Regional Clinical Director.</p> <p>Findings:</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>1. During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on 8/5/2022 with diagnoses including chronic respiratory failure (narrowing of airway limiting air movement), tracheostomy (surgical incision to manage airway to enable resident to breathe), gastrostomy (a surgical incision made into stomach for placement of soft tube for the administration of food, nutrition, and medications).</p> <p>During a review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 2/6/2023, the MDS indicated Resident 1 had severe cognitive (ability to make decisions of daily living) impairment and could not make daily decisions for self. Resident 1 was totally dependent on staff in all aspects of activities of daily living (ADL activities related to personal care such as toileting, personal hygiene, and getting dressed).</p> <p>During an interview on 3/31/2023 at 4:27 p.m. with the licensed vocational nurse (LVN 3), LVN 3 stated the facility had to put all the residents in the Sub-Acute unit on contact isolation due to a possible exposure to scabies. LVN 3 stated for contact isolation; a gown, gloves, and mask would be worn as well as performing hand hygiene. LVN 3 stated it was important to wear proper PPE as not wearing PPE can spread scabies around and put other residents on the Sub-Acute unit as well as the SNF side at risk.</p> <p>During an observation of the SNF side of the facility on 3/31/2023 at 8:32 a.m., there were no contact precautions (a series of procedures</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>designed to protect from infection through direct or indirect contact, such as PPE carts outside the rooms, signs informing anyone entering the rooms they need contact precautions due to a possible scabies outbreak) implemented. The subacute unit had orange signs posted outside residents' rooms indicating enhanced precautions (infection control interventions designed to reduce transmission of resistant organisms) as there were residents who had Candida Auris (C-Auris: a fungus that causes serious infections that can spread in healthcare settings through contact with contaminated environmental surfaces or equipment, or from person to person), but no contact precautions signs were observed warning staff of possible scabies.</p> <p>A review of the facility's Census (list of how many residents are in the facility) for 3/31/2023 indicated there were 23 residents in the Sub-Acute unit and 64 residents on the SNF unit with a total of 87 residents combined.</p> <p>During an observation on 3/31/2023 at 10:18 a.m., outside of Resident 1's room in the Sub-Acute unit, there was no signage or PPE cart for contact precautions. Upon further observation, Resident 1's left arm and hand had a rash with red spots, resembling a burrowing (tiny raised serpentine lines that are grayish or skin-colored and can be a centimeter [a unit of measure of length] or more in length) scabies mites and red dots that included a circular rash on Resident 1's forearm and small rashes on the hand.</p> <p>During review of Resident 1's Order Summary Report (OSR), dated 4/8/2023 indicated there was a physician's order dated 4/4/2023, the OSR indicated to apply Permethrin Cream 5% from</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>neck to toe topically (applied to the skin), one time a day every Monday for Scabies prophylaxis until 4/10/2023.</p> <p>During a concurrent observation and interview on 3/31/2023 at 10:25 a.m. with Certified Nursing Assistant (CNA 2), CNA 2 entered Resident 1 and Resident 2's room without having PPE on and was preparing to take Resident 1 to the shower. CNA 2 indicated Resident 1's arm did not look like it had a rash (to her). CNA 2 stated Resident 1's arm looked more like Resident 1 had dry skin. CNA 2 stated Resident 1's roommate Resident 2 had the same "dry skin". CNA 2 stated if she was informed by the IPN that Resident 1 had been identified as contagious, she would wear the appropriate PPE but Resident 1 and Resident 2 were not contagious.</p> <p>During an interview on 3/31/2023 at 11:26 a.m. with the treatment nurse (TXN 1), TXN 1 stated that the facility's protocol for scabies included the dermatologist to come every Tuesday to examine the residents' skin and do the skin scraping test as required for scabies diagnosis. The facility's dermatologist would scrape the skin, treat the resident with Permethrin Cream 5% and apply from neck to toe. After 12 hours the residents are showered and given Ivermectin (a medication to treat certain parasitic infections) two to four doses once a week. The residents are placed on contact isolation and residents' primary care physician and families are notified of potential or actual scabies diagnosis. TXN 1 stated it was important to treat the resident as soon as possible to prevent the spread of scabies or it can lead to an outbreak.</p> <p>During a concurrent interview and Resident 1's</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>electronic record review on 3/31/2023 at 4:00p.m. with IPN, the physicians' orders indicated a physician's order dated 3/31/2023 for a skin scraping and to monitor for itchiness, red skin lesions, and to place the resident on contact isolation.</p> <p>During an interview on 4/5/2023 at 3:13p.m. with MDS Nurse 2 (MDSN 2), MDSN 2 stated there were no infection control measures implemented to prevent the spread of scabies, such as isolating any residents with suspected scabies on the SNF side of the facility. MDSN 1 stated the facility did not prophylactically treat any residents. MDSN 2 stated she did not get any treatment either.</p> <p>A record review of Resident 1's Medication Administration Record (MAR), for April 2023 indicated Resident 1 received Permethrin Cream 5% on 4/3/2023, however another record review of Resident 1's MAR for April 2023 indicated Resident 1 received Permethrin Cream 5% on 4/4/23. The ADL documentation in the Bathing-Showering section indicated Resident 1 did not receive a shower on 4/4/23 or 4/5/23. According to the Permethrin Cream manufacturer guideline, leaving the Permethrin Cream 5% on for longer than intended may more likely develop to adverse reactions like itching, burning or stinging sensation on the skin.</p> <p>2. During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 was admitted to the facility on 6/27/2022 with diagnoses including tracheostomy, gastrostomy, chronic respiratory failure with hypoxia (low levels of oxygen [element in air necessary to sustain human life]), and multiple fractures (breaks) of</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>ribs, base of skull, facial bones, and right shoulder with routine healing.</p> <p>A review of Resident 2's MDS dated 1/2/2023 indicated Resident 2 had severe cognitive impairment and could not make decisions for self. Resident 2 was totally dependent on staff in all aspects of activities of daily living.</p> <p>During an observation on 3/31/2023 at 10:24 a.m., Resident 2's right arm had crusted rash on the upper arm and under the arm extending to the elbow.</p> <p>During a concurrent interview and record review on 3/31/2023 at 11:16 a.m. with TXN 1, TXN 1 stated Resident 2 was admitted on 12/1/2022 with a recurring history of chronic rash and dermatitis (a condition of the skin in which it becomes red, swollen, and sore, sometimes with small blisters resulting from direct irritation of the skin be an external agent or an allergic reaction). Resident 2's skin assessment on 12/2/2022 indicated the resident had a right flank (the side of a person between the ribs and the hip) resolving rash and no elevated red bumps.</p> <p>During a record review of Resident 2's medical record, on 3/31/2023 at 3:56 p.m. with IPN, there was a physician's order to place Resident 2 on contact isolation and to do a skin scraping one time on 4/4/23 to rule out scabies.</p> <p>A review of Resident 2's progress notes dated 3/10/2023 indicated Resident 2 was noted with increased generalized body rash and a new physician's order was received for Permethrin cream for two weeks for unspecified dermatitis prophylaxis to apply over generalized body every</p>	F 880			

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F 880	<p>Continued From page 18</p> <p>evening on Sunday and Wednesday until 3/22/2023 and to be showered 14 to 16 hours after application.</p> <p>During a review of Resident 2's MAR for March, 2023 the MAR indicated Resident 2 had a physician's order dated 3/10/2023 for Permethrin cream 5% to apply to generalized body topically one time a day every Wednesday, Sunday for unspecified dermatitis prophylaxis and to be showered 12 hours after application.</p> <p>During an interview on 4/5/2023 at 2:10 p.m. with TXN 1, TXN 1 stated Permethrin is a medication that helps eliminate mites (scabies). TXN 1 stated he was unsure how many staff had been treated with Permethrin, since nursing staff have direct contact with residents. TXN 1 stated he had not been treated yet. TXN 1 stated it was important to treat the residents for scabies because it is a highly infectious disease.</p> <p>3. During a review of Resident 4's Admission Record (AR), the AR indicated Resident 4 was admitted to the facility on 1/26/2023 with diagnoses including tracheostomy, gastrostomy, hemiplegia (severe weakness) and hemiparesis (relatively mild weakness of one side of the body) affecting left non-dominant side, and aphasia (inability to communicate).</p> <p>During a review of Resident 4's MDS dated 2/2/2023, the MDS indicated Resident 4 had severe cognitive impairment and could not make decisions for self. Resident 4 was totally dependent on staff in all aspects of activities of daily living.</p> <p>During an observation on 3/31/2023 at 9:18 a.m.,</p>	F 880			

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F 880	<p>Continued From page 19</p> <p>Resident 4 had a rash on the right arm with redness and burrowing.</p> <p>During a concurrent interview and record review on 3/31/2023 at 4:03 p.m. with IPN, the IPN confirmed there was a physician's order to place Resident 4 on contact isolation, to do the skin scraping, and to monitor the resident for itching.</p> <p>During an interview on 3/31/2023 at 9:37 a.m., with HAIE, HAIE stated there were three residents identified with skin burrowing on 3/31/2023, which were Resident 1, Resident 2, and Resident 4. HAIE stated she recommended the facility do the skin scraping of Residents 1, 2 and 3.</p> <p>During an interview on 3/31/2023 at 2:24 p.m. with the IPN, the IPN stated that if the facility finds out there is one or more residents with scabies, the DPH, the resident's physician, and each resident's family should be notified. The resident's skin must be scraped to rule out scabies infection and the residents should be treated with Permethrin. The affected residents would be placed on contact isolation, the residents' belongings should be cleaned, and a bed linen placed in a plastic bag and then washed with hot water. IPN stated once the residents were placed on contact isolation, the facility should provide the prophylactic treatment to the resident and the residents roommate, and any staff members who has been in contact with the resident. IPN stated if a resident is admitted with a rash, the facility should observe (monitor) the resident, and if the rash was spreading throughout the body, the physician should be notified an order for scraping should be obtained along with the prophylaxis treatment. IPN stated there was CNA 10 complaining about itching and was treated for</p>	F 880			

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F 880	<p>Continued From page 20</p> <p>scabies by her primary physician, IPN indicated CNA 10 got it (scabies) from an outside source. IPN stated when a resident tested positive for scabies it should be reported to DPH to prevent having an outbreak that could spread to other residents, staff, visitors, and the local community.</p> <p>During an interview on 3/31/2023 at 2:50 p.m. with ADM, the ADM stated CNA 10 reported to the DSD on 3/27/2023 about having positive scabies result. The ADM stated that if the CNA's diagnosis was verified, facility would make sure the exposed residents would have screening for scabies. The ADM stated the facility would notify the family that there was a staff member who tested positive for scabies. The ADM stated based on communication with DPH, the facility was to do a skin sweep, monitor everyone (residents and staff), and to not do the prophylaxis until they have the positive results. The ADM stated the plan was for everyone (residents and staff) to get treatment within 24 hours. The ADM stated, "if there were any skin issues, the facility would test for it and treat it, or the resident's wellbeing would be compromised, however the facility does not have a specific Scabies policy.</p> <p>During an interview on 3/31/2023 at 3:39 p.m. with IPN, the IPN stated she was not informed that CNA 10 had reported testing positive for scabies on 3/27/2023. The IPN stated she was not aware of it until 3/30/2023 when DPH called the facility regarding scabies infection control. The IPN stated the facility did not have any skin scraping kits as they have never had any scabies cases before.</p> <p>During an interview on 4/5/2023 at 9:15 a.m. with the HAIE, the HAIE stated CNA 10 notified the</p>	F 880			

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F 880	<p>Continued From page 21</p> <p>facility on 3/27/2023 but, "it seemed as if the facility did not believe CNA 10." The HAIE stated on 3/31/2023, she provided the facility (ADM, DON and IPN) with recommendations to do a skin scraping for all residents, but the facility notified the HAIE the dermatologist, who could do the skin scraping, was not available. The HAIE stated that on 4/3/2023 she guided the facility to skip scraping and to provide prophylactic treatment to all the residents and staff since the facility did not do scraping as recommended on 3/31/23 and it was important to act fast. The HAIE guided the facility to conduct terminal environmental cleaning and bagging of resident's belongings while the residents were receiving prophylactic treatment. The HAIE indicated the facility did not provide the prophylactic treatment to all staff and residents from 3/31/23 until the night of 4/4/23 due to not having enough Permethrin Cream 5%, and the treatment was provided to residents on the Sub-Acute unit only.</p> <p>During a record review of the DPH's email with guidance provided to the facility on 3/31/2023 at 4:53 p.m., a review of DPH's email indicated the following: treating all staff and residents at the same time within a 24 hours period to prevent reinfestation and place individuals on contact isolation for the duration of the treatment period, obtain skin scrapings when possible prior to treatment, all non-washable items should be stored in a sealed plastic bag for at least 72 hours prior to being dry cleaned, perform enhanced environmental cleaning of the facility (vacuum mattresses, upholstered furniture) and to complete the line list for all residents and staff.</p> <p>During an interview on 4/3/2023 at 9:05 a.m. with IPN, the IPN stated she still did not have a line</p>	F 880			

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F 880	<p>Continued From page 22</p> <p>list. IPN stated the DPH recommended the facility provide prophylactic treatment to all the residents and staff at the facility tonight (4/3/2023). The IPN stated the facility would also do environmental cleaning including the bedding and bag all the residents belonging that were not washable (on 4/3/2023).</p> <p>During an interview on 4/3/2023 at 9:22 a.m. with the DON, the DON denied any prior knowledge of a potential scabies outbreak and stated all the staff and residents would receive the prophylactic treatment on 4/3/2023 at 7:00 p.m. and will receive a shower at 7:00 a.m. on 4/4/2023. All residents' belongings would be bagged today (4/3/2023).</p> <p>During an interview on 4/5/2023 at 1:42 p.m. with the DON and the ADM, the DON stated that only 20 residents, who were from the Sub-Acute unit, were treated on 4/4/2023 with Permethrin Cream 5%. The DON stated that not all the residents, including the residents on the Sub-Acute unit, were treated prophylactically with Permethrin Cream 5% as HAIE recommended on 3/31/23. The Administrator and the DON stated the plan was to prophylactically treat all staff and the remaining 65 (since Resident 1 and Resident 2 were already treated) residents in the facility the night of 4/5/2023.</p> <p>During a telephone interview 4/6/2023 at 5:39 p.m. with the Pharmacist (Pharm D), Pharm D stated the pharmacy did not have the requested amount of Permethrin Cream 5% in stock.</p> <p>During an interview on 4/5/2023 at 1:49 p.m. with Licensed Vocational Nurse (LVN 3), LVN 3 stated none of the residents assigned to her were on</p>	F 880			

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

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F 880	<p>Continued From page 23</p> <p>contact isolation for possible exposure to scabies. LVN 3 stated she had roughly 22 residents assigned to her.</p> <p>During an interview on 4/5/2023 at 1:56 p.m. with IPN, the IPN indicated the HAIE guidance to bag resident's non-washable items in Resident 4's room was not carried out. The IPN confirmed no residents in the SNF side were put on isolation for possible exposure to scabies. IPN stated no Permethrin Cream 5% was provided to the SNF unit and no deep cleaning was done, "so far."</p> <p>During an interview on 4/5/2023 at 2:00 p.m. with Director of Maintenance Director (DM), DM stated none of the residents' rooms with suspected scabies had been deep cleaned.</p> <p>During an interview on 4/5/2023 at 1:51 p.m. with Housekeeper (HK 1), HK1 stated there were no rooms scheduled for deep (terminal) cleaning as recommended by the HAIE.</p> <p>During an interview on 4/5/2023 at 3:24 p.m. with the IPN, the IPN stated there was a new case of a rash identified on Sunday 4/2/2023 and it was Resident 5. Resident 5 had a rash on a shoulder and the abdomen (area of the body that contains internal organs) area. Resident 5 was placed on contact isolation. The IPN stated all residents on the Sub-Acute unit should have been placed on contact isolation and staff should have been wearing gowns when they had direct contact with the symptomatic (with rashes) residents. The IPN stated she was not sure how many staff had received prophylactic treatment.</p> <p>During a telephone interview 4/6/2023 at 5:42 p.m. with the Pharmacist (Pharm D), Pharm D</p>	F 880			

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F 880	<p>Continued From page 24</p> <p>stated if the pharmacy does not have the requested medication in stock, the pharmacy can obtain the medications from other pharmacies and borrow medications. Pharm D stated any medication is important as it could help treat and help recover individuals from any illness. Pharm D stated it is important to have a backup pharmacy as they (the facility) will encounter a situation where medication is not readily available from their supply. Pharm D stated if the pharmacy only has one medication in stock in a single quantity, they will call another pharmacy or place an order. Pharm D. stated the Permethrin Cream 5% should be washed off after 8 hours to 12 hours because it is a strong cream and is nephrotoxic (damaging or destructive to the kidneys) especially with the elderly. Pharm D stated that if the Permethrin Cream 5% was not washed off after certain hours, it defeats the purpose of the medication. Pharm D stated the facility ordered Permethrin cream on 4/3/2023 and not on 3/31/2023. Pharm D confirmed that Resident 2 had a recent order placed for Permethrin 5% Cream on 4/3/2023 and had a previous order on 3/10/2023.</p> <p>During a review of the facility's policy and procedure (P&P) titled "Scabies Identification, treatment and Environmental Cleaning" dated 08/2016, the P&P indicated failure to identify scrapings as positive does not necessarily exclude the diagnosis. It is difficult to obtain a positive scraping because only one or two mites may cause multiple lesions. Often diagnosis is made from signs and symptoms and treatment followed without scrapings. Affected residents should remain on Contact Precautions until 24 hours after the treatment. Staff members who may been exposed should report any rashes</p>	F 880			

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F 880	<p>Continued From page 25</p> <p>developing on their bodies to the IPN or DON. The P&P indicated bed linens, towels, and clothing used by the affected persons during the 4 days prior to initiation of treatment should be placed in a plastic bags inside the resident's room, handled by gloved and gowned laundry staff without sorting and laundered in hot water for at least 10 minutes. Discard all creams, lotions or ointments used prior to effective treatment. Upholstered furniture containing any cloth fabric should be removed from the room and if necessary, replaced with plastic or vinyl furniture, Mattresses must be covered with plastic or vinyl. The room should be terminally cleaned upon discharge or transfer of the resident from the room. The purpose of the P&P is to treat residents infected with and sensitized to <i>Sarcoptes scabiei</i> (the official name of the mite that causes scabies) and to prevent the spread of scabies to other residents and staff.</p> <p>A review of the facility's P&P titled "Surveillance for Infections" dated 09/2017, indicated the IPN will conduct ongoing surveillance for healthcare-associated infection (HAI) and other epidemiology significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions. For residents with infections that meet the criteria for definition of infection for surveillance, collect the following data as appropriate, identifying information, diagnosis admission date, infection site, pathogens, invasive procedure or risk factors, pertinent remarks, treatment measures and precautions.</p> <p>According to the Centers for Disease Control [(CDC) the nation's leading science-based,</p>	F 880			

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F 880	Continued From page 26 data-driven, service organization that protects the public's health] when a person is infested with scabies mites the first time, symptoms typically take 4-8 weeks to develop after being infected. However, an infected person can transmit scabies, even if they do not have symptoms. Scabies usually is passed by a direct, prolonged skin-to-skin contact with an infected person. However, a person with crusted scabies can spread the infestation by brief skin-to-skin contact or by exposure to bedding, clothing, or even furniture that he/she has used. CDC - Scabies - Prevention & Control	F 880			

April 30, 2023

This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited.

However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

F655 Baseline Care Plan

1. How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.
 - a. Resident 7, Resident 8, and Resident 9 were assessed by licensed nurses on 4/30/2023. Care plans were reviewed and updated by MDS (Minimum Data Set) staff on 4/27/23 to reflect conditions of Candida auris. No adverse effects noted from deficient practice.
 - b. One on one education was provided by DON to MDS 1 on 4/28/2023 regarding policy and procedure for Baseline Care plan.
2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.
 - a. Review of current residents with Candida auris was completed by MDS staff on 4/28/2023. Care plans were updated accordingly to reflect plan of care for Candida auris.
 - b. A review of care plans for new admissions from last 14 days was initiated and will be completed on 5/2/23 to ensure baseline care plans are

completed appropriately, timely and reflect plan of care to meet resident's health and safety needs.

- c. No other residents were identified to be affected by deficient practice.
-
- 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.
 - a. In-service was initiated on 4/28/2023 by DON/designee to licensed nurses and IDT members regarding policy and procedure on Baseline care plan.
 - b. Medical Records/designee will audit at least 3 random new admissions weekly for the next 3 months to ensure baseline care plans are completed appropriately and timely. Any issues identified will be escalated to Administrator/DON during daily stand-up meetings for resolution.
 - 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, the corrective action evaluated for its effectiveness. The plan of action is integrated into the quality assurance system.
 - a. Summarized findings from weekly random audits will be presented during the facility's monthly QA&A meeting for the next 3 months. Trends and patterns identified will be discussed for further recommendations and/or resolution.
 - b. The administrator will monitor compliance of Plan of Correction x 3 months.
 - 5. Completion date: May 3, 2023

F 880 Infection Prevention and Control

- 1. How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.
 - a. On 4/3/23, due to a lack of availability of medication, the first two Permethrin treatments were provided to Resident 1 and Resident

2. The treatments were completed, and Resident 1 and Resident 2 were showered approximately 12 hours later on 4/4/23.
- b. All Sub Acute residents including Residents 3, Resident 4, and Resident 5 were provided treatment as medication became available on 4/4/23 and the rest of the remaining 81 residents on 4/5/23.
- c. On 4/4/23, wound care physician provided an examination of Resident 1, Resident 2, and Resident 3. These residents were already being seen by the wound care physician for other skin related issues. The findings of examination were as follows:
- Resident 1 has had a history of reddened skin and rashes with various treatments provided and is currently prescribed A&D ointment, Betamethasone cream and was treated with Permethrin on 4/3/23.
 - Resident 2 was examined; she has a history of eczema. Clobetasol was prescribed and a Permethrin treatment was given on 4/3/23.
 - Resident 3 was examined, did not have a rash or skin issues and received Permethrin treatment on 4/4/23.
 - Resident 4 had a MASD diagnosis from a prior physician's examination and received Permethrin on 4/4/23.
- d. Resident 5 was treated with Premethrin on 4/4/23 and Dermatologist evaluated Resident 5 on 4/9/23. No new orders.
- e. On 4/7/2023, the Medical Director as part of his role reviewed details of skin issues and conducted examinations for Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5. The Medical Director was aware and in agreement of planned Dermatology follow-up.
- f. Dermatologists examined Resident 1, Resident 2, Resident 3, Resident 4, Resident 5 and any residents with a new rash, itching or reddened skin on 4/9/23. No new orders.
- g. Line Listing for sub-acute residents and for staff who worked in sub-acute was initiated on 3/31/2023. The line listing was updated to include SNF residents and all staff on 3-31-23. IP was instructed to utilize a line list form provided by DPH on 4/3/23. The line listing has been updated daily and reviewed by DON since 4/4/23.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.
- a. Facility wide skin sweeps were conducted by treatment nurses on 4/4/23 (total of 89 residents) and on 4/7/23 (total of 87 residents). No new rashes were identified.
 - b. On 4/5/2023, 12 residents refused treatment. Residents that refused were placed on monitoring of skin issues/rashes daily for 6 weeks. IP Nurse will ensure compliance Monday to Friday and RN supervisor/charge nurse on Saturday and Sunday. Those residents will be offered again in 5 days on 4/10/23 if they want treatment.
 - c. All residents will receive a second dose for follow up Permethrin treatment on 4/11/23, or on 4/12/23 or on 4/13/23.
 - d. On 4/5/2023, IP nurse/DON initiated discussions with individual staff regarding prophylactic scabies treatment. Any direct care staff refusing the treatment will need to use gowns and gloves while providing care for six weeks. IP Nurse will ensure compliance Monday to Friday and RN supervisor/charge nurse on Saturday and Sunday for 6 weeks.
 - e. On 4/6/2023, residents shower chairs, wheelchairs and equipment were also terminally cleaned.
 - f. An in-service for housekeeping/laundry staff was provided on 4/6/23 regarding PPE, terminal cleaning, and scabies procedures by the IP Nurse. Ongoing in-services of staff and any staff not in-serviced yet will undergo in-service by IP nurse/designee before reporting to work stations. Additional in-service will be provided by DON to housekeeping/laundry staff on 4/8/2023, 4/9/2023 and 4/10/2023.
 - g. Line listing has been updated daily and submitted to PH nurse by DON/IP nurse with new case identified on 4/24/23. PH nurse recommended skin scrapings to 2 selected ongoing rashes that facility is still monitoring. As of 4/26/23, facility has two positive scabies identified. Facility in communication with Public Health nurse for additional guidance and recommendations.

- h. A root cause analysis was completed by the Governing body/QA&A Committee on 4/27/23. Root cause interventions incorporated to the Plan of Correction: facility's Infection Control Prevention Program reviewed and updated, involvement of Medical Director, Administrator, DON, IPN, Dermatologist, Wound Care Physician Assistant, and DSD to implement interventions, staff trainings and competencies on Infection Control and practices, and random nursing leadership rounds to ensure staff is exercising appropriate infection control procedures.
 - Random assessments of residents initiated on 4/30/23 and will be completed on 5/2/23 to ensure no other residents were affected by the same deficient practice who were under the care of involved staff.
- 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.
 - a. Another in-service to current staff conducted by DON, IP nurse, and/or Regional IP/DSD Specialist on 4/30/23 regarding scabies infection control program, timely implementation of Public Health's recommendations, timely prophylactic treatments to residents and staff, completing line listing to reflect accurate monitoring of rash status of residents and staff, and appropriate deep terminal cleaning procedures in rooms and shower rooms.
 - b. Treatment Nurses will perform weekly skin sweeps every Monday for six weeks. Any new skin issues identified will be reported to DON for review.
 - c. The Facility Wound Care Physicians will be conducting ongoing skin assessment on Tuesdays for any resident with new skin issues as needed for six weeks or greater. Any resident with a new skin issue will be identified and receive physician follow up as needed. A physician visit and exam will be done at least weekly for six weeks or until no new skin issues are identified.
 - d. IP to utilize a line list form provided by DPH on 4/3/23. The Line listing will be updated daily and reviewed by DON. The line listing

will be completed by the IP/designee until advised by PH to discontinue.

- e. Shower sheets or skin sheets will be done daily and reviewed by the licensed nurses for follow-up as needed. IP nurse will audit process five days a week for 6 weeks.
 - f. IP nurse, DON, DSD/designee will conduct rounds (spot checks) throughout the facility 5x a week to ensure staff is exercising appropriate infection control procedures. Re-education will be provided to staff who are observed not correctly observing infection control practices.
4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, the corrective action evaluated for its effectiveness. The plan of action is integrated into the quality assurance system.
- A. Summarized findings from weekly skin sweeps, wound care physician rounds, reviews of line list and shower sheets, and random nursing leadership rounds/spot checks will be presented during the facility's monthly QA&A meeting for the next 3 months. Trends and patterns identified will be discussed for further recommendations and/or resolution.
 - b. The administrator will monitor compliance of this plan of correction x 3 months.
5. Completion date: May 3, 2023