

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2024
NAME OF PROVIDER OR SUPPLIER Winthrop Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 12 Chateau Drive Rome, GA 30161	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>47146</p> <p>Based on observations, staff interviews, record review, and review of the facility policy titled, Pharmacy Services, Controlled Substance Medication Accountability, the facility failed to ensure controlled medication shift counts were documented with nurse signatures on two of two nurse medication carts. The deficient practice had the potential for missing medications.</p> <p>Findings include:</p> <p>Review of the policy titled Pharmacy Services, Controlled Substance Medication Accountability copyright date 2022 under Intent revealed Establish a method for accountability and reconciliation of controlled medications. The guideline was stated as controlled medications are tracked from the time they are received in the center through administration, discontinuation, discharge, and/or destruction. Under subtitle Procedure and section titled Storage and Security of Controlled Substance Medications revealed Controlled medications are kept under a double lock system. Under section titled Reconciliation of Controlled Substances Between Nursing Shifts revealed At each shift change, a physical inventory of controlled medications is conducted by two licensed nurses and is documented on a 'Controlled Drug Sheet Audit Report'. The nurse coming off his/her shift uses the narcotic inventory notebook and calls out every Control Drug Record (CDR)/medication for every patient that is contained in the Narcotic Inventory notebook. As the medication/patient is called out, the oncoming nurse is responsible for verifying medications on the cart and the amount of medication (count) is correct as documented. The best practice is that both nurses visually confirming that the count on the CDR sheet matches the count on the medication package.</p> <p>Review of the facility document titled Narcotic Shift Count sheet revealed the nurse cart on unit one had missing nurse signatures for the months of February, March, April, May, and June 2024, and the nurse cart on unit two had missing signatures for the month of June 2024.</p> <p>Unit 1-June 2024 missing seven signatures:</p> <p>6/1/2024: 7:00 am-7:00 pm off duty nurse signature, 7:00 pm-7:00 am off duty nurse signature and on duty nurse signature.</p> <p>6/2/2024: 7:00 am-7:00 pm off duty nurse signature, 7:00 pm-7:00 am off duty nurse signature and on duty nurse signature</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 115395	Facility ID: 115395 If continuation sheet Page 1 of 8

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6/3/2024: 7:00 am-7:00 pm off duty nurse signature.</p> <p>Unit 1-May 2024 missing 28 signatures:</p> <p>5/3/2024 - Missing 7:00 am-7:00 pm off duty and on duty nurse signature; 7:00 pm-7:00 am off duty signature.</p> <p>5/4/2024 - Missing 7:00 am-7:00 pm off duty and on duty nurse signature; 7:00 pm-7:00 am off duty signature.</p> <p>5/5/2024 - Missing 7:00 am-7:00 pm on-duty nurse signature; 7:00 pm-7:00 am off duty and on duty nurse signatures.</p> <p>5/9/2024 - 7:00 pm-7:00 am on duty nurse signature was marked out with one line through the signature.</p> <p>5/10/2024 - Missing 7:00 am-7:00 pm off duty and on duty nurse signatures; 7:00 pm-7:00 am off duty nurse signature.</p> <p>5/11/2024 - Missing 7:00 am-7:00 pm on duty nurse signature; 7:00 pm-7:00 am off duty nurse signature.</p> <p>5/12/2024 - Missing 7:00 am-7:00 pm off duty and on duty nurse signature; 7:00 pm-7:00 am off duty signature.</p> <p>5/17/2024 - Missing 7:00 am-7:00 pm off duty and on duty nurse signature; 7:00 pm-7:00 am off duty signature.</p> <p>5/18/2024 - Missing 7:00 am-7:00 pm on duty nurse signature; 7:00 pm-7:00 am off duty nurse signature.</p> <p>5/19/2024 - Missing 7:00 am-7:00 pm on duty nurse signature; 7:00 pm-7:00 am off duty nurse signature.</p> <p>5/24/2024 - Missing 7:00 am-7:00 pm off duty nurse signature.</p> <p>5/25/2024 - Missing 7:00 pm-7:00 am on duty nurse signature.</p> <p>5/26/2024 - Missing 7:00 am-7:00 pm off duty nurse signature.</p> <p>5/27/2024 - 7:00 am-7:00 pm off duty nurse signature was marked out with one line through the signature.</p> <p>Unit 1-April 2024 missing five signatures:</p> <p>4/1/2024 - Missing 7:00 pm-7:00 am off duty nurse signature.</p> <p>4/8/2024 - Missing 7:00 am-7:00 pm off duty nurse signature.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2/24/2024 - Missing 7:00 am-7:00 pm off duty nurse signature.</p> <p>2/26/2024 - Missing 7:00 pm-7:00 am off duty nurse signature.</p> <p>2/30/2024 - Missing 7:00 am-7:00 pm off duty nurse signature, line through one signature for on duty nurse; 7:00 pm-7:00 am - missing on duty nurse signature.</p> <p>Unit 2-June 2024 missing two signatures:</p> <p>On 6/6/2024 the 7:00 pm-7:00 am shift count was missing the signature of the on-duty nurse.</p> <p>On 6/7/2024 the 7:00 am-7:00 pm shift count was missing the signature of the off-duty nurse.</p> <p>Interview on 6/8/2024 at 9:50 am with Licensed Practical Nurse (LPN) AA, she confirmed and verified the unit two narcotic shift count sheet was missing two nurse signatures. She stated the nurses should sign the narcotic shift count sheet at the beginning and end of their shift, after the nurses completed the narcotic count.</p> <p>Interview on 6/8/2024 at 10:00 am with Registered Nurse (RN) DD, she confirmed and verified there were multiple signatures missing from the unit one narcotic shift count sheet for the months of February, March, April, May, and June 2024. She revealed that the nurses should sign the narcotic shift count sheet at the beginning and end of each shift, after the nurses completed the narcotic count.</p> <p>Interview on 6/8/2024 at 10:05 am with the Director of Nursing (DON) revealed the narcotic count is completed at the end/beginning of each shift and the count sheet should be signed by both nurses performing the count of narcotic medication on the cart they are assigned to. She verified and confirmed there were multiple missing nurse signatures on the narcotic shift count sheets from the two nurse medication carts. She stated this practice was likely due to the nurses being in a hurry and just not taking the time to sign the document. She stated this practice could lead to missing medications.</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33548</p> <p>Based on observations, staff interviews, and review of the facility policy titled, Storage Areas, the facility failed to properly store opened food items in the walk-in refrigerator, walk-in freezer, and dry storage area. The deficient practice had the potential to affect all 67 residents receiving an oral diet from the kitchen.</p> <p>Findings include:</p> <p>1. Review of the facility policy titled Storage Areas with a review date of 12/29/2023 revealed under Guideline: Items should be covered, sealed, labeled, and dated appropriately. Items should be stored off the floor and clear of ceiling sprinklers.</p> <p>Observation on 6/7/2024 at 9:07 am of the walk-in refrigerator revealed an opened five-pound bag of grated parmesan cheese that was securely wrapped with no open date.</p> <p>During an interview on 6/7/2024 at 9:07 am, the Certified Dietary Manager (CDM) confirmed that the bag of grated parmesan cheese had not been labeled with an open date. The CDM revealed that she expected dietary staff to date opened food items before storage.</p> <p>Observation on 6/7/2024 at 9:10 am of the walk-in freezer revealed a clear plastic bag wrapped with plastic wrap containing small nuggets of a tan colored food item, no label or date found. The freezer also had an opened bag of hot dogs that were not securely wrapped and had no open date. An opened bag of hash brown patties and an opened brown colored bag containing French fries were not securely closed and had no label or open date.</p> <p>During an interview on 6/7/2024 at 9:10 am, the CDM revealed that the small tan nuggets in the bag were breaded shrimp and confirmed there was no label or open date. The CDM confirmed that the bag of hot dogs were not securely wrapped and had no label or date. CDM confirmed that the hash brown patties and brown colored bag containing French fries were both opened and not securely wrapped, labeled, or dated. The CDM stated that dietary staff were to securely wrap open food items, label, and date them before storage.</p> <p>Observation on 6/7/2024 at 9:15 am of the dry storage area revealed and opened bag of spaghetti noodles with no open date. Also in the dry storage area was an opened bag of yellow cake mix with no open date, and an opened bag of penne pasta that was not securely closed, with no open date.</p> <p>During an interview on 6/7/2024 at 9:15 am, the CDM confirmed that the spaghetti noodles and yellow cake mix had no open date. The CDM confirmed that the penne pasta was not securely closed and had no open date. The CDM revealed she expected dietary staff to securely wrap opened food items and place a label and date on the item for storage.</p> <p>2. Observation on 6/7/2024 at 9:10 am of the walk-in freezer revealed two bags of shredded hash browns on the floor between the food storage shelf and wall.</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 6/7/2024 at 9:10 am, the CDM confirmed that the shredded hash brown bags were on the floor. The CDM revealed that food items should be stored off the floor and on the shelves. The CDM stated that these bags must have been knocked off accidentally.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46691</p> <p>Based on observations, staff interviews, review of the facility policies titled, Skilled Inpatient Services, Infection Prevention Plan and Skilled Nursing Services, Wound Care, and review of the facility-provided document titled Enhanced Barrier Precautions, the facility failed to ensure nursing staff implemented Enhanced Barrier Precautions (EBP) during wound and high-contact Activities of Daily Living (ADL) care for one of 10 residents (R) (R2) requiring EBP. This deficient practice had the potential to increase R2's risk of infections.</p> <p>Findings include:</p> <p>A review of the facility policy titled Skilled Inpatient Services, Infection Prevention Plan, dated 2020, revealed the Intent was The infection Prevention Plan provides an overview of the infection prevention practices of the center that is charged with the promotion of a healthy and safe environment to reduce the risk of infections in patients, staff, visitors, and others in the healthcare environment. The Goals section included To prevent and control the transmission of infectious and communicable diseases.</p> <p>A review of the facility policy titled Skilled Nursing Services, Wound Care, dated 2020, revealed the Intent was It is the intent of this center to provide guidelines for clean technique in providing wound care. The Guideline section included Supplies Needed: . Gown, three pairs of gloves, minimum. Put on appropriate Personal Protective Equipment (PPE) and first pair of clean gloves.</p> <p>A review of the facility-provided document titled Enhanced Barrier Precautions dated 3/15/2021 revealed Enhanced Barrier Precautions, which falls between Standard and Contact Precautions, and requires gown and glove use for certain residents during specific high-contact resident care activities that have been found to increase risk for multidrug-resistant organisms (MDRO) transmission. The Personal Protective Equipment section documented Gowns and gloves during high contact patient care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Examples of high-contact patient care activities requiring gown and glove use for Enhance Barrier Precautions include Dressing, Bathing/Showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, Wound care: any skin opening requiring a dressing.</p> <p>A review of R2's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed section GG (Functional Abilities and Goals) documented the resident required partial to maximal assistance for ADLs, and section M (Skin Conditions) documented the resident had one stage three pressure ulcer.</p> <p>Observation on 6/8/2024 at 10:15 a.m. of the Infection Preventionist (IP)/Wound Care Nurse (WCN) providing wound care and dressing change for R2 revealed that she wore gloves during wound care but did not wear a gown.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Interview on 6/8/2024 at 10:35 am, the IP/WCN confirmed she did not wear a gown while providing wound care and stated she was aware she should have worn one. She stated Personal Protective Equipment (PPE), including gowns, were stored on the linen carts on each hallway and were readily available. She further stated staff were made aware of which residents were on EBP verbally and that residents requiring wound care and residents with urinary catheters, feeding tubes, or any invasive device would be on EBP. She stated the failure to follow the guidelines for EBP could result in the spread of infection to residents and cause adverse effects.</p> <p>Observation on 6/8/2024 at 10:52 am revealed Certified Nursing Assistant (CNA) CC to perform hand hygiene in the hallway, enter R2's room with gloves on, inform her she would assist her with ADLs and getting out of bed. She then closed the resident's door. Continued observation revealed CNA CC exited R2's room at 11:12 am, and R2 was observed to be groomed, dressed, and sitting in her wheelchair.</p> <p>In an interview on 6/8/2024 at 11:15 am, CNA CC confirmed she had just assisted R2 with incontinent care, dressing, personal hygiene, and transferring to the wheelchair. She verified she did not wear a gown while providing high-contact care. She stated she was aware she should wear a gown when assisting R2 with ADLs since she had a pressure ulcer and stated she just forgot to put one on. She further stated the nurses informed CNAs which residents were on EBP.</p> <p>In an interview on 6/9/2024 at 10:00 am, the Director of Nursing (DON) stated nursing staff should follow EBP guidelines that included wearing gloves and gowns when providing high-contact care for residents with wounds/pressure ulcers, urinary catheters, and other invasive devices. She stated staff had been provided with education on EBP recently. She stated PPE supplies were readily available on the supply carts on each hallway. In a further interview, she stated the failure of staff to follow EBP guidelines could cause an increase in resident infection rates and adverse outcomes for residents. She stated she planned to provide further education to staff and post signage to alert staff of EBP for residents who require it.</p>		