Quarterly IJ Summary Report
July 2020 – September 2020

The following report presents information regarding all tags cited at the Immediate Jeopardy (IJ) level during licensing and certification surveys and complaint or incident investigations performed in nursing facilities during the third quarter of 2020 (07/01/2020 – 09/30/2020).

Immediate Jeopardy is "a situation in which the provider'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" (42 CFR 489.3).

During this period, an IJ level tag was cited for forty-nine of the surveys and investigations conducted, resulting in sixty-six citations of seventeen unique federal tags. The following tables provide the percentage at which each unique tag was cited (Table 1), the percent of IJs per nursing facility (NF) by region (Table 2) and the number of IJs per type of investigation (Table 3). Due to the COVID-19 crisis, recertification surveys were suspended by the Centers for Medicare and Medicaid Services (CMS) until September.

Descriptions of the situations and the deficient practices are derived from each event's *Form CMS-2567 - Statement of Deficiencies and Plan of Correction*, which is available to the public through a Freedom of Information Act (FOIA) request.

Table 1

F-Tag (Sorted by Tag Number)	**% Cited***	**F-Tag** (Sorted by Frequency Cited)	**% Cited***
580	6.1%	880	37.9%
600	9.1%	684	13.6%
607	3.0%	600	9.1%
622	1.5%	678	7.6%
660	3.0%	580	6.1%
675	1.5%	689	4.5%
678	7.6%	607	3.0%
684	13.6%	660	3.0%
686	1.5%	725	3.0%
689	4.5%	622	1.5%
693	1.5%	675	1.5%
725	3.0%	686	1.5%
755	1.5%	693	1.5%
760	1.5%	755	1.5%
835	1.5%	760	1.5%
837	1.5%	835	1.5%
880	37.9%	837	1.5%

*Rounded to the nearest tent

Table 2

Region	# of IJs	# of NFs	% of IJs/NF
1	4	89	4.49%
2	0	135	0.00%
3	13	231	5.63%
4	13	192	6.77%
5	5	189	2.65%
6	11	174	6.32%
7	3	231	1.30%
Total	49	1241	3.95%

Table 3
Number of IJs

from Complaints	from Incidents	from Surveys	From Other	Total
42	2	1	4	49

Tag References

483.10 - Resident Rights:
580 Notify of Changes (Injury/Decline/Room, Etc.)

483.12 - Freedom from Abuse, Neglect, and Exploitation:
600 Free from Abuse and Neglect
607 Develop/Implement Abuse/Neglect, etc. Policies

483.15 – Admission, Transfer, and Discharge:
622 – Transfer and Discharge Requirements

483.21 – Comprehensive Resident Centered Care Plans:
660 Discharge Planning Process

483.24 - Quality of Life:
675 – Quality of Life
678 – Cardio-Pulmonary Resuscitation

483.25 - Quality of Care:
684 – Quality of Care
686 – Treatment/Svcs to Prevent/Heal Pressure Ulcers
689 – Free of Accident Hazards/Supervision/Devices
693 – Bowel/Bladder Incontinence, Catheter, UTI

483.35 Nursing Services
725 Sufficient Nursing Staff

483.45 - Pharmacy Services:
755 Pharmacy Svcs/Procedures/Pharmacist/Records
760 Residents are Free of Significant Med Errors

483.70 - Administration:

835 Administration

837 Governing Body

483.70 - Administration:

880 Infection Prevention & Control

Acronyms

AED – Automated External Defibrillator
CDC – Centers for Disease Control
CPR – Cardio-Pulmonary Resuscitation
LAR – Legally Authorized Representative
LHA – Local Health Authority
PPE – Personal Protective Equipment

Region 6
Exit Date: 07/02/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F880/N1647
Situations: The facility failed to identify rooms that required quarantine due to COVID-19, failed to protect residents not in isolation by placing newly admitted residents in the same room before knowing the new resident's infection status, and failed to ensure appropriate placement and use of PPE.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 5
Exit Date: 07/03/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F580/N1129; F600/N1285
Situations: The facility failed to ensure a resident's thrombo-embolus deterrent stockings (compression stockings that help reduce the risk of development of deep vein thrombosis) were removed after eight hours and failed to notify the resident's physician of a change in condition for fourteen days resulting in the resident's leg becoming necrotic (death of cells through disease or injury).

Deficient Practice: The facility failed to notify a physician or family/LAR of significant changes in condition and failed to implement policies and procedures to prevent neglect.

Region 3
Exit Date: 07/07/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to implement and maintain contact precautions, failed to implement social distancing, failed to ensure appropriate use of PPE, and failed to track and trend COVID-19 infections.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 4
Exit Date: 07/09/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to ensure proper use of PPE, did not isolate residents following readmission from the hospital until their COVID-19 status was known, failed to sanitize equipment used by multiple people, and failed to restrict visitors to the facility.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 4
Exit Date: 07/10/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F660/N1275
Situations: The facility failed to develop a plan and discharge a resident to a setting that met their needs. The resident required dialysis three times a week, wound care, and daily medications. The facility dropped the resident off at a community shelter with no discharge instructions or medications and did not notify the shelter prior to the discharge. The resident was admitted to the hospital three days later for pleural effusion (fluid buildup in the space between the layers of the lung) and cardiomegaly (abnormal enlargement of the heart), conditions consistent with failure to obtain dialysis treatment.

Deficient Practice: The facility failed to ensure an effective discharge plan was developed and implemented to prevent readmission.

Region 1
Exit Date: 07/10/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F684/N1416
Situations: The facility failed to ensure a resident who had recently received an above-the-knee amputation was properly assessed and treated. When the resident went to their physician for assessment and suture removal, the physician noted that the wound had opened, developed purulent drainage (thick discharge), and necrotic tissue. The resident required hospitalization and further amputation.

Deficient Practice: The facility failed to ensure that residents received treatment and care in accordance with the professional standards of practice and comprehensive person-centered care plan.

Region 5
Exit Date: 07/13/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to cohort residents with COVID-19 and allowed staff members who were positive but asymptomatic to work with residents who did not have COVID-19.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6
Exit Date: 07/14/2020

Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to inform a staff member of their positive COVID-19 test resulting in her working on the unit with residents who were negative for COVID-19. The facility failed to cohort staff and did not ensure the proper use of PPE.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 4
Exit Date: 07/15/20
Purpose of Visit: Incident Investigation
Tags: F689/N1433
Situations: The facility failed to implement interventions for a resident with a history of elopement. The resident eloped from the facility and was found nearly one hundred feet away near a busy highway by the social worker when they arrived at work.

Deficient Practice: The facility failed to ensure adequate supervision was provided to prevent accidents.

Region 3
Exit Date: 07/15/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F684/N1416
Situations: The facility failed to provide appropriate interventions when a resident had a change in condition, including a change in breathing, development of chest congestion, and changes in speech. The resident was found unresponsive two hours after the changes were documented and was later pronounced dead.

Deficient Practice: The facility failed to ensure residents received treatment and care in accordance with professional standards.

Region 6
Exit Date: 07/15/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F684/N1416
Situations: The facility failed to assess a resident when they were observed to have a distended abdomen, an empty catheter, and blood in the catheter lines. The facility failed to report the observations to the resident's physician. The facility failed to provide appropriate catheter care and to conduct weekly skin assessments on the resident.

Deficient Practice: The facility failed to ensure residents received treatment and care in accordance with professional standards.

Region 6
Exit Date: 07/15/2020

Purpose of Visit: Incident Investigation; Focused Infection Control Survey
Tags: F880/N1647/N1653
Situations: The facility failed to ensure all staff and essential visitors were screened prior to entrance, failed to effectively identify COVID-positive areas of the facility and did not install a barrier to separate the COVID-positive unit from the rest of the facility, failed to ensure hand hygiene practices were followed, and failed to ensure that masks were worn properly.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6
Exit Date: 07/15/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to ensure residents positive for COVID-19 were isolated from residents who were negative, failed to screen staff prior to entrance, failed to ensure laundry from the COVID-positive unit was kept separate from that of the rest of the facility, and failed to ensure staff had designated areas to don and doff PPE between COVID-positive areas and others.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 3
Exit Date: 07/16/2020
Purpose of Visit: Complaint Investigation
Tags: F689/N1433
Situations: The facility failed to supervise a resident when they assisted them outside to smoke. The resident was left outside for over six hours.

Deficient Practice: The facility failed to ensure residents received appropriate supervision to prevent accidents.

Region 5
Exit Date: 07/16/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F880/N1647
Situations: The facility failed to designate staff to work only the COVID-positive unit and failed to ensure PPE was properly discarded after use on the unit.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 3

Exit Date: 07/17/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F600/N1285; F675/N1307; F725; F837/N1746; F880/N1647
Situations: The facility failed to have sufficient nursing staff to provide care to residents for ten days. The facility failed to ensure staff effectively utilized PPE, failed to designate staff to work the COVID-positive unit, and failed to screen staff and visitors prior to entrance.

Deficient Practice: The facility failed to implement policies and procedures to prevent neglect, failed to provide the necessary care and services to attain or maintain the highest practicable well-being, failed to have a governing body that was legally responsible for establishing and implementing policies regarding the management and operation of the facility, and failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 3
Exit Date: 07/17/2020
Purpose of Visit: Complaint Investigation
Tags: F880/N1647
Situations: The facility failed to designate staff to work the COVID-positive unit, failed to ensure proper donning and doffing of PPE, failed to ensure residents on the COVID-positive unit were able to indicate their need for assistance by having the call lights out-of-reach, and failed to ensure effective utilization of PPE.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6
Exit Date: 07/21/2020
Purpose of Visit: Complaint Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to screen staff and visitors prior to entrance and failed to separate residents positive for COVID-19 from residents who were negative.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 5
Exit Date: 07/21/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F725/N1447/N1448; F880/N1647
Situations: The facility failed to ensure sufficient staff were on duty to perform resident assessments and to designate staff to work the COVID-positive unit. The facility failed to ensure proper surface and hand sanitation techniques were implemented.

Deficient Practice: The facility failed to have sufficient nursing staff to provide nursing and related services to assure and attain or maintain the highest practicable and failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 3
Exit Date: 07/21/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F880/N1647
Situations: The facility failed to ensure residents positive for COVID-19 did not wander around the facility and failed to ensure effective use of PPE.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 7
Exit Date: 07/24/2020
Purpose of Visit: Focused Emergency Preparedness Survey
Tags: F580/N1130; F600/N1284; F607/N1285; F880/N1647
Situations: The facility failed to inform a resident physicians and families/LAR's when four residents had changes in condition, including low blood pressure, low blood glucose levels, and low oxygen saturation levels. One resident required hospitalization. The facility failed to ensure proper use of PPE and failed to perform resident assessments regularly.

Deficient Practice: The facility failed to consult with the physician/LAR when there was a significant change in condition, failed to implement policies and procedures to prevent neglect, and failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 4
Exit Date: 07/27/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F660/N1275
Situations: The facility failed to develop and implement a discharge plan to meet the needs of a resident prior to sending them home. The resident was found by the fire department two days after they were discharged lying in feces, unable to get out of bed. The resident was hospitalized with COVID-19, a urinary tract infection, dehydration, and an altered mental status.

Deficient Practice: The facility failed to ensure an effective discharge plan was developed and implemented to prevent readmission.

Region 7
Exit Date: 07/27/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey

Tags: F880/N1647/N164/N1657
Situations: The facility failed to ensure staff members positive for COVID-19 did not work with residents who had tested negative, failed to ensure proper use of PPE, failed to clearly identify COVID-designated areas, and failed to implement social distancing during meals.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6
Exit Date: 07/29/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to develop a system to notify staff of their positive COVID-19 test results, failed to ensure staff were screened prior to entrance, and failed to report COVID-positive staff members and residents.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 4
Exit Date: 07/30/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to isolate a resident admitted from the hospital prior to knowing their COVID-19 statues and failed to ensure the proper use of PPE.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 4
Exit Date: 08/01/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F580/N1129; F678/N1307; F684/N1416
Situations: The facility failed to intervene and notify a resident's physician when they had a change in condition. The resident developed increased respirations, difficulty breathing, and decreased oxygen saturation levels while on oxygen. The resident was found dead in their room over an hour after the change in condition was identified. The facility failed to provide CPR to the resident, who had a full code status, which allows full interventions to restart the heart.

Deficient Practice: The facility failed to consult with the physician when there was a significant change in condition, failed to ensure CPR was provided in accordance with professional standards, and failed to ensure residents received treatment and care in

accordance with professional standards of practice and the comprehensive, person-centered care plan.

Region 6
Exit Date: 08/03/2020
Purpose of Visit: Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to implement interventions to prevent a resident with a history of exit-seeking behavior from eloping. The facility did not have the alarms on all the doors enabled, allowing the resident to exit the facility undetected. The resident was missing for more than an hour before they were found with their wheelchair stuck in mud.

Deficient Practice: The facility failed to ensure adequate supervision to prevent accidents.

Region 4
Exit Date: 08/04/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F689/N1432
Situations: The facility failed to screen staff and visitors prior to entry, failed to ensure proper use of PPE, failed to ensure proper donning and doffing of PPE, and failed to ensure it was disposed of properly.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 3
Exit Date: 08/05/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F693/N1431
Situations: The facility failed to provide proper care for a resident's gastronomy tube (tube inserted into belly that allows for nutrition to be delivered directly to the stomach) that was clogged. The methods and tool used to clean the device could have resulted in puncturing the tube, staff were not properly trained, and there was no physician order for the procedure. The facility failed to complete an assessment and notify the resident's physician.

Deficient Practice: The failed to ensure that a resident who was fed by enteral feeding received the appropriate treatment and services to prevent complications.

Region 3
Exit Date: 08/07/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F600/N1284; F678

Situations: The facility failed to monitor, assess, and provide interventions when a resident experienced a change in condition over a six-hour period, including agitation, calling out, and difficulty breathing. The facility failed to initiate CPR when the resident became unresponsive, despite the resident's full code status, which allows full interventions to restart the heart. The resident was transferred to the hospital where they were pronounced dead.

Deficient Practice: The facility failed to implement policies and procedures to prevent neglect and failed to ensure CPR was provided in accordance with professional standards.

Region 5
Exit Date: 08/11/2020
Purpose of Visit: Complaint Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to ensure staff used appropriate PPE, failed to have dedicated staff working with COVID-positive residents, failed to provide training related to COVID-19, and failed to have a dedicated food cart and food trays for the COVID-positive unit.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 1
Exit Date: 08/12/2020
Purpose of Visit: Focused Infection Control Survey
Tags: F880/N16747/N1701
Situations: The facility failed to ensure effective social distancing, failed to ensure residents wore appropriate PPE in common areas, failed to store PPE in a manner which would prevent contamination, and failed to effectively identify the quarantine status of COVID-positive residents.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 1
Exit Date: 08/12/2020
Purpose of Visit: Complaint Investigation; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to isolate COVID-positive and presumptive positive residents in the locked unit.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 3
Exit Date: 08/21/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F622/N1263
Situations: The facility failed to assess and document the condition of a resident's pressure ulcer on admission to the facility and failed to accurately assess and document the condition of the ulcer during weekly skin assessments.

Deficient Practice: The facility failed to ensure a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

Region 3
Exit Date: 08/27/2020
Purpose of Visit: Complaint Investigation
Tags: FF880/N1647
Situations: The facility failed to monitor residents for symptoms of COVID-19, failed to quarantine residents who were positive, failed to ensure proper use of PPE, and failed to screen visitors prior to entry.

Deficient Practice: The facility failed to ensure CPR was provided in accordance with professional standards.

Region 3
Exit Date: 08/28/2020
Purpose of Visit: Complaint Investigation; Focused Infection Control Survey
Tags: F678/N1307
Situations: The facility failed to immediately provide CPR to a resident who was found unresponsive and without vital signs and had a full code status, which allows full interventions to restart the heart.

Deficient Practice: The facility failed to ensure CPR was provided in accordance with professional standards.

Region 7
Exit Date: 08/31/2020
Purpose of Visit: Complaint Investigation
Tags: F600/N1284; F607/N1285; F684/N1416
Situations: The facility failed to implement processes to ensure that residents did not miss receiving their medications. One resident missed twenty of twenty-one doses of anti-seizure medication, resulting in the resident experiencing a seizure and requiring hospitalization.

Deficient Practice: The facility failed to implement policies and procedures to prevent neglect and failed to ensure residents received treatment and care in accordance with professional standards of practice and the comprehensive, person-centered care plan.

Region 4
Exit Date: 09/01/2020
Purpose of Visit: Complaint Investigation; Focused Infection Control Survey
Tags: F835/N1742
Situations: The administrator did not initiate an emergency evacuation or have resources available to evacuate residents and staff during a mandatory evacuation of the local county.

Deficient Practice: The facility failed to ensure resources were utilized effectively and efficiently to attain or maintain the highest practicable well-being for the facility

Region 3
Exit Date: 09/03/2020
Purpose of Visit: Complaint Investigation
Tags: F684
Situations: The facility failed to assess, monitor, and notify a resident's physician when the resident began to exhibit a change in condition. The resident continued to exhibit the change in condition without appropriate action until routine labs revealed critically high sodium levels. The resident was transferred to the hospital where they were diagnosed with hypovolemia (decreased volume of circulating blood in the body), dehydration, hypernatremia (rise in sodium in the body), altered mental status, and urinary tract infection.

Deficient Practice: The facility failed to ensure treatment and care was provided in accordance with professional standards of practice.

Region 4
Exit Date: 09/08/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F678/N1929/N1930/N1932
Situations: The facility did not maintain a working automated external defibrillator (AED) for use in the administration of CPR and did not have a staff member who was certified CPR certified at all times.

Deficient Practice: The facility failed to ensure personnel had the ability to provide basic life support care prior to the arrival of emergency medical personnel.

Region 6
Exit Date: 09/10/2020
Purpose of Visit: Complaint Investigation
Tags: F686/N1422/N1423
Situations: The facility failed to effectively assess, treat, and monitor residents for pressure ulcers, resulting in worsening pressure ulcers for five residents.

Deficient Practice: The facility failed to provide the necessary treatment and services, based on the comprehensive assessment and consistent with professional standards of practice to prevent development and worsening of pressure ulcers.

Region 6
Exit Date: 09/11/2020
Purpose of Visit: Complaint Investigation
Tags: F580/N1174; F684/N1416
Situations: The facility failed to ensure staff accurately assessed and identified a resident's change in condition and did not notify the resident's physician.

Deficient Practice: The facility failed to notify a physician or family/LAR of significant changes in condition and failed to ensure treatment and care was provided in accordance with professional standards of practice.

Region 1
Exit Date: 09/15/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F600/N1284
Situations: The facility failed to develop and implement effective interventions to address a resident's physically aggressive behaviors. The physically assaulted two others, causing serious bodily injury.

Deficient Practice: The facility failed to implement policies and procedures to prevent abuse.

Region 4
Exit Date: 09/17/2020
Purpose of Visit: Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to ensure appropriate use of PPE, including donning and doffing.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 4
Exit Date: 09/17/2020
Purpose of Visit: Standard Survey; Focused Infection Control Survey
Tags: F880/N1647
Situations: The facility failed to ensure proper use of PPE and failed to isolate a resident after their roommate tested positive for COVID-19.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 6
Exit Date: 09/17/2020
Purpose of Visit: Complaint/Incident Investigation

Tags: F880/N1647/N1658
Situations: The facility failed to ensure effective use of PPE and proper hand sanitation techniques and failed to implement effective signage to indicate entry into quarantine units.

Deficient Practice: The facility failed to ensure an effective infection control program to help prevent the development and transmission of communicable diseases and infections was maintained.

Region 4
Exit Date: 09/18/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F678/N1416; F684/N1932
Situations: The facility failed to immediately call emergency services and use an AED (used to detect and correct heartbeat abnormalities during CPR) when CPR was initiated after the resident was found without a pulse and no respirations. Approximately twenty minutes passed between the time that CPR was initiated, and emergency services was contacted.

Deficient Practice: The facility failed to ensure CPR was provided in accordance with professional standards and failed to ensure that residents received treatment and care in accordance with the professional standards of practice and comprehensive person-centered care plan.

Region 3
Exit Date: 09/23/2020
Purpose of Visit: Complaint/Incident Investigation; Focused Infection Control Survey
Tags: F755/N1442; F760/N1599
Situations: The facility failed to ensure two residents received appropriate insulin treatments and blood glucose checks following changes in orders in the residents EMR. One resident became hyperglycemic (high levels of glucose in the blood) and required treatment in the hospital.

Deficient Practice: The facility failed to provide pharmaceutical services, including procedures that assure accurate acquiring, receiving, dispensing and administering of all drugs, to meet residents needs; and failed to ensure residents were free of significant medication errors.

Region 4
Exit Date: 09/24/2020
Purpose of Visit: Complaint/Incident Investigation
Tags: F684/N1416
Situations: The facility failed to monitor the blood glucose level of a resident with diabetes for twenty-four days. The resident was admitted into the hospital with gangrene of the foot and diabetes with uncontrolled hyperglycemia (high levels of glucose in the blood).

Deficient Practice: The facility failed to ensure that residents received treatment and care in accordance with the professional standards of practice and comprehensive person-centered care plan.