

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 405030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER MILLENNIUM INSTITUTE FOR ADVANCE NURSING CARE INC		STREET ADDRESS, CITY, STATE, ZIP CALLE COSME REPARTO SAN LUCAS ENTRADA SECTOR CANEJ RIO PIEDRAS, PR 00926	
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 0679 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide activities to meet all resident's needs.</p> <p>Based on recertification survey, resident's records reviewed (RR), observations and interview, it was determined that the facility failed to ensure that 3 out of 16 residents (R) have the recreational therapy during the weekend. (R#8, RR#9 and R#212) Findings include: On 07/06/2020 at 9:20 AM during interview Resident #212 stated that her admission day was on Saturday (07/04/2020) and no activities were offer to her during the weekend. On 07/07/2020 at 10:00 AM during interview with the Recreational Therapist (Employee #1) stated that he works from Monday to Friday but he develop a recreational therapy program for the weekends, however no evidence was found on the medical record of the activities offer during the weekend to resident #212.</p> <p>Resident sample #8 and resident sample electronic medical record #9 for the initial pool process with the Information technology officer (employee #8) on 07/06/2020 from 9:45 AM through 11:53 AM. During this review no evidence was found of recreational activities for the weekend of July 4, 2020. Facility failed to maintain documentation of the participation of each resident on the ongoing program activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p>		
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>Based on observational tour of the facility's kitchen performed from 07/06/2020 thru 07/07/2020, from 8:00 AM thru 3:00 PM, and interview with kitchen staff, it was identified that the facility failed to maintain equipment in good condition in order to promote sanitary conditions and the prevention of foodborne illness on 3 out of 3 kitchen tables (T) (T# 1,#2, #3). Findings include: 1. On 07/06/2020 from 8:20 AM through 11:55 AM the following was identified during the initial brief observational tour in the kitchen: a. Three tables located one at the side of kitchen stoves, and two located at the right side of the steam table were observed affected by rust. b. Facility cook (employee # 10) stated on interview on 07/06/2020 at 9:50 AM that personnel clean and disinfect those three tables every day before food production. c. However rusty objects have irregular surface that are more likely to harbor dangerous bacteria and tables condition make difficult the proper cleaning and disinfection.</p>		
F 0813 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>Based on observations and facility staff interview performed on 07/07/2020 to from 8:30 AM through 3:00 PM, it was determined that the facility failed to have in place a policy regarding use and storage food brought to residents by family and other visitors. Findings include: 1. A mechanism to ensure that facility establish their responsibility to store food brought by resident family members or visitors in order to assure safe and sanitary storage and handling before consumption was not performed accordingly with the following findings identified during survey procedures on 07/07/2020: Nursing staff (employee # 9) stated on interview on 07/07/2020 at 8:39 AM that if a resident, resident relative or visitor brings food or drink items personnel nursing were instructed to put the item in a plastic zip lock bag with residents' name and room number and store in a refrigerator located at the areas were the ice dispenser machine are located. She also stated that once the food or drink item is stored on daily basis nursing personnel advice the resident in regarding to the food or drink item availability. Food and drink items are reviewed on an ongoing basis to ensure consistency and expiration date. If food or drink item expire or consistency is compromised nursing personnel inform the resident before discard the item. Licensed administrative dietitian (employee # 3) also stated on interview on 07/07/2020 at 11:10 AM that no policy or procedure are established to guide the process to follow when food or drink items are brought by resident family members or visitors.</p>		
F 0880 Level of harm - Potential for minimal harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on a recertification survey, observations and staff interview performed during the survey process from 07/06/2020 thru 07/07/2020 from 8:30 am thru 3:00 pm it was determined that the facility failed to comply with accepted infection control precautions and standards of practice. Findings include: On 07/06/19 at 10:55 AM till 3:00 PM during observational tour and visual inspection on different resident's rooms and others areas of the skill nursing facility the following was found: 1. Housekeeping personnel (employee # 5) is observed cleaning resident room [ROOM NUMBER]. It was observed that she was using three different colors (one orange, one blue and one yellow) microfiber cloths to clean this resident's room areas. 2. Housekeeping personnel (employee # 5) stated on interview on 07/06/2020 at 11:10 AM that she use three different cloths microfiber cloths to clean every resident room area. She stated that orange microfiber cloth is used to clean toilet and bathroom sink, yellow microfiber cloth is used to clean windows, door knobs and doors and the blue microfiber cloth is used to clean resident night table, diner table and other equipment used by the resident. She stated that she used those cloths for approximately 48 hours before discard them. When she was requested by information of the process of cleaning and disinfection of those microfiber cloths after the use of them, she said that housekeeping personnel wash and disinfect the cloths after use, with a chemical disinfection agent named Bac- killer. 3. During the review of the Safety Data Sheet of the Bac-killer disinfection agent on 7/6/2020 at 1:30 pm it was identified that product manufactures recommended the use of it as a concentrated hard surface disinfection cleaner. 4. The Facility failed to use a recommend disinfection agent for cloths to ensure the fabric of this microfiber towels used to clean resident rooms areas are properly cleaned and disinfected.</p>		
F 0908 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observational tour of the facility's resident rooms performed from 07/06/2020 thru 07/07/2020, from 8:00 AM thru 3:00 PM, and interview with facility's staff, it was identified that the facility failed to maintain equipment safe operating condition and in good condition. Findings include: a. Night table located on room [ROOM NUMBER]-B is observed in need of repair on the door area. b. Mattress of beds located on room [ROOM NUMBER] -A and 116-B were observed in bad condition. c. Nursing staff (employee # 9) stated on interview on 07/07/2020 at 9:15 AM that resident located in room [ROOM NUMBER]-A and 116-B request change of bed mattress due to bad condition. d. Nursing personnel proceed to change mattress of</p>		

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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<p>F 0908</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>bed located on room [ROOM NUMBER]-A and 116-B after resident request on 07/07/2020 at 9:30 am.</p>		