

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 205072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER MARSHWOOD CENTER		STREET ADDRESS, CITY, STATE, ZIP 33 ROGER STREET LEWISTON, ME 04240	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews and record reviews, the facility staff failed to notify the State Agency of 1 of 1 allegations of resident to resident sexual abuse to Resident #8 after they were aware of the allegation on 3/2/20. Finding: On 3/4/20 Adult Protective Services (APS) made a report to the State Agency that indicated the following: (Resident #8) resides at the facility. Another (Resident, (#9)), has been sexually assaulting (Resident #8). (Resident #9) will follow (Resident #8) around and grab at his/her breast. The report indicates that the facility has been notified of this and that the facility has been unresponsive since they obtained the information. The APS report notes that (Resident #8) is, 'not eating and not sleeping and has been suffering. A review of The facility's policy, Abuse Prohibition, reviewed 6/12/19 and revised 7/1/19, under Federal Definitions, page 1, revealed the following: Sexual Abuse is a non-consensual sexual contact of any type with a resident. It includes but is not limited to sexual harassment, sexual coercion, or sexual assault. The policy further notes under Process on page 4, that facility staff will report the allegation of abuse immediately to the Center Executive Director (CED) and, Upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the CED or designee will Report allegations involving abuse (physical, verbal, sexual, mental) not later than 2 hours after the allegation is made. A review of progress notes for Resident #8 revealed the following: A progress note of 3/2/20, 16:25, late entry by the Licensed Clinical Social Worker- Certified (LSW-C) noted the following: Today, writer was notified by the Licensed Practical Nurse, Nurse Manager (LPN-NM) that (Resident #8) was touched inappropriately by another (Resident #9). Upon interviewing (Resident #8), he/she reports that this occurred yesterday (Sunday March 1). Resident states this made him/her very uncomfortable and that he/she wanted to punch him/her. Writer reminded the resident that violence is never the answer but validated his/her feelings and asked that the next time he/she report to a staff member immediately so that it can be addressed in the moment. Writer apologized that he/she had to go through this and plans to follow up on the incident. On 3/3/20 at 16:26, the following progress note was entered by the LSW-C: Writer followed up with resident on incident that occurred yesterday on incident involving him/ her being inappropriately touched by another resident, as he/she reports he/she was following him/her around the dining room and he/she was fearful. Writer addressed the behavior with the other resident in the moment and told him/her he's/she's been asked to stay away from (Resident #8). On 3/9/20 at 15:02, the following progress note was entered by the LSW-C: Writer checked on (Resident #8) again after report of another resident grabbing his/her breast. Resident reports that he/she is okay and (Resident #9) has not bothered him/her anymore. On [DATE] at 10:00 a.m., during an interview, the Licensed Social Worker-Certified (LSW-C) stated to a surveyor that Resident #8 had been upset and had complained to the LSW-C a few weeks ago of an incident involving Resident #9 grabbing Resident #8's breast. The LSW-C stated that he/she and the nurse practitioner (NP) had talked to Resident #9 and that Resident #9 had denied the allegation. The LSW-C stated, I didn't report this to the State because I didn't know that it would need to be reported. We couldn't prove that it happened. On [DATE] at 11:30 a.m., in an interview with the Center Nurse Executive (CNE), a surveyor confirmed the finding that an allegation of resident to resident abuse, sexual, had not been reported to the State. The CNE denied having knowledge of the incident. On [DATE] at 12:15 p.m., a surveyor confirmed the finding in an interview with the Center Executive Director (CED).		
F 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to maintain respiratory equipment consistent with the Respiratory Therapist's instructions and the manufacturer's cleaning recommendations for 5 of 7 residents reviewed that were receiving respiratory services (#1, #2, #3, #5, #6). Findings: The facility's Bi-level Positive Airway Pressure([MEDICAL CONDITION]) Continuous Positive Airway Pressure([MEDICAL CONDITION]) Facility Policy and Procedure-Effective Date: 1/1/04, Review Date: 12/1/18, Revision Date, Section 9. Cleaning the System states: 9.1 Clean the unit weekly. 9.4 Use a cloth slightly dampened with water and mild detergent, wipe the outside of the case. 9.6 Clean the mask PRN per manufacturer's guidelines for soiling. 9.7 Clean the head gear, chin strap, and/or soft cap PRN per manufacturer's guidelines. 9.8 If using a humidifier system, clean it weekly. 9.8.4 Wash all items in a solution of warm water and mild detergent. 9.9 Change the intake filter per manufacturer's instructions 9.10 Change or clean disposable supplies(e.g., tubing) per manufacturer's guidelines or PRN if soiled. DreamStation Machine User Manual indicates; Installing and Replacing Filters- The device uses a reusable blue pollen filter that can be rinsed and a disposable light-blue ultra-fine filter. The reusable blue filter screens out normal household dust and pollens, while the light-blue ultra-fine filter provides more complete filtration of very fine particles. Cleaning the Device-Under normal usage, you should rinse the reusable blue pollen filter at least once every two weeks and replace it with a new one every six months. The disposable light-blue ultra-fine filter should be replaced after 30 nights of use or sooner if it appears dirty or damaged. DO NOT rinse the ultra-fine filter. Caution: Dirty inlet filters may cause high operating temperatures that may affect device performance. Regularly examine the inlet filters as needed for integrity and to check for accumulated debris. This device has an automatic air filter reminder. Every 30 days, the device will display a message reminding you to check your filters and replace them as directed. Note: This message is a reminder only. The device does not detect the performance of the filters nor does it recognize when a filter has been rinsed or replaced. Note: Replace the disposable, ultra-fine filter if it is damaged for has accumulated debris. Cleaning the Tubing - Hand wash the tubing and the mask adaptor (if included) before first use and daily. Gently wash the tubing and mask adaptor in a solution of warm water and a liquid dish soap. Res Med AirSense 10 Machine User Manual indicates; Cleaning-You should clean the device weekly as described. Refer to the mask user guide for detailed instructions on cleaning your mask. 1. Wash the water tub and air tubing in warm water using only mild detergent. Do not wash in a dishwasher or washing machine. 2. Rinse the water tub and air tubing thoroughly and allow to dry out of direct sunlight and/or heat. 3. Wipe the exterior of the device with a dry cloth. Checking -You should regularly check the water tub, air tubing and the air filter for any damage. 1. Check the water tub: Replace it if it is leaking or has become cracked, cloudy or pitted, Replace it if the seal is cracked or torn, Remove any white powder deposits using a solution of one part household vinegar to 10 parts water. 2. Check the air tubing and replace it if there are any holes, tears or cracks. 3. Check the air filter and replace it at least every six months. Replace it more often if there are any holes or blockages by dirt or dust. To replace the air filter: 1. Open the air filter cover and remove the old air filter. The air filter is not washable or reusable. 2. Place a new air filter onto the air filter cover and then close it. Philips Respironics -Res Star Plus C-Flex Machine User Manual indicates; Cleaning the Device 1. Unplug the device, and wipe the outside of the device with a cloth slightly dampened with water and a mild detergent. Let the device dry completely before plugging in the power cord. 2. Inspect the device and all circuit parts for		

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 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1) damage after cleaning. Replace any damaged parts. Cleaning or Replacing the Filters; Under normal usage, you should clean the gray foam filter at least once every two weeks and replace it with a new one every six months. The white ultra-fine filter is disposable and should be replaced after 30 nights of use or sooner if it appears dirty. DO NOT clean the ultra-fine filter. CAUTION : Dirty inlet filters may cause high operating temperatures that may affect device performance. Regularly examine the inlet filters as needed for integrity and cleanliness. 1. If the device is operating, stop the airflow. Disconnect the device from the power source. 2. Remove the filter(s) from the enclosure by gently squeezing the filter in the center and pulling it away from the device. 3. Examine the filter(s) for cleanliness and integrity. 4. Wash the gray foam filter in warm water with a mild detergent. Rinse thoroughly to remove all detergent residue. Allow the filter to air dry completely before reinstalling it. If the foam filter is torn, replace it. (Only Respirationics-supplied filters should be used as replacement filters.) 5. If the white ultra-fine filter is dirty or torn, replace it. 6. Reinstall the filters, inserting the white ultra-fine filter first. Cleaning the Tubing; Clean the tubing before first use and daily. Disconnect the flexible tubing from the device. Gently wash the tubing in a solution of warm water and a mild detergent. Rinse thoroughly. Air dry. 1. Resident #1's was admitted to the facility on [DATE]. Resident #1's Active Doctor's orders, pertaining to [MEDICAL CONDITION]/[MEDICAL CONDITION] machines, as of [DATE]20 state: >Clean [MEDICAL CONDITION]/[MEDICAL CONDITION] reservoir in the morning-Verbal-Active-5/23/19/start-5/2[DATE]9 >Clean [MEDICAL CONDITION]/[MEDICAL CONDITION] filter weekly with mild soap and water and air dry. One time daily every Wednesday-Verbal-Active-[DATE]/start-3/11/2020 >[MEDICAL CONDITION] Auto Pressure: 8-16 Apply at HS and remove in AM. Interface type: Full face mask Humidification(if appropriate) Heated fill humidifier with sterile or distilled water. ON HS/OFF AM Apply [MEDICAL CONDITION] for OSA-Active-10/3/19/start-10/[DATE]9. An complainant indicated that on [DATE], while visiting Resident #1, the complainant observed the Continuous Positive Airway Pressure([MEDICAL CONDITION]) to be inoperative. The unit was overfilled and leaking, not functioning and had two dirty filters. The resident stated that he/she was unable to use the Dreamstation [MEDICAL CONDITION] for days because it wasn't working. The complainant brought this to the attention of the nurses and it was corrected. On [DATE]20 at 12:05 p.m., a surveyor discussed the incident and confirmed in an interview with the Director of Nursing(DON) that the facility had not followed the manufacturer's recommendations to regularly clean and change the filters in the [MEDICAL CONDITION] machine. Additionally, on [DATE]20 at 9:17 a.m., a surveyor and the DON observed the soiled face piece and hose sitting on top of the resident's nightstand not bagged and labeled for clean storage. A white powder like residue was also observed in the water reservoir. The DON stated that the face mask should have been cleaned and stored in a bag and dated and labeled, to keep it clean. A surveyor confirmed the finding at this time. Upon review, the resident's medical record lacked evidence that the facility is following the manufacturer's recommendations for unit and filter cleaning and/or replacement. On [DATE]20 at 10:30 a.m., a surveyor interviewed the Respiratory Therapist from Genesis Respiratory Health Services that contracts with the facility. The Respiratory Therapist stated, The face pieces and hoses should be cleaned daily. The water reservoir should be cleaned daily. The outside of the machine should be cleaned and wiped down daily. The filters should be changed according to the manufacturer's recommendations. The humidifier seal should be cleaned daily. Most machines nowadays have a reminder to change the smaller filter monthly and the large filter can be washed and used for a couple weeks. Once it all is cleaned, the face piece should be put in clear storage bags, dated, labeled and stored on the nightstands. I have the bags and have given them to nursing. I have done and do regular education on these issues with the nursing staff here. 2. Resident #2 was admitted to the facility on [DATE]. Resident #2's Active Doctor's orders, pertaining to [MEDICAL CONDITION]/[MEDICAL CONDITION] machines, as of [DATE]20 state: >[MEDICAL CONDITION]----Pressure: IPAP 16 and EPAP 12. Apply at HS and remove in AM. Interface Type: Nasal Mask Humidification(if appropriate) Heated fill Humidifier with sterile or distilled water as needed for Sleep apnea. Patient will self-administer or ask for assistance with device when he chooses to wear device. Active and started 7/19/19. >Clean [MEDICAL CONDITION] filter weekly every day shift Monday for cleaning-Verbal Active-[DATE] and started 3/9/2020. On [DATE]20 at 11:35 a.m., a surveyor and the Respiratory Therapist entered Resident #2's room and observed the Bi-Level Positive Airway Pressure([MEDICAL CONDITION]) DreamStation machine. The Respiratory Therapist opened the filter area and found a dirty filter. The face piece was also stored in the top drawer of the nightstand, not bagged, labeled or dated, which was visibly dirty with food and debris. The Respiratory Therapist stated that the face piece was supposed to be stored in a clean bag, on top of the nightstand. This is done to keep the face piece clean. The surveyor confirmed the finding at this time. Upon review, the resident's medical record lacked evidence that the facility is following the manufacturer's recommendations for unit and filter cleaning and/or replacement. 3. Resident #3 was admitted to the facility on [DATE]. Resident #3's Active Doctor's orders, pertaining to [MEDICAL CONDITION]/[MEDICAL CONDITION] machines, as of [DATE]20 state: > Clean [MEDICAL CONDITION] filter weekly every night shift every Sunday for cleaning-Prescriber written -Active-Order Date-[DATE] and started-3/8/2020 > [MEDICAL CONDITION] 6cmH2O Apply at HS and remove in AM. Interface type: Nasal Pillows Humidification(if appropriate) Heated fill humidifier with sterile or distilled water. Pt's own machine on HS/OFF AM for OSA Pt's Own machine. On [DATE]20 at 10:20 a.m., a surveyor and the Respiratory Therapist entered Resident #3's room and observed the Bi-Level Positive Airway Pressure([MEDICAL CONDITION]) Dreamstation machine. The Respiratory Therapist opened the filter area and found a dirty filter. The face piece was also stored in the top drawer of the nightstand, not bagged, labeled or dated, which was visibly dirty with food and debris. The Respiratory Therapist stated that the face piece was supposed to be stored in a clean bag, on top of the nightstand. This is done to keep the face piece clean. The surveyor confirmed the finding at this time. Upon review, the resident's medical record lacked evidence that the facility is following the manufacturer's recommendations for unit and filter cleaning and/or replacement. 4. Resident #5 was admitted to the facility on [DATE]. Resident #5's Active Doctor's orders, pertaining to [MEDICAL CONDITION]/[MEDICAL CONDITION] machines, as of [DATE]20 state: > Clean [MEDICAL CONDITION] filter weekly every day shift every Monday for cleaning- Verbal-Active-3/5/20 and started 3/9/20(Page 13 in Resident #5 file) > Clean [MEDICAL CONDITION] filter weekly every night shift every Sunday for cleaning- Verbal-Active-[DATE] and started 3/22/20(Page 13 in Resident #5 file) > [MEDICAL CONDITION] 15cmH2O Oxygen liter flow(for bleed in):3 lpm apply at HS and remove in AM. Interface type: Nasal Mask Humidification(if appropriate) Heated fill humidifier with sterile or distilled water. ON hs/off am for OSA, [MEDICAL CONDITION] Pt's own machine On [DATE]20 at 10:25 a.m., a surveyor and the Respiratory Therapist entered Resident #5's room and observed the Continuous Positive Airway Pressure([MEDICAL CONDITION]) Res Med Airsense 10 machine. The Respiratory Therapist opened the filter area and found a clean filter. The face piece was dirty and stored on the top of the nightstand not bagged, labeled or dated. The Respiratory Therapist stated that the face piece was supposed to be stored in a clean bag, on top of the nightstand. This is done to keep the face piece clean. The surveyor confirmed the finding at this time. Upon review, the resident's medical record lacked evidence that the facility is following the manufacturer's recommendations for unit and filter cleaning and/or replacement. 5. Resident #6 was admitted to the facility on [DATE]. Resident #6's Active Doctor's orders, pertaining to [MEDICAL CONDITION]/[MEDICAL CONDITION] machines, as of [DATE]20 state: > Clean [MEDICAL CONDITION]/[MEDICAL CONDITION] reservoir in the morning for OSA-Verbal-Active-2/20/20, start-2/21/20 > Clean [MEDICAL CONDITION] filter weekly with mild soap and water and air dry. One time a day every Wednesday Verbal-Active-3/5/20 and started [DATE] > [MEDICAL CONDITION] Auto 4-16cmH2O apply at HS and remove in AM. Interface type: Nasal pillows/Mask/full face mask Humidification(if appropriate) Heated fill humidifier with sterile or distilled water. ON hs/off am for OSA, -start 2/24/2020 On [DATE]20 at 11:40 a.m., a surveyor and the Respiratory Therapist entered Resident #6's room and observed the Continuous Positive Airway Pressure([MEDICAL CONDITION]) Res Med Airsense 10 machine. The Respiratory Therapist opened the filter area and found a clean filter. The face piece was stored on the top of the nightstand not bagged, labeled or dated. The Respiratory Therapist stated that the face piece was supposed to be cleaned by nursing and put in a storage bag, on top of the nightstand. This is done to keep the face piece clean. The surveyor confirmed the finding at this time. Upon review, the resident's medical record lacked evidence that the facility is following the manufacturer's recommendations for unit and filter cleaning and/or replacement. On [DATE]20 at 12:15 p.m., a surveyor confirmed in an interview with the Administrator the above findings.</p>		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interview, the facility failed to ensure physician orders (REDACTED). (#4, #2, #5, #6, #7) Findings: 1. Resident #4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #4's Active Doctor's</p>		

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F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 2)</p> <p>orders, pertaining two orders for [MEDICAL CONDITION]/[MEDICAL CONDITION] machines, as of [DATE]20 state: > [MEDICAL CONDITION] IPAP 16, EPAP 6 O2 @ 1 LPM bleed in Apply at HS (bedtime) and remove in AM. Interface type: Medium Full face mask Humidification(if appropriate) Heated Fill humidifier with sterile or distilled water. ON HS/OFF AM OSA, Lincare machine. Verbal Active - Order Date-[DATE], Start date-[DATE]. The documentation on the Treatment Administration Record show this is being completed and signed for. >[MEDICAL CONDITION] IPAP 16, EPAP 6 O2 @ 3 LPM bleed in Apply at HS and remove in AM. Interface type: Medium Full face mask Humidification(if appropriate) Heated Fill humidifier with sterile or distilled water. ON HS/OFF AM OSA, Lincare machine. Verbal Active- Order Date-[DATE]19, Start date-[DATE]19. The documentation on the Treatment Administration Record show this is being completed and signed for. The Treatment Administration Record indicate both orders were signed as completed by nursing staff from [DATE] to 3/15/20. On 3/17/2020 at 11:35 a.m., a surveyor confirmed the findings in an interview with the Family Nurse Practitioner, FNP. 2. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #2's Active Doctor's orders, as of [DATE]20, indicate two orders for [MEDICATION NAME]. [MEDICATION NAME], saline spray, and silvardene cream. The orders are as follows: > [MEDICATION NAME] Cream 2.5% Apply to Left Shoulder topically as needed for Rash-Verbal-Active-order date-[DATE]/start date-[DATE] > [MEDICATION NAME] Cream 2.5% Apply to Left Shoulder topically as needed for Rash once a day- Verbal-Active-order date[DATE]20/start date-[DATE]20 > [MEDICATION NAME] Tablet Give 3 mg by mouth as needed for sleep/[MEDICAL CONDITION]-Verbal-Active-order date11/8/19/start date11/8/19. > [MEDICATION NAME] Tablet Give 3 mg by mouth every 24 hours as needed for sleep/[MEDICAL CONDITION] at bedtime-Verbal-Active-order date [DATE]/start date [DATE] > Saline Nasal Spray Solution(Saline) 2 spray in both nostrils as needed for dry nares-Verbal-Active-order date-3/26/19/start date-3/26/19 > Saline Nasal Spray Solution(Saline) 2 spray in both nostrils every 4 hours as needed for dry nares-Verbal-Active-order date-[DATE]/start date-[DATE] > [MEDICATION NAME] Cream 1%(Silver [MEDICATION NAME]) Apply to Groin topically as needed for groin-Verbal-Active-order date-[DATE]/start date-[DATE] > [MEDICATION NAME] Cream 1%(Silver [MEDICATION NAME]) Apply to Groin topically every 6 hours as needed for groin-Verbal-Active-order date-[DATE]/start date-[DATE] 3. Resident #5 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #5's Active Doctor's orders, as of [DATE]20, indicate two orders for cleaning of [MEDICAL CONDITION]. > Clean [MEDICAL CONDITION] filter weekly every day shift every Monday for cleaning- Verbal-Active-3/5/20 and started 3/9/20 > Clean [MEDICAL CONDITION] filter weekly every night shift every Sunday for cleaning- Verbal-Active-[DATE] and started 3/22/20 4. Resident #6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #6's Active Doctor's orders, as of [DATE]20, indicate 3 active orders for ST (Speech Therapy). > ST Clarification Order: Pt. to receive 1-3x/wk for 4 weeks in 1:1 and or group sessions-Verbal-Active-Order date-2/24/2020 > ST Clarification Order: Pt. to receive ST services 3-5x/wk for 4 weeks in 1:1 sessions to address language-Verbal-Active-Order date-[DATE]20 > ST Clarification Order: Recertification: Pt. to receive ST services 3-5x/wk for 4 weeks in 1:1 and/or group sessions to address language-Verbal-Active-Order date-2/10/2020 5. Resident #7 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #7's Active Doctor's orders, as of [DATE]20, indicate 3 active orders to clean [MEDICAL CONDITION]. > Clean [MEDICAL CONDITION]/[MEDICAL CONDITION] filter weekly with mild soap and water and air dry. One time daily every Wednesday-Active -order date-[DATE], started 3/11/2020 > Clean [MEDICAL CONDITION]/[MEDICAL CONDITION] filter as needed-Active 12/18/18-started-12/18/18 > Clean [MEDICAL CONDITION]/[MEDICAL CONDITION] filter every day shift for moderate OSA Clean [MEDICAL CONDITION]/[MEDICAL CONDITION] filter-Active-12/18/18-start12/19/18</p>		

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