

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 405025	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER CENTRO MEDICO WILMA N VAZQUEZ SNF		STREET ADDRESS, CITY, STATE, ZIP ROAD 2 KM 39 5 BO ALGARROBO VEGA BAJA, PR 00693	
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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E 0004 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop and maintain an Emergency Preparedness Program (EP). Based on an Emergency Preparedness (EP) survey, review of the EP manual performed on 07/22/2020 at 2:00 PM it was determined that the facility failed to develop and maintain an emergency preparedness plan with specific approach to the location of the facility and surroundings. Findings include: 1. During the EP survey performed on 07/22/2020 at 2:00 PM the facility provide an emergency plan documents in different binders, however, the plan lacks of the framework, does not include facility- based and community-based risk assessments that will assist a facility in addressing the needs of their resident populations, along with identifying the continuity of business operations which will provide support during actual emergency. 2. Lacks of emergency plan supports, guides and lacks to ensures that the facility has the ability to collaborate with local emergency preparedness officials during natural disasters, man-made disasters and facility-based disasters including care related emergencies, equipment and utility failures including power, gas, water and others supplies, interruptions in communications and cyber-attacks.		
E 0007 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Address patient/client population and determine types of services needed. Based on an Emergency Preparedness (EP) survey and review of the Contingency Plan, perform on 07/22/2020 at 2:00 PM, it was determined that the facility failed to develop and maintain an emergency preparedness plan that address resident population, types of services the facility has the ability to provide, continuity of operations and delegation of authority. Findings include: During the EP survey performed on 07/22/2020 at 2:00 PM, it was found that the facility did not have an Emergency preparedness plan that include: 1. This plan lacks to address resident/client population and lacks types of services that the facility has the ability to provide in an emergency, continuity of operations, delegations of authority and successions plans; 2. Lacks to specify the specific role of all of the emergency personnel, trainings provided per the external agencies related to FEMA, Biosecurity etc.		
E 0009 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Include a process for Emergency Preparedness collaboration. Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, review of the Contingency Plan requirements, it was determined that the facility failed to develop and maintain an emergency preparedness plan that include a process for cooperation and collaboration to maintain a respond during a disaster or emergency situation. Findings include: 1. During the EP survey performed on 07/22/2020 at 2:00 PM, it was found that the facility did not have a developed and organized Emergency Preparedness Plan. 2. The facility did not provide evidence of the facility's efforts to contact the different emergency agencies such officials, dates or documentation related to this communications.		
E 0013 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop Emergency Preparedness policies and procedures. Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate emergency preparedness requirements, it was determined that the facility failed to develop policies and procedures based on the emergency and communication plan. Findings include: During the EP survey performed on 07/22/2020 at 2:00 PM, provide evidence that the facility did not developed and implement emergency preparedness policies and procedures based on the emergency plan because the facility actually lacks of organized Emergency Preparedness Plan.		
E 0015 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Address subsistence needs for staff and patients. Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM to evaluate emergency preparedness requirements, it was determined that the facility failed to develop and implement emergency preparedness policies and procedures, based on the emergency. Findings include: During the EP survey performed on 07/22/2020 at 2:00 PM, provide evidence that the facility did not develop and implement emergency preparedness policies and procedures, based on the emergency because the facility actually lacks of organized Emergency Preparedness Plan.		
E 0018 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish procedures for tracking staff and patients during an emergency. Based on an Emergency Preparedness (EP) survey, review of the EP documents provide performed on 07/22/2020 at 2:00 PM, it was determined that the facility failed to develop and maintain an update emergency preparedness plan. Findings include: During the EP survey performed on 07/22/2020 at 2:00 PM the facility did not provide evidence of an EP Policies and procedures for track the location of staff and sheltering and relocating residents.		
E 0020 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish policies and procedures including evacuation. Based on an Emergency Preparedness (EP) survey on 07/22/2020 at 2:00 PM it was determined that the facility failed to develop and maintain an emergency preparedness plan. Findings include: During the EP survey performed on 07/22/2020 at 2:00 PM the facility did not provide evidence of an EP Policies and procedures for safe evacuation from the facility which includes staff responsibilities, and needs of the residents.		
E 0022 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish policies and procedures for sheltering. Based on an Emergency Preparedness (EP) survey, review of the EP documents provide performed on 07/22/2020 at 2:00 PM it was determined that the facility failed to develop and maintain an update emergency preparedness plan. Findings include: During the EP survey performed on 07/22/2020 at 2:00 PM the facility did not provide evidence of an EP Policies and procedures for track the location of staff and sheltering and relocating residents.		
E 0023 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish policies and procedures for medical documentation. Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate emergency preparedness requirements, it was determined that the facility failed to develop policies and procedures for medical documentation that preserves resident information, protects confidentiality of patient information and secures and maintains availability of records. Findings include: 1. During the survey performed on 07/22/2020 at 2:00 PM, the facility did not developed and implement emergency preparedness policies and procedures based on the emergency plan because the facility actually lacks of Emergency Preparedness Emergency Plan, and did not have policies and procedures related to preserves residents information, protects confidentiality of resident information and secures and maintains availability of records.		
E 0024 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish policies and procedures for volunteers. Based on an Emergency Preparedness Program (EPP) survey performed on 07/22/2020 at 2:00 PM to evaluate emergency preparedness requirements, it was determined that the facility failed to ensure that the emergency plan policies and		

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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E 0024 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	(continued... from page 1) procedures are develop to facilitate the support of volunteers and other healthcare professionals in an emergency. Findings include: The facility did not provide evidence of the policies and procedures to facilitate the support of volunteers and other healthcare professionals in an emergency.		
E 0025	Create arrangements with other facilities to receive patients.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate emergency preparedness requirements, it was determined that the facility failed to develop policies and procedures to arrangements with other facilities and other providers to receive residents in event of limitations or cessation of operations to maintain the continuity of services. Findings include: 1. During the survey performed on 07/22/2020 at 2:00 PM, provide evidence that the facility did not developed and implement emergency preparedness policies and procedures for the arrangements with other facilities and other providers to receive residents of limitation or cessation of operations. The facility actually lacks of organized Emergency Preparedness Emergency Plan.		
E 0026	Establish roles under a Waiver declared by secretary.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate the emergency preparedness requirements, it was determined that the facility failed to develop and implement emergency preparedness Policies and Procedures to address the role of the facility under a Waiver. Findings include: The facility failed to have in place policies and procedures related to the role of the facility under the waiver declared by the Secretary in accordance with section 1135 of the ACT that address provision of care and treatment at an alternate site identify by the emergency officials.		
E 0029	Develop a communication plan.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate the emergency preparedness requirements and review of policies and procedures, it was determined that the facility failed to develop and maintain an Emergency Preparedness communication plan that complies with Federal, State and local laws. Findings include: The facility failed to have in place a written communication plan of how the facility coordinates patient care and how the facility interact and coordinate with emergency management systems to protect health and safety of residents.		
E 0030	List the names and contact information of those in the facility.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate the emergency preparedness requirements, it was determined that the facility failed to develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every two years. Findings include: 1. The facility failed to have a written communication plan that provides the following: Names and contact information for the following: employees, Entities providing services under arrangement. Patients and physicians. 2. The facility did not develop and maintain an emergency preparedness communication plan.		
E 0031	Provide emergency officials' contact information.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate the emergency preparedness requirements and review of policies and procedures, it was determined that the facility failed to develop and maintain an emergency preparedness communication plan that include Federal emergency preparedness staff and other sources of assistance. Findings include: The facility failed to have in place a written communication plan with all required contacts are included in the communication plan include Federal and local emergency preparedness staff and other sources of assistance.		
E 0032	Provide primary/alternate means for communication.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate the emergency preparedness requirements, it was determined that the facility failed to develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws. Findings include: The facility did not provide evidence of the Emergency preparedness communication plan that included primary and alternate means for communicating with the facility staff, Federal, State, regional and local emergency management agencies.		
E 0033	Establish methods for sharing information.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate emergency preparedness requirements, it was determined that the facility failed to develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws. Findings include: The facility did not provide evidence of a method for sharing information and medical documentation for residents under the facility care, as necessary with other health providers to maintain the continuity of care.		
E 0034	Provide a means of sharing information on occupancy/needs.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey, review of the EP documents provide performed on 07/22/2020 at 2:00 PM, it was determined that the facility failed to develop and maintain an emergency preparedness plan. Findings include: During the EP survey performed on 07/22/2020 at 2:00 PM, did not provide evidence of an EP Policies and procedures for provide the information about the facility occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.		
E 0035	Provide family notifications of emergency plan.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey, review of the EP documents provide performed on 07/22/2020 at 2:00 PM, it was determined that the facility failed to develop and maintain an emergency preparedness plan. Findings include: During the EP survey performed on 07/22/2020 at 2:00 PM, did not provide evidence of an EP Policies and procedures for sharing information from the emergency plan that the facility has determined is appropriate, with residents and their families or representatives.		
E 0036	Establish emergency prep training and testing.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, the facility did not provide evidence of an emergency preparedness training and testing. Findings include: 1. The facility did not provide evidence of an emergency preparedness training and testing program.		
E 0037	Establish staff and initial training requirements.		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate emergency preparedness requirements, it was determined that the facility failed to develop and maintain an emergency preparedness training program. Findings include: 1. No evidence of initial training in emergency preparedness policies and procedures to all new and existing employees and individuals providing services under arrangement, consistent with their expected roles. 2. No evidence of documentation related to if the staff demonstrate knowledge of emergency procedures.		

<p>E 0039</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>E 0041</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct testing and exercise requirements.</p> <p>Based on an Emergency Preparedness (EP) survey performed on 07/22/2020 at 2:00 PM, to evaluate emergency preparedness requirements, it was determined that the facility failed to conduct exercises to test the emergency plan. Findings include: The facility failed to provide evidence of performing additional exercises such as a table top exercise or a full-scale exercise.</p> <p>Implement emergency and standby power systems.</p> <p>Based on an Emergency Preparedness (EP) survey, review of the EP documents provide performed on 07/22/2020 at 2:00 PM, it was determined that the facility failed to develop and maintain an emergency preparedness plan. Findings include: During</p>
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E 0041 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	(continued... from page 2) the EP survey performed on 07/22/2020 at 2:00 PM, did not provide evidence of an EP Policies and procedures for base their emergency power and stand-by systems on their emergency plan and risk assessment.		
F 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on recertification survey, observations, review of clinical records and medication administration records, it was determined that the facility failed to ensure the services are provided according to accepted standards of clinical practice for 1 out of 8 resident sample for medication administration (RR#9). Findings include: 1. Resident # 9 is a female resident admitted on [DATE]. During the medication administration round on 07/22/2020 at 8:56 AM it was observed that Register Nurse RN #8 administering [MEDICATION NAME] 0.5% one drop on each eye, however the order is written [MEDICATION NAME] 1 drop OP twice a day on the left eye. 2. The facility failed to ensure the services are provided according to accepted standards of clinical practice.		
F 0812 Level of harm - Potential for minimal harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observational tour of the facility's kitchen performed from 07/21/2020 thru 07/23/2020, from 8:00 AM thru 3:00 PM and interview with administrative dietitian, it was identified that the facility failed to maintain kitchen equipment in good condition in order to promote sanitary conditions to prevent forborne illness. Findings include: 1. On 07/22/2020 from 8:30 AM through 10:55 AM the following was identified during the follow-up visit to the kitchen: a. Metal shelves located inside the walking freezer are observed with a lot of reddish brown oxide (rust). b. Metal shelves located inside the walking refrigerator are observed with a lot of reddish brown oxide (rust). c. Metal shelves located at the area were pots and pans are storage are observed with a lot of reddish brown oxide (rust). d. Plastic carpet located in the floor in front of the washing tray machine were observed in need of clean, repair or maintenance. e. The metal division (cross T section) of some ceiling tiles located in the daily dry storage area are observed with reddish brown oxide (rust). f. Reddish brown oxide (rust) does not permit the proper cleaning and disinfection of those metal shelves. g. Three tiles located in the entrance of walking freezer were observed broken. h. Floor carpet located in front of tray washing machine area are observed in need of cleaning or maintenance. Facility administrative dietitian (employee # 2) stated on interview on 07/22/2020 at 10:45 AM that kitchen personnel clean and disinfect on an ongoing basis all shelves inside walking refrigerator, freezer and pots and pans storage area. She stated that she is going to order maintenance of those shelves and she is going to get a quote to change floor carpet located in front of tray washing machine.		
F 0851 Level of harm - Potential for minimal harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on review of nursing home compare facility profile on 7/22/2020 at 3:00 PM and interview with human resources director (employee #7) it was identified that facility failed to comply with the mandatory submission of staffing information based on payroll data. Findings include: 1. On 07/22/2020 from 1:30 PM thought 3:45 PM the following was identified while the nursing home compare facility profile is revised: a. Nursing home compare facility profile data reviewed evidence that facility had on the star rating categories 1 out of 5 stars on the staffing ratio much below average b. During interview on 7/22/2020 at 3:45 PM human resources (employee#7) stated that the transmission of this information is in charge of human resources department. Human resources (employee #7) director stated that facility did not transmit this data since November 2018. c Mandatory submission of staffing information based on payroll data must be performed quarterly on an ongoing basis according to specifications established by CMS.		
F 0880 Level of harm - Potential for minimal harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observational tour at the facility performed from 07/21/2020 thru 07/23/2020, from 8:00 AM thru 3:00 PM and interview with the infection control officer (employee #5) , it was identified that the facility failed to promote sanitary environment to help prevent the development and transmission of communicable diseases and infections. Findings include: 1. On 07/21/2020 from 8:30 AM through 2:55 PM the following was identified during observational tour and initial pool process at the patient care and treatment areas: a. Facility discontinue the soap dispenser located on each room resident bathrooms (Rooms 101-123). Facility install a new soap dispenser system attached to the wall who is smaller than the other. The wall area where they install the new soap dispenser remain with a hole and exposed cement. This does not permit a proper cleaning of disinfection of this bathroom wall area. During interview on 7/22/2020 at 2:00 PM with the infection control officer (employee #5) , stated that he is going to activate a plan with the cooperation of physical plant department in order to ensure this personnel covers the holes that remain in the wall, and paint the wall in order to ensure that proper cleaning of disinfection of this bathroom wall area and is maintained		
F 0908 Level of harm - Potential for minimal harm Residents Affected - Many	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observational tour at the facility performed from 07/21/2020 thru 07/23/2020, from 8:00 AM thru 3:00 PM and interview with the physical plant maintenance officer (employee #1) , and housekeeping personnel (employee #4) it was identified that the facility failed to maintain resident care equipment in good condition. Findings include: 1. On 07/21/2020 from 8:30 AM through 2:55 PM the following was identified during observational tour and initial pool process at the resident care and treatment areas: a. Bed side rails and frame of beds located on rooms 101- A ,104-B, 106-A, 106-B, 107-A ,107-B and 108 B were observed with reddish brown oxide (rust). b. Hospital bed trapeze located in bed of room [ROOM NUMBER]-A and 108-B were observed with reddish brown oxide (rust). c. Housekeeping personnel (employee #4) stated on interview on 7/22/2020 at 8:57 AM that when a resident leaves the room (discharge home) she proceed to clean and disinfect all equipment and surfaces including the bed using HDQ disinfectant chemical product. She stated that when she proceed to clean and disinfect areas where the rust is located on the metal surfaces it is very difficult to perform the task because the reddish brown oxide (rust) stick to the cleaning cloth and remains and appearing over and over again. d. Physical plant maintenance officer (employee #1) stated on interview on 7/22/2020 at 10:30 AM that facility perform maintenance and paint beds and other patient equipment on an ongoing basis, however beds and patient equipment located on those rooms are not observed painted and maintained.		