May, 2017 Findings

(Complaint Findings Font)

(MDS Focus Survey Font)

(Dementia Focus Survey Font)

F156 Notice of Rights, Rules, Services, Charges
SW: SS=D: Failed to ID type of service ending & failed to include name & phone number of QIO for resident to file an immediate appeal with potential to affect 3/3 residents
- Failed to include services ending & name & QIO number as required on liability notices
NE: SS=D: Failed to provide 3/3 residents the opportunity to choose whether or not to have the Medicare decision appealed & their bill submitted to intermediary for Medicare decision
- Facility lacked documentation resident/representative had received liability notice form 10055 offering options to appeal; facility did not obtain from resident or representative a decision as to whether they wanted to appeal the denial of services by having the bill submitted to intermediary for a review of Medicare’s decision for multiple residents; failed to offer 3 residents the opportunity to choose whether or not to have their bill submitted to the intermediary & have the Medicare decision appealed, placing the residents at risk for non-Medicare coverage

F167 Right to Survey Results-Readily Accessible
KC: SS=C: Failed to post notice of most recent Federal or State survey results & ensure results were accessible to al residents who reside in facility, staff & visitors
- Observed a sheet posted on bulletin board that stated results for last 3 years’ surveys were available & to ask administrator for a copy of inspection results; staff verified survey results were in a black notebook on a desk on 3rd floor; failed to ensure most current survey results were accessible to visitors, staff & all residents who reside in facility

F221 Right to Be Free From Physical Restraints
SW: SS=D: Failed to ensure 1/12 residents with potential restraints remained free from physical restraints (use of a lap tray)
- CP lacked interventions as to how lap tray should be attached to w/c or how often it should be released; record lacked any assessments after May, 2015 for use of lap tray; failed to ensure resident remained free from physical restraints when staff tied a lap tray to resident’s w/c; resident sat in w/c with lap tray tied to armrests for over 3 1/2 hours w/o staff releasing tray; resident could not demonstrate ability to remove tray w/o staff assist

F223 Free from Abuse/Involuntary Seclusion
SE: SS=J (Abated to G): Failed to ensure an environment free from abuse when direct care staff spoke inappropriately & roughly repositioned 1/3 residents placing resident in immediate jeopardy
- Resident reported during interview that 4-5 months ago resident overheard staff member use verbally offensive language towards another resident & felt the tone of voice & language was abusive; this resident did not report this to nursing or administrative staff; resident stated facility terminated direct care staff shortly after event; observed allegedly abused resident was unresponsive to verbal stimuli; staff revealed staff member had witnessed other staff speak to unresponsive resident with inappropriate language & roughly assisted with positioning resident; staff member requested alleged perpetrator leave resident’s room & then wrote a note to DON & reported incident to charge nurse; same report from another staff member witness; administrative staff confirmed report of incident; failed to ensure environment free from abuse for unresponsive resident placing resident in immediate jeopardy;

F224 Prohibit Mistreatment/Neglect/Misappropriation
NE: SS=E: Failed to maintain an acceptable system of fund management when resident’s cash payments for room & board were not applied to account & when staff altered multiple residents’ personal fund accounts to indicate funds were withdrawn w/o residents’ &/or representatives’ authorizations; loss for residents’ personal accounts totaled $1370.00 while total amount for mismanaged accounts was $6485 for 7 residents
- Administrative staff responsible for accounting unavailable for interview; family paid monthly bill with cash which was not deposited to resident’s account; failed to appropriately handle money received by facility for services of room & board for cognitive impaired, dependent resident
- Failed to protect & manage personal funds when staff altered 6 residents’ personal funds accounts to indicate funds were withdrawn w/o residents’ &/or residents’ representatives’ authorizations; loss for residents’ personal accounts totaled $1370.00

F225 Investigate/Report Allegations/Individuals
SE: SS=L (Abated to F): Failed to protect all residents from abuse when direct care staff (alleged perpetrator) spoke inappropriately & roughly repositioned resident & continued providing care for residents in facility for 6 more days placing residents in facility in immediate jeopardy; failed to investigate & report incident to state agency as required & thoroughly investigate allegation of abuse
- Cited findings noted in F223 r/t staff to resident verbal abuse & rough treatment; failed to protect all residents in facility from potential abuse by direct care staff when staff member roughly repositioned & used inappropriate language to resident & continued to provide care to residents in facility for 6 more days; facility terminated staff member 6 days after incident

NW: SS=D: Failed to report an unwitnessed fall with injury to state agency for 1/2 residents with accidents who had an unwitnessed fall with injury & required hospital emergency department assessment & treatment
- Failed to report to state agency, cognitively impaired resident’s unwitnessed fall which required evaluation & treatment, in ER, placing resident at risk for abuse or neglect

F226 Develop/Implement Abuse/Neglect, Etc Policies
SE: SS=C: Failed to develop & implement policies & procedures for abuse that included the 7 required components including: screening, training, prevention identification, investigation, protection & reporting/response for residents of facility which included the S&C letters r/t social media & S&C letter r/t coordination with local law enforcement
- ANE policy lacked documentation for coordinating with state or local law enforcement entities to be determined what actions are considered crimes in political subdivision & policy failed to incorporate the photographs & audio/video recordings by nursing home staff; failed to include the S&C letters into their policy & procedure for ANE for further protection of residents of facility

SE: SS=F: Failed to follow their abuse policy by reviewing reference checks to ensure environment remained free from abuse for all resident of facility by employment of 1 direct care staff with 2/2 unfavorable references
- Cited findings noted in F223 & F225; alleged perpetrator’s personnel file revealed 2 reference checks completed with unfavorable findings, both indicated previous employer would not rehire staff member; 1 previous employer indicated staff member did not complete tasks, displayed rough handling of residents & residents were left in chairs & not returned to bed for periods of time; administrative staff revealed staff had been interviewed but references not reviewed until after staff member had been hired; failed to follow abuse policy by reviewing reference checks to ensure environment remained free from abuse for all residents of facility by failing to follow facility abuse policy to prescreen staff who had unfavorable reference checks from previous employers

F241 Dignity & Respect of Individuality
KC: SS=D: Failed to treat resident with respect & dignity while providing cares
- Resident stated staff spoke gruff & in rough manner to resident & preferred not to have specific direct care staff care for resident anymore; failed to treat all residents with dignity & respect

SE: SS=D: Failed to promote dignity & provide a placement for 3 residents in DR
- Observed 2 residents sitting at DR table which lacked cloth table covering &/or placement the other tables in DR had on multiple occasions with various residents; failed to promote care for resident in manner & in an environment that maintained or enhanced residents’ dignity & respect by failure to provide residents with placemat as planned

F242 Self-Determination-Right to Make Choices
SE: SS=D: Failed to provide 2 residents with choices of bathing times
- Record revealed resident to receive showers on Sun & Thur evenings & preference sheet included very important to resident to have shower mid-mornings; resident stated preferred morning showers but staff had recently changed morning showers to evenings but resident did not like having showers in evening & wanted them in mornings again; staff revealed bath time may be changed w/o checking with resident; failed to provide choice of resident’s bathing time
- Resident stated receive shower on Tues & Thur usually before lunch but sometimes refuses r/t busy gardening & no other options offered by staff; resident reported staff did not offer showers more often than 2x/wk; failed to assess resident’s dissatisfaction with bathing as indicated by ADL documentation to establish preferences & incorporate those preferences in CP to ensure resident’s bathing schedule accommodated resident’s choices

F253 Housekeeping & Maintenance Services
KC: SS=E: Failed to provide services necessary to maintain a sanitary & comfortable interior of facility for 4/4 days on site for 2/6 hallways
- Observed stained ceiling tiles, torn wallpaper, gouged & unclean walls, multiple scratches on room doors; cupboard off hinges, broken shelf; missing handle on cabinet; scraped areas on wall

SE: SS=E: Failed to provide housekeeping & maintenance services to maintain a sanitary, orderly & comfortable interior for residents in facility on 2/3 halls
- Observed: dresser with worn varnish & exposed wood; gouges in doors; BR with brown ring around base of toilet & BR with brown build up around perimeter of floor; scuffed wall; gouged door; patio with unsightly & crumbling concrete; administrative staff reported no maintenance person on staff; failed to provide maintenance & housekeeping services to maintain facility residents environment in sanitary & homelike manner

NW: SS=E: Failed to provide necessary housekeeping & maintenance services to maintain a sanitary & comfortable interior on 1/2 halls for 2 residents
- Observed room with very strong urine odor permeating throughout entire room; observed window near exit door open & allowed a breeze of fresh air to enter building then observed resident’s room door open & urine odor lingered into hallway on multiple occasions; staff reported urine odor had been present for many months & staff cleaned carpet q 2 wks; failed to provide necessary housekeeping & maintenance services to maintain a sanitary & comfortable interior for 2 residents
F272 Comprehensive Assessments
SE: SS=D: Failed to complete CAAs with comprehensive assessment for 2 residents to ensure residents received care based on individual needs
- CAA lacked analysis of findings for triggered areas of ADLs, urinary incontinence & indwelling catheter, psychosocial well-being, mood state, activities, falls, nutritional status, dehydration & fluid maintenance, pressure ulcers & pain; failed to complete comprehensive assessment for residents including CAAs to ensure provision of care to resident based on individual needs
- Review of CAAs revealed cognition, visual function, communication, ADL functional/rehab potential, incontinence, nutrition & PUs lacked completion; failed to complete comprehensive assessment for resident including CAAs to ensure provision of care for resident based on individual needs
SW: SS=E: Failed to develop CAAs to include further assessment of conditions, symptoms & areas of concern for 5/9 residents
- Resident with documented behaviors & psychoactive meds & Psychotropic Drug Use CAA lacked any further assessment of care area for multiple residents
- Resident with BIMS of 15 with documented behaviors to others & Mood State CAA & Psychosocial Well-Being CAA lacked any further assessment
- Staff stated portions of CAAs were not updated since beginning of year r/t unavailability
- Triggered CAAs for cognitive loss/dementia; functional/rehab, falls & nutritional status revealed all CAAs lacked further assessment/analysis of findings

F276 Quarterly Assessment at Least Every 3 Months
NW: SS=D: Failed to assess 1/8 residents using quarterly review (RAI) resident assessment instrument specified by state & approved by CMS
- Record revealed no quarterly MDS completed as due; failed to assess resident using quarterly review instrument placing resident at risk for not receiving appropriate care

F278 Assessment Accuracy/Coordination/Certified
SE: SS=D: Failed to complete an accurate comprehensive assessment for 2/8 residents including: weight loss & continence of bladder & bowel
- CP lacked instructions to staff for resident’s incontinence needs; failed to complete an accurate comprehensive assessment to ID resident’s incontinence needs
- Failed to complete an accurate assessment for resident r/t weight loss
SE: SS=D: Failed to complete an accurate comprehensive assessment for 1 resident r/t urinary incontinence
- MDS revealed resident continent of B/B; incontinence record revealed resident was incontinent during look back period making MDS inaccurate; 3 day voiding diary lacked completed assessment; failed to complete an accurate assessment depicting resident was occasionally incontinent of bladder

F280 Right to Participate Planning Care-Revise CP
KC: SS=D: Failed to revise CP with timely interventions to prevent an elopement for 1/2 residents at risk for wandering to a dangerous place
- CP lacked preventative measures for exit seeking behavior first Ided 6 months previously & lacked documentation r/t motorized w/c; progress note documented resident observed attempting to exit facility on motorized w/c & resident stated going home; resident redirected but returned a few minutes later stating going home; resident’s family acknowledged resident confused at times & requested motorized w/c speed be turned down as a last attempt to keep resident mobile for safe; further documentation documented resident attempted to leave facility multiple times & another resident let the resident out the door & resident was found in doorway attempting to flag down cars to get a ride to Illinois; failed to revise CP of resident who had exit seeking behaviors on 3 occasions with timely interventions & who ultimately eloped from facility
SE: SS=E: Failed to review & revise CP for 4/22 residents including: interventions to address behaviors & administration of antipsychotic meds; interventions to address multiple falls; interventions for urinary incontinence; interventions for use of foot pedals
- Failed to review & revise CP with appropriate interventions to address behaviors & use of antipsychotic meds
- Failed to review & revise CP to include interventions to prevent addition resident falls & resident experienced 7 falls during 3 month period
- Failed to review & revise CP to promote urinary continence for resident who was occasionally incontinent of bladder & provide an individualized toileting plan
- Failed to review & revise CP r/t w/c foot pedals for resident when resident became dependent on staff to propel w/c
SW: SS=D: Failed to review & revise 2/12 CPs r/t fall preventions & prevention of PUs
- Failed to update CP with new fall intervention strategy after resident fell in BR
- Failed to revise CP with measures to prevent PUs & direction for care of leg brace
NW: SS=D: Failed to update & revise CP for 1 resident r/t individualized interventions for prevention & treatment of skin issues/PUs
- Failed to review & revise CP with implement timely & effective interventions to prevent the development & promote healing of an unstageable, facility-acquired heel PU for cognitively impaired dependent resident placing resident at risk for further breakdown

F281 Services Provided Meet Professional Standards
SE: SS=D: Failed to develop instructions for care of 1 resident for respiratory care
• Interim CP lacked individualized instructions to staff for nebulizer or pneumonia; failed to develop instructions in CP for resident with pneumonia & inhalation treatments

**F309 Provide Care/Services for Highest Well-Being**

**NW: SS=D:** Failed to obtain a physician ordered urinalysis after ABT therapy

- Resident with UTI with ordered ABT & order to recheck UA after ABT completed; record lacked information staff obtained physician ordered UA; failed to obtain physician ordered UA after resident had completed ABT placing resident at risk for severe infection spreading to blood stream & potential sepsis

**F312 ADL Care Provided for Dependent Residents**

**NW: SS=E:** Failed to provide scheduled bathing for 4/4 residents

- Failed to provide scheduled bathing for resident placing resident at risk for poor hygiene & skin issues r/t multiple holes in bathing logs for multiple residents in multiple months

**F314 Treatment/Services to Prevent/Heal Pressure Sores**

**SW: SS=D:** Failed to monitor & measure wounds for 2/12 residents with PUs; failed to ensure resident’s dressings remained in place in order to promote healing; failed to reposition resident in timely manner

- Failed to monitor & measure resident’s wounds weekly as CPd in order to monitor for effectiveness of prescribed wound treatment; failed to ensure resident’s dressing remained intact on coccyx & buttock wounds in order to promote healing
- CP lacked measures for prevention of skin breakdown; failed to thoroughly assess, monitor, & measure residents’ wounds
- Failed to reposition resident for at least every 2 hours as CPd; resident was at risk for PU development

**NW: SS=D:** Failed to implement effective interventions to prevent development of PUs for 1 resident who developed unstageable PUs on great toes

- CP lacked interventions to reduce pressure to resident’s feet & toes while in bed; record lacked documentation of supplements offered to resident for wound healing; observed resident in bed with nothing to relieve pressure from top of resident’s toes; failed to implement appropriate interventions for resident who had skin breakdown on toes placing resident at risk for further skin breakdown

**NW: SS=G:** Failed to develop & implement interventions to prevent development of a facility-acquired unstageable PU for 1 resident

- NN revealed weekly skin check indicating skin clean, dry & intact, no redness or open areas noted & 9 days later physician documented resident with 6x3 blister on heel surrounded by reddened area warm to touch & nurse documented unstageable blister on heel; weekly skin assessment lacked measurements of wound; record lacked documentation of any treatment orders; staff reported resident did not have pressure relieving boots until after development of PU; failed to develop & implement interventions to prevent development of a facility-acquired unstageable PU for cognitively impaired dependent resident

**F315 No Catheter, Prevent UTI, Restore Bladder**

**SW: SS=D:** Failed to ensure 1/12 residents with incontinence received timely incontinence care as CPd

- Observed resident in chair for over 3-1/2 hours w/o provision of incontinence care; failed to provide timely incontinence care as CPd for resident

**SE: SS=D:** Failed to provide necessary treatment & services to promote urinary continence for 1 resident

- Failed to provide necessary treatment & services to promote urinary continence for resident who was occasionally incontinent of bladder as staff failed to complete an accurate voiding diary to ID resident’s individual toileting needs & failed to ID resident’s type of incontinence

**NW: SS=D:** Failed to provide services to restore normal bladder function for resident who was admitted with an indwelling catheter with an inappropriate diagnosis for use

- Resident with indwelling catheter for urinary retention; record lacked documentation staff attempted to DC catheter; failed to provide services to restore normal bladder functions for resident who was admitted with indwelling catheter placing resident at risk for UTIs

**NW: SS=D:** Failed to obtain a valid medical justification for 1/3 residents for use of indwelling urinary catheter

- CAA revealed resident with catheter & noted a “fixed open urethra that has been narrowed by scar tissue & urethral stricture” with urinary catheter; record indicated no appropriate diagnosis for resident’s indwelling urinary catheter; failed to obtain appropriate diagnosis for resident’s use of an indwelling urinary catheter

**F323 Free of Accident Hazards/Supervision/Devices**

**KC: SS=D:** Failed to provide adequate supervision for 1/2 residents at risk of wandering to dangerous place

- Cited findings noted in F280 r/t resident who eloped with assistance of another resident with motorized w/c; CP lacked preventative measures for exit seeking behavior IDd 19 days prior to elopement incident; record lacked documentation of elopement risk assessment after resident displayed exit seeking behaviors on 3 occasions prior to elopement incident; failed to provide supervision to resident who
had exit seeking behaviors on 3 occasions; failed to reassess resident’s risk for elopement after staff IDd resident to be confused & unsafe to be outside unattended & failed to ID timely interventions prior to elopement from facility on day of incident

**SE: SS=D:** Failed to maintain water temps within a safe range to prevent possible burn accidents for 1/5 resident rooms of facility
- Observed resident room with sink water temp of 122 degrees; resident room sink water temp of 125.8 degrees; failed to maintain water temps within a safe range to prevent possible burn accidents for residents of facility

**SE: SS=E:** Failed to provide adequate supervision & assistive devices for 4/22 residents including safe transfers for 2/2 residents; failed to provide w/c foot pedals for 1 resident; failed to provide timely & effective interventions to prevent falls for 1/3 residents
- Failed to assess resident to determine a safe mode of transfers; facility staff, using a sit to stand lift, transferred resident in unsafe manner, placing resident at risk for fall & injury r/t resident unable to bear any weight as required for appropriate use of sit to stand lift
- Failed to assess resident & provide foot pedals on dependent resident’s w/c placing resident at risk for falling forward from w/c & experiencing injury
- Failed to assess resident to determine a safe mode of transfer; facility staff using a sit to stand lift transferred resident in unsafe manner placing resident at risk for fall & injury r/t resident being unable to bear weight but staff used sit to stand lift for transfer & staff failed to notice resident unable to grip lift handle grips & sustained a bruise to middle finger
- Failed to assess resident & develop & consistently provide interventions to ensure staff provide adequate supervision &/or assistive devices to prevent repeated falls for resident who had 7 falls in 3 month period

**SW: SS=D:** Failed to implement appropriate fall prevention strategies for 1/12 residents with falls; failed to maintain resident’s w/c in safe operating condition to ensure safety & function
- Incontinence assessment indicated resident had nighttime wetness & staff toileted q 2 hrs; failed to provide 3 days voiding diary; resident IDd as fall risk; record revealed interventions following 1 fall were previously CPd & not a new interventions to prevent a future fall; failed to ID & implement appropriate fall prevention strategies for resident who fell 2 times in BR
- Failed to ensure resident’s w/c remained in safe operating condition to ensure safety & function r/ armrest pad or padding not on w/c

**SW: SS=E:** Failed to maintain resident environment as free of accident hazards as possible by failure to ensure side rails did not have unsafe gaps (greater than 4-3/4 inches) within them for 3/3 residents & 10/15 residents observed
- Observed grab bars measured 6-1/2 x 7-1/2 opening in Zone 1; staff reported did not complete any safe rail use assessments & did not know of any side rail policy & FDA guidelines; failed to ensure resident had grab bars on resident’s bed that had safe spaces inside grab bars to prevent potential entrapment for multiple residents

**NE: SS=E:** Failed to ensure 1/4 residents received adequate supervision & assistive devices to prevent accidents; failed to provide safe environment for 18/22 residents for accessibility to electric stove; failed to provide adequate supervision & assistive devices to ensure 15 mobile confused residents did not exit facility w/o staff knowledge
- Observed memory care unit with electric stove working & oven light turned on when staff opened oven door; staff stated staff did not use stove top but oven used occasionally; stove top would turn on with knobs in place on back of stove & ceramic top warmed up promptly; maintenance staff removed knobs; failed to maintain a safe environment for residents of memory care unit by leaving electric stove in on position, allowing residents to be at risk for injury from stove
- Observed exit door on memory care unit opened & lacked an audible alarm on unit, however door alarm activated off unit; alarm notification did not go to staff pagers but resident had wander guard, an alarm would go to pagers; surveyor left facility by exit door & 7 minutes later staff came on unit to check alarm; failed to provide adequate supervision & assistive devices for 15 residents w/o wander guards to ensure resident did not exit facility w/o staff knowledge
- Resident with dementia with fall with fall intervention to remind resident to use call light which was inappropriate intervention; failed to implement an appropriate intervention following fall for dependent resident with BIMS of 5

**NW: SS=D:** Failed to provide an environment free from accident hazards for all residents who reside in facility including 1 cognitively impaired, independently mobile resident
- Observed paring knife in unlocked top drawer in activity room & another paring knife under microwave in activity area; screwdriver in kitchenette; failed to provide environment free from accident hazards for all residents who reside in facility including 1 cognitively impaired, independently mobile resident

**NW: SS=E:** Failed to ensure 1/1 resident received adequate assistive devices to prevent accidents; failed to ensure resident environment remained free of accident hazards for 10 cognitively impaired independently mobile residents residing in facility
- Side rail assessment lacked documentation staff measured width of grab bar; observed grab bar gap measuring 10-1/4x3 inches; failed to adequately assess resident for use of grab bar device with an unsafe gap placing resident at risk for possible injury & entrapment
- Observed beauty shop with unlocked cabinet containing multiple hazardous chemicals and clipper scissors & beauty shop door unlocked & open & item unsecured

**NW: SS=D:** Failed to assess for hazardous gaps with risk of entrapment from full side rails, prior to installation for 1/3 residents
- CP with no documentation to direct staff for use of full side rails on both sides of resident’s bed; POS directed staff to apply side rails to both sides of bed to prevent falls; record lacked documentation staff evaluated resident for use of bed rails or for risk of entrapment from the full bed rails prior to installation; failed to assess for hazardous gaps & risk of entrapment from full bed rails prior to installation for 1 resident placing resident at risk for falls & entrapment
F328 Treatment/Care For Special Needs
SE: SS=D: Failed to ensure appropriate respiratory services to prevent further respiratory infections for 1 resident with respiratory care
  • Resident admitted with dyspnea & pneumonia & interim CP lacked individualized instructions to staff for nebulizer or pneumonia; failed to ensure appropriate respiratory services to prevent any further respiratory infection for resident who required inhalation medication for pneumonia by failing to rinse out old medication from nebulizer reservoir

F329 Drug Regiment is Free From Unnecessary Drugs
KC: SS=E: Failed to provide bowel monitoring for 1 resident; blood sugar monitoring for 2 residents & ensure medication administration for 2 residents
  • March MAR revealed resident’s blood sugar not documented at 4pm on 4 occasions & insulin not administered on 3 days in 1 month; & next month blood sugar not documented on 1 occasion & insulin not administered that same time; Bowel monitoring documented resident w/o BM for 7 days, 4 days & lacked documentation on 6 occasions & MAR lacked documentation of administration of PRN med for constipation; failed to monitor blood sugar levels & administer insulin as ordered & failed to document BMs & administer meds as ordered by physician for resident
  • Failed to properly monitor resident’s blood sugar & administer insulin within specified parameters
SE: SS=D: Failed to ensure 1/5 residents remained free of unnecessary meds r/t failure to monitor resident for adverse consequences r/t BBWs; failed to ensure 5 residents reviewed for pain remained free of unnecessary meds r/t failure to assess & monitor resident for pain to ensure therapeutic effect & resident was free of side effects when administered a Fentanyl patch
  • Resident with Fentanyl patch & record revealed staff failed to complete any pain assessments for 6 months except 10 occasions; MAR lacked documentation of any pain assessments; failed to ensure resident remained free of unnecessary meds r/t failure to adequately monitor resident’s pain to ensure resident’s pain med was effective
  • Failed to ID & develop a CP to monitor resident for adverse consequences r/t administration of meds with BBWs
SW: SS=D: NCRV: Failed to ensure 2/3 residents with medications remained free of unnecessary meds by failure to include specific targeted behaviors & non-pharmacological interventions for behaviors on comprehensive CP for meds received
  • CP lacked any specific targeted behaviors or interventions including non-pharmacological approaches for use of psychoactive med use for multiple residents
SW: SS=D: Failed to ensure 2/5 residents did not receive unnecessary meds r/t failure to monitor for effectiveness of antipsychotic meds & did not provide a justifiable use for Risperdal
  • Failed to monitor specific targeted behaviors r/t effectiveness of resident’s Seroquel
  • Failed to ID an appropriate use of Risperdal & failed to monitor specific targeted behavior for its use when ordered for depression
NE: SS=D: Failed to administer physician ordered insulin for 1/5 residents reviewed for unnecessary meds
  • Staff failed to document staff-administered physician-ordered sliding scale insulin 5 times in 1 month; failed to administer physician ordered insulin which placed resident at risk for less than optimum blood sugar control
NW: SS=D: Failed to ensure 2/5 residents did not receive unnecessary meds; failed to ensure appropriate diagnosis for use of Seroquel, an antipsychotic med & failed to attempt a GDR for use of Seroquel for resident; failed to complete an AIMS for resident with Seroquel
  • Failed to ensure resident’s drug regimen was free from unnecessary medications attempts a GDR for use of Seroquel & completing an AIMS placing resident at risk for adverse side effects & resident with diagnosis of dementia for use of Seroquel
  • Failed to ensure resident did not receive an unnecessary psychotic medication placing resident at risk for adverse side effects

F364 Nutritive Value/Appear, Palatable/Prefer Temp
KC: SS=E: Failed to serve food at the proper temperature for 2/24 residents who received room trays
  • Observed dietary staff prepare 12 room trays & tested when delivered last 2 trays with temp of pot pie at 95 degrees; failed to serve food at appropriate temperature for 2 residents which placed residents at risk for weight loss & an unpleasant dining experience due to food not being palatable or at an appetizing temperature

F371 Food Procure, Store/Prepare/Serve-Sanitary
KC: SS=E: Failed to store, prepare, distribute & serve food under sanitary conditions on ⅓ onsite days in 1/2 kitchenettes affecting residents who received meals from that kitchenette
  • Observed dietary staff obtaining food temperatures from steam table & cleansed food thermometer probe with separate paper towel in between each food item; staff stated used to have wipes to clean thermometer in between checking each food item but no longer had the wipes; dietary staff stated had no SaniWipes to clean thermometer in between each food item as the dietary staff had used in past
SE: SS=F: Failed to store & prepare food for residents of facility under sanitary conditions
  • Observed unlabeled, undated food items; soiled bottom shelf of fridge; condiment containers with debris in bottom of containers, sheet pans with accumulated build up of debris on sides & in all 4 corners inside pans; skillets with non-stick surface coming off & build up of debris on sides inside skillets
SE: SS=F: Failed to store, prepare & serve food under sanitary conditions for residents of facility
  • Observed: dusty ceiling over drying area; handwashing sink & soap dispenser with grime; vent with dust; stove knobs with grime; clean dish table with sugar/salt on surface; bin with sugar in base; walk in freezer with ice build up on wall by fan, ceiling & on shelves; trash can w/o cover; fridge with outdated & expired food items; table behind steam table with grime build up; fridge with grime on fan
NE: SS=F: Failed to store, prepare & serve food under sanitary conditions for residents of facility
• Observed undated containers of ice cream; ice cream with evidence of melting & refreezing & build up of ice crystals on surface area of ice cream; staff obtained temp of egg salad at 52 degrees & staff continued to serve after placing container in ice; temp of chicken at 117-118 degrees from steam table & staff removed pan after serving 3 residents; failed to ensure foods remained at proper holding temps to prevent food borne illness amongst residents of facility
• Observed oven in memory unit with sticky spillage; staff wiped prep table with cloth from pail with sanitizing chemical in it & staff checked level of solution at 1/2 required concentration
• Observed hand washing sink with wooden mounting brackets with dirt, grime & worn paint; plastic shelving unit with grime & dirt & rust; fridge with doors with spillage down front & sticky substance; oven with worn handles with foam covering & grime & spillage on exterior & interior doors; warming unit with grime; cart with grime; cupboard with stains & scrapes; filters with gray dust; muffin pans with rust; glass racks with scratches; plate warmer with grime
• Observed cart with water pitchers uncovered

NW: SS=F: Failed to store, prepare, distribute & serve food under sanitary conditions on 1/4 onsite days for all residents residing in facility who had access to nourishment fridge/freezer in 1/1 DRs
• Observed open multiple sodas undated & unlabeled along with other unlabeled undated food items

F425 Pharmaceutical Services-Accurate Procedures, RPh
SW: SS=D: Failed to administer meds as ordered to 1/5 residents
• Observed multiple documentation holes in multiple medications for multiple residents in multiple months on MARs & records lacked documentation giving a reason as to why meds were not given

F428 Drug Regimen Review, Report Irregular, Act On
KC: SS=D: Failed to ensure consultant pharmacist IDd inconsistencies in bowel monitoring for 1 resident, blood sugar monitoring for 2 residents & medication administration for 2/5 residents
• Cited findings noted in F329
SW: SS=D: NCRV: Failed to act on pharmacist’s recommendations to include specific targeted behaviors & interventions for behaviors on comprehensive CP for medications received 2/3 residents reviewed for meds
• Cited findings noted in F329 r/t failure to include targeted behaviors & non-pharmacological interventions on CPs for multiple residents
SW: SS=D: Failed to ensure pharmacist IDd & reported missing behavior monitoring, inappropriate diagnosis for justifiable use of Risperdal & lack of medication administration documentation
• Cited findings noted in F329 & F425 r/t holes in MARs & lack of monitoring for targeted behaviors for use of antipsychotics & lack of appropriate diagnosis for use of Risperdal
NW: SS=F: Pharmacist failed to provide monthly record review for 5/5 residents & remaining 12 residents in facility who required pharmacist consultant reviews
• Record review revealed no monthly consult by pharmacist for 4 months in 2016 & 1 month in 2017; pharmacy consultant failed to review & report drug irregularities to physician or DON for multiple residents, placing residents at risk for potential adverse side effects

F431 Drug Records, Label/Store Drugs & Biologicals
KC: SS=Failed to ensure stock meds had not expired & failed to label meds in accordance with current standards of practice for 3/4 med carts
• Observed multiple med carts with multiple stock meds expired; observed med w/o expiration date labeled; observed insulin w/o open date or expiration label; failed to ensure stock meds were not expired & insulin pens dated/labeled when opened & included an expiration date
SE: SS=D: Failed to provide labeled meds in accordance with labeling requirements & accepted standards of practice for 3/3 insulin dependent residents
• Observed unlabeled undated insulin vials, insulin pen box lacked label IDing resident or directions for use; expired insulin vial; unlabeled/undated insulin vials; failed to provide proper storage & labeling of 1 insulin pen which are designed to be used multiple times by a single resident & must never be shared & 4 vials of insulin for 3 residents
NW: SS=E: Failed to ensure medications were not expired in 1/1 med room
• Observed Albuterol nebulizer solution expired & DuoNeb nebulizer expired; E-kit with Glucagon expired; E-kit lacked correctly documented list of medications, number of pills or expiration dates of meds in E-kit; failed to properly label & store meds in 1/1 med room in facility placing all resident in facility at risk for receiving inappropriate or expired medications
NW: SS=E: Failed to ensure stock meds had not expired in 2/2 med carts & 1/1 med room
• Observed expired meds in multiple areas; failed to ensure stock meds & pneumococcal vaccine vials were not expired which placed residents at risk to receive outdated meds with decreased effectiveness
NW: SS=F: Failed to ensure medications used in facility were reconciled, according to professional standards of practice for all residents who reside in facility
• Observed med room with boxes of narcotic pain patches & liquid pain med & narcotic count record revealed: Norco with documentation of “wasted & refused” with no signature of another nurse signing off wasted med; Fentanyl lacked documentation of time & nurses’ signature for 1 used for multiple residents; Lorazepam lacked correct subtraction of 0.5mL dose administered to resident & correct remaining dose; Tramadol documentation stated “error” & med was still counted & used & next medication administration indicated the same count; Methadone not written on narcotic count sheet & lacked signature of administering nurse;
F441 Infection Control, Prevent Spread, Linens
KC: SS=E: Failed to utilize precautions to minimize cross contamination with resident for 1/10 residents
  • Observed staff give resident a bed bath then cleaned peri area; staff pumped cleanser foam directly onto resident’s peri area then grabbed 1 wipe from plastic package & wiped resident’s peri area using same dirty gloved hand to reach into opening of plastic package of wipes to get a clean wipe from package, wiped, reached into opening again to get another wipe; then with same dirty gloved hand, grabbed door knob to closet, opened closet door & reached down into closet to get a clean brief out then placed a clean brief on resident then changed gloves to dress resident; failed to utilize precautions to minimize transmission of infection & cross contamination

KC: SS=E: Failed to effectively clean & sanitize resident rooms
  • Observed multipurpose room with multiple dirty dishes & old meal trays with dried food; cupboard above clothes dryer with unidentified dried red substance on inside surface & with multiple food crumbs, a knife with dried brown substance & cup with dark liquid & multiple pieces of trash on floor between washer & dryer & broken pretzels & cookies on floor next to vending machine
  • Observed staff cleaned resident’s room & sprayed disinfectant & immediately wiped surface; failed to clean all surfaces in resident’s room & did not adhere to manufacturer’s label for use of disinfectant; failed to clean resident rooms & common areas in sanitary manner to help prevent development & transmission of disease & infection

SE: SS=F: Failed to provide infection control practices to prevent possible cross contamination during blood glucose testing for 3 residents
  • FDA report revealed alcohols are not recommended for sterilizing medical & surgical materials & observed staff clean glucometer with alcohol wipe then placed machine directly on top of unpackaged gauze; policy revealed single use of glucometers; failed to ensure that the glucometer which was reusable, shared equipment, was appropriately cleaned & disinfected between uses by 3 residents who routinely required blood sampling for monitoring of blood sugar
  • SE: SS=F: Failed to ensure cleaning & appropriate disinfecting of a glucose meter used for 3 residents & failed to ensure processing of linen to prevent cross contamination & transmission of infection
    • Observed staff clean glucometer with alcohol swab (inappropriate) then cleaned glucometer with bleach wipe but failed to provide 5 minute wet contact time for glucometer cleaning per manufacturer recommendation; failed to ensure cleaning & appropriate disinfesting of multi-use glucose meters for use of 3 residents
    • Observed water temp in laundry hand sink at 117.4 degrees & staff did not know if washing machines were on same hot water line & did not know if washing machines had hot water or low temp sanitation settings & facility did not currently have a maintenance man to provide that information; failed to ensure appropriate processing of linen to prevent cross contamination & transmission of infection

NE: SS=F: Failed to maintain an infection control program to prevent, recognize & control to the extent possible, the onset & spread of infection within the facility with: failure to track & trend infections within the facility with the failure to trend infection & ABT use; failure to properly sanitize the glucometer & Coagucheck; failure to educate staff in effective use of chemicals for sanitizing resident room surfaces (wet to dry times); & failure to provide policies for laundry procedures for isolation laundry as expected, to prevent spread of infection for residents of facility

NE: SS=F: Failed to ensure proper cleaning & disinfecting of glucose meter for use of 3 residents who required blood sampling for monitoring of blood sugar

NE: SS=F: Failed to provide infection control practices to prevent possible cross contamination during blood glucose testing for 3 residents
  • Failed to ensure cleaning & disinfecting of multi-use glucose meters for use of 3 residents; failed to ensure that multi-use glucometers were disinfected between use of residents

F465 Safe/Functional/Sanitary/Comfortable Environment
SE: SS=F: Failed to provide a safe environment for residents & staff in front parking lot
  • Observed parking lot in front of facility to have multiple large pot holes; failed to provide a safe environment for residents & staff in front parking lot

NE: SS=E: Failed to provide a safe functional, sanitary & comfortable environment for residents, staff & public in kitchen & dining area
  • Observed base board in doorway from kitchen to dining area with build up of grime & debris; dining area with vents in floor with accumulation of dust & grime; back splash above sink in kitchenette with cracked peeling surface; failed to provide maintenance & housekeeping services to maintain environment in orderly, sanitary manner in kitchen & dining area

F490 Effective Administration/Resident Well-Being
SE: SS=F: Failed to manage facility in manner to meet needs of all residents

- Administration failed to manage facility in manner to meet needs of all residents

**F500 Outside Professional Resources-Arrangement**

SE: SS=D: Failed to obtain a signed written agreement/contract from a mental health practitioner that provided services to 3 residents

- Record review revealed facility failed to obtain a signed written agreement/contract from a mental health practitioner that provided mental health counseling services to 3 residents in facility

**F514 Res Records-Complete/Accurate/Accessible**

KC: SS=D: Failed to maintain complete & accurate medical records for 2/5 residents

- Cited findings noted in F329 & F428 r/t lack of documentation of blood sugar & insulin administration; failed to properly document blood sugar readings & administration of insulin for 2 residents
- Failed to properly document blood sugar readings, administration of insulin & bowel movements for 2 residents

**F518 Train All Staff-Emergency Procedures/Drills**

SE: SS=F: Failed to ensure all employees received periodical training in emergency procedures relevant to geographical natural emergencies, & failed to conduct unannounced staff drills using those procedures for tornados & bomb threats

- Staff training records revealed a lack of documentation of periodic training & unannounced staff drills in emergency procedures; training summary lacked documentation of staff attendance & staff drills for bomb threats or tornados; failed to ensure all employees received periodical training in emergency procedures relevant to geographical natural emergencies (tornados) & unannounced staff drills using those procedures for tornados & bomb threats

**F520 QAA Committee-Members/Meet Quarterly/Plans**

SE: SS=F: Failed to maintain a QAA committee that developed & implemented appropriate plans of action to correct IDd issues

- Facility’s governing body failed to manage facility in a manner to meet needs of residents r/t: F223, F225, F226, F241, F242, F253, F315, F323, F329

SW: SS=F: NCRV: Failed to develop & implement an effective system of monitoring action plans through the QAA program to ensure deficient practices cited on resurvey were corrected

- Referenced F329 & F428; failed to develop & implement an effective system of monitoring action plans to correct deficient practice cited during the resurvey through the QAA program

NW: SS=F: Failed to ensure QAA committee met quarterly to address issues of concern for all residents residing in facility

- Referenced: F314, F329, F428, F520
- Failed to conduct quarterly QAA meetings; failed to ensure QAA committee met during first quarter of 2017 to address concerns & initiate corrective actions r/t all residents residing in facility

**F600 Dietary Services**

NE: SS=F: Failed to employ a qualified dietary manager

- Staff stated RD was present in facility 5 days/wk for total of 20-25 hours; failed to employ services of CDM as required

**S1166 Nursing Facility Support System**

SW: SS=None Listed: Failed to emergency call light cores for w/p & shower areas within reach for resident’s use for 2/2 bathing rooms, with potential to affect all residents at facility

- Failed to have an emergency call light cord accessible to residents to use in shower & w/p areas of 2/2 common bath & shower rooms which had potential to affect all residents

**S1354 Heating, Ventilation & AC**

NE: SS=E: Failed to ensure there was a functioning exhaust fan in beauty shop

- Observed no operating exhaust fan in beauty shop; staff stated fan checked weekly but did not log checks; failed to ensure there was a functioning exhaust fan in beauty shop

**S1358 Plumbing & piping systems**

NE: SS=E: Failed to ensure there was a vacuum breaker (water backflow prevention device) installed on shampoo sink in beauty shop

- Failed to ensure there was a vacuum breaker on shampoo sink in beauty shop