

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2013  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345433 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br>C<br>08/16/2013 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CLAY COUNTY CARE CENTER |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>86 VALLEY HIDEAWAY DRIVE<br>HAYESVILLE, NC 28904  |   |
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| F 241<br>SS=D   | <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review, observations and staff interviews, the facility failed to cover a catheter bag for 1 of 4 residents reviewed for dignity (Resident #96).</p> <p>The findings included:</p> <p>1. Resident # 96 was admitted to the facility on 02/21/13 with diagnoses which included urinary retention. The most recent assessment was a quarterly Minimum Data Set (MDS) dated 05/24/13 which indicated Resident #96 had impaired short term and long term memory and cognitive skills for daily decision making were severely impaired.</p> <p>A care plan dated 05/31/13 addressed resident's need for indwelling urinary catheter due to urinary retention. Interventions included: catheter care every shift per facility policy, monitor for signs and symptoms of urinary tract infection and assure drainage bag is covered to promote dignity and to provide privacy.</p> <p>Observation on 08/12/2013 at 3:37 PM revealed Resident #96 was sitting in a wheelchair in the activity room of the Alzheimer's unit with a urinary catheter bag hanging from wheelchair and not covered with a dignity bag (a bag used to cover</p> | F 241  | <p>This Plan of Correction (POC) does not constitute an admission or agreement by Clay County Care Center of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This POC is prepared solely because it is required by state and Federal law.</p> <p><b>F241 DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>A.) Resident #96 suffered no harm. Resident #96's indwelling urinary catheter was removed on August 21, 2013.</p> <p>B.) Residents with indwelling urinary catheters have the potential to be affected by this citation. Current facility residents were reviewed by the Nurse Manager on September 5, 2013 to ensure those residents with indwelling catheters had a dignity bag (urinary catheter bag cover). Any discrepancies were corrected immediately by the Nurse Manager.</p> <p>C.) Licensed Nurses and Certified Nursing Assistants were in-serviced by the Director of Clinical services and/or Nurse Manager 8/16/2013-9/12/2013 regarding the facility policy and procedure for maintaining residents' dignity and ensuring catheter bags are covered.</p> <p>D.) The Director of Clinical Services and/or Nurse Manager will conduct Quality Improvement (QI) monitoring to ensure residents maintain dignity and ensure that catheter bags are covered five times a week for two weeks, then three times a week for two weeks, then two times a week</p> |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

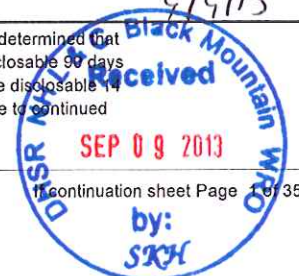
(X6) DATE

*Gary D. Catlett / S. Callahan*

*Executive Dir.*

*9/9/13*

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 241   | <p>Continued From page 1</p> <p>the catheter bag). Other residents and staff were in the room with Resident #96.</p> <p>Observation on 08/15/13 at 7:50 AM revealed Resident #96 was sitting in a wheelchair in the activity room of the Alzheimer's unit with a urinary catheter bag hanging from wheelchair and not covered with a dignity bag. Other residents and staff were in the room with Resident #96.</p> <p>Observation on 08/15/13 at 11:30 AM revealed Resident #96 was sitting in a wheelchair in the hall with a urinary catheter bag hanging from wheelchair and not covered with a dignity bag. Staff and other residents were congregating together in the hall near Resident #96..</p> <p>In an interview with Nurse Aide (NA) #5 on 08/15/13 at 3:10 PM about Resident #96's catheter not being covered, NA #5 stated another NA got the resident out of bed before breakfast and must have forgotten to put the catheter bag in a dignity bag or the dignity bag might have fallen off. NA #5 stated Resident #96 had a dignity bag and the catheter bag should have been placed in the dignity bag.</p> <p>An interview on 08/15/13 at 3:15 PM with Nurse #2, who was assigned to administer medications and oversee the care of Resident #96, about Resident #96's catheter bag not being in a dignity bag, revealed she didn't notice it wasn't in a dignity bag and that her expectation was that it should have been placed in a dignity bag.</p> <p>In an interview with NA #6 on 08/16/13 at 10:06 AM about Resident #96, NA #6 stated she got the resident out of bed before breakfast on 08/15/13. When asked about the expectation for placing</p> | F 241  | <p>for two months, and then one time a week for three months. The results of the QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained. .</p> <p>E.) Allegation of Compliance date: September 13, 2013</p> | 9/13/13              |   |

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| F 241   | Continued From page 2<br>Resident #96's catheter bag in a dignity bag, NA #6 stated the catheter bag was supposed to be placed in a dignity bag to protect the resident's dignity and privacy. When asked why Resident #96's catheter bag wasn't placed in a dignity bag on 08/15/13, NA #6 stated she must have just forgotten to do it.<br><br>In an interview with the Director of Nursing on 08/16/13 at 12:45 PM about her expectation for catheter bags being placed in a dignity bag, she stated she expected residents with a catheter would have the catheter bag placed in a dignity bag.  | F 241  |  |                      |   |
| F 242<br>SS=E   | 483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES<br><br>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on resident and staff interviews and record reviews, the facility failed to provide residents with the amount or type of baths/showers that they wanted each week for four of six residents (#90, #3, #133, and #78).<br><br>The findings included:<br><br>1. Resident #90 was admitted on 03/01/13 with diagnosis including chronic heart failure, ischemic | F 242  | <b>F242 SELF-DETERMINATION – RIGHT TO MAKE CHOICES</b><br><br>A.) Residents #90, #3, #133, & #78 suffered no harm. Resident #90 was interviewed on August 16, 2013 regarding the frequency and type of bath/shower that the resident preferred by the Director of Clinical Services and the resident's plan of care and Kardex were updated accordingly. Resident #3 was interviewed on August 16, 2013 regarding the frequency and type of bath/shower resident preferred by the Director of Clinical Services and the resident's plan of care and Kardex were updated accordingly. |                      |   |

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| F 242   | <p>Continued From page 3</p> <p>heart disease, and muscular disuse atrophy. The latest quarterly Minimum Data Set (MDS) dated 05/20/13 assessed the resident as moderately cognitively impaired and usually able to understand and make himself understood.</p> <p>Interview with Resident #90 on 08/13/13 at 10:45 AM revealed he would prefer to have a tub bath instead of a shower some days, especially when having muscle pain. Resident #90 stated baths often help his back pain when medication won't and the facility staff have told him he can only take showers at the facility.</p> <p>Interview with Nursing Aide (NA) #7 on 08/13/13 at 11:27 AM revealed Resident #90 is assigned to get two showers weekly on Tuesdays and Fridays. NA #7 stated he never asked Resident #90 if he'd prefer to take a tub bath; he only reminded him when it was his shower day.</p> <p>Interview with Unit Manager (UM) and Nurse #1 on 08/15/13 at 9:40 AM revealed during admission assessment, residents are told the shower schedule, which is designated by location of their assigned room. UM and Nurse #1 stated that no residents took tub baths in the facility.</p> <p>Interview with Social Worker (SW) on 08/15/13 at 04:22 PM revealed he did not routinely ask residents about their bathing preferences during the admission process or during monthly visits.</p> <p>Interview with Admissions Director (AD) on 08/16/13 at 09:20 AM revealed during admission, she explained to residents and their families that each hall has assigned shower days and each resident gets showers twice weekly. AD stated she did not ask residents and families at</p> | F 242  | <p>Resident #133 was interviewed on August 16, 2013 regarding the frequency and type of bath/shower resident preferred by the Director of Clinical Services and the resident's plan of care and Kardex were updated accordingly.</p> <p>Resident #78 was interviewed on August 16, 2013 regarding the frequency and type of bath/shower resident preferred by the Director of Clinical Services and the resident's plan of care and Kardex were updated accordingly.</p> <p>B.) All facility residents have the potential to be affected by this citation. The facility's Interdisciplinary Team conducted a review, which was completed the week of August 19 thru August 23, 2013, with current facility residents to inquire about the frequency and/or type of baths/showers that each resident preferred each week. The DCS/Nurse Manager then updated the residents' plans of care and Kardexes, accordingly.</p> <p>C.) Facility staff, including the Interdisciplinary Team, Licensed Nurses and Certified Nursing Assistants were educated by the Director of Clinical Services, between the dates of August 16 thru September 12, 2013, that the facility must inquire about residents' preferences for the frequency and/or type of baths/showers which they prefer each week and that this information must be transcribed on</p> |                      |   |

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| F 242   | <p>Continued From page 4 admission about their bathing preferences.</p> <p>Interview with shower team nursing aide (NA) #2 on 08/16/13 at 10:19 AM revealed each resident is given two showers each week. NA #2 stated she didn't ask residents about their bathing preferences.</p> <p>Interview with the Minimum Data Set Coordinator (MDSC) on 08/16/13 at 12:10 PM revealed shower preferences are not discussed routinely at quarterly care plan meetings.</p> <p>Interview with the Director of Nursing (DON) on 08/16/13 at 11:49 PM revealed 2 showers were offered residents each week. The DON said staff does not specifically ask residents about their shower preferences.</p> <p>Review of Resident #90's nurse tech information kardex revealed resident #90 was assigned showers on Tuesdays and Fridays each week.</p> <p>2. Resident #3 was admitted on 09/30/11 with diagnosis including osteoporosis, generalized pain, and debility. The last minimum data set (MDS) dated 07/11/13 assessed the resident as cognitively intact and able to understand and make herself understood</p> <p>Interview with Resident #3 on 08/12/13 at 4:14 PM revealed she had asked staff for extra showers and had been told there was not enough time to provide more than two showers each week for a resident. Resident #3 stated she stays hot and sweats a lot and would prefer to have at least three showers each week to feel cool and refreshed.</p> | F 242  | <p>to the resident's care plan and Kardex, accordingly.</p> <p>D.) The Director of Clinical Services/Nurse Manager will conduct Quality Improvement (QI) monitoring to ensure that residents are asked about their preferences with regard to frequency and/or type of baths/showers they preferred and that the frequency and type of baths/showers preferred are occurring as per the residents' wishes. Additionally, the Director of Clinical Services/Nurse Manager will ensure that the residents' preferences as related to the frequency and/or type of baths/showers preferred are indicated on the resident's plan of care and Kardex. Quality Improvement monitoring will be conducted two times a week for three weeks, then one time a week for two weeks, then two times a month for two months, and then one time a month for three months. The results of the QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.</p> <p>E.) Allegation of Compliance date: September 13, 2013</p> | 9/13/13              |   |

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| F 242   | <p>Continued From page 5</p> <p>Interview with Nursing Aide (NA) #7 on 08/13/13 at 11:27 AM revealed Resident #3 is assigned to get two showers weekly on Tuesdays and Fridays. NA #7 stated he never asked Resident #3 if she was satisfied with the frequency of her showers.</p> <p>Interview with Unit Manager (UM) and Nurse #1 on 08/15/13 at 9:40 AM revealed during admission assessment, residents are told the shower schedule, which is designated by location of their assigned room. UM and Nurse #1 stated that no residents take tub baths in the facility.</p> <p>Interview with Social Worker (SW) on 08/15/13 at 04:22 PM revealed he did not routinely ask residents about their bathing preferences during the admission process or during monthly visits.</p> <p>Interview with Admissions Director (AD) on 08/16/13 at 09:20 AM revealed during admission, she explained to residents and their families that each hall has assigned shower days and each resident gets showers twice weekly. AD stated she did not ask residents and families at admission about their bathing preferences.</p> <p>Interview with shower team nursing aide (NA) #2 on 08/16/13 at 10:19 AM revealed each resident is given two showers each week. NA #2 stated she didn't ask residents about their bathing preferences.</p> <p>Interview with the Minimum Data Set Coordinator (MDSC) on 08/16/13 at 12:10 PM revealed shower preferences are not discussed routinely at quarterly care plan meetings.</p> <p>Interview with the Director of Nursing (DON) on</p> | F 242  |   |                      |   |

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| F 242   | <p>Continued From page 6</p> <p>08/16/13 at 11:49 PM revealed 2 showers were offered residents each week. The DON said staff does not specifically ask residents about their shower preferences.</p> <p>Review of Resident #3's nurse tech information kardex revealed resident was assigned showers on Tuesdays and Fridays each week.</p> <p>3. Resident #133 was admitted on 07/31/13 with diagnoses that included osteoarthritis, Diabetes Mellitus, venous insufficiency, and congestive heart failure. Review of the latest Minimum Data Set (MDS) dated 08/10/13 revealed the resident was cognitively intact with no memory problems, and was independent in daily decision making. The MDS also revealed Resident #133 indicated that choosing between a tub bath, bed bath, or shower was somewhat important. Further review of Resident #133's MDS revealed his functional status required two plus person assistance for bed mobility, dressing, personal hygiene, and total dependence for bathing.</p> <p>Review of Resident #133's Admission Care Plan dated 07/31/13, indicated the resident would require two staff members to assist with bathing; as well as allowing the resident to participate in decision making in order to assist with his psychosocial well-being.</p> <p>Review of the Nurse Tech Information Kardex revealed that care staff was to provide to Resident #133 a shower on Monday, Wednesday, and Friday with the assistance of two staff members.</p> <p>On 08/13/13 at 9:32 AM during an interview with</p> | F 242   |   |   |

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| F 242   | <p>Continued From page 7</p> <p>Resident #133, he stated he had only received one shower since he was admitted to the facility, even though he requested showers. He stated he had been receiving bed baths. He stated he was told by care staff they were not able to get him out of bed. He stated the facility had a lift, but he was told they could not find the pad (sling) for it. A mechanical lift was observed at the bottom of Resident #133's bed.</p> <p>On 08/14/13 at 2:15 PM Resident #133 was observed lying in bed. He stated he did not get a bed bath today and he was itching. The resident again stated he would like to take a shower, but had been told by an unidentified staff member, they were unable to get him out of bed. The lift remained at the bottom of the bed.</p> <p>Review of the nurse's notes in Resident #133's medical record revealed no indication of resident refusing showers. Further review of Resident #133's bath record, dated 07/15/13-08/14/13, revealed resident had two documented bed baths since his admission, and no showers were documented.</p> <p>On 08/15/13 at 8:20 AM an interview with NA #3 revealed residents were given baths or showers based on their stated preference. He stated residents were bathed two times weekly on a schedule, but more often if requested.</p> <p>On 08/15/13 at 2:00 PM NA#2 was interviewed. She stated as far as she knew Resident #133 had not had a shower since he had been at the facility, he only had bed baths. She stated she worked on the shower team and was aware when residents were bathed.</p> | F 242  |   |                      |   |



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| F 242   | <p>Continued From page 8</p> <p>On 08/15/13 at 8:35 AM RN#1 Unit Manager (UM) was interviewed. She stated it was her expectation that residents were bathed two times weekly according to their schedule and preference, but more often if requested. She stated if a resident refused a bath or requested a bed bath, it should be reported to the floor nurse and they should speak to the resident before documenting their final response. She stated residents whom are larger, could be gotten up with a lift and assisted to the shower.</p> <p>On 08/16/13 at 1110 AM the Director of Nursing was interviewed. She stated residents should be showered at least two times a week per the facility shower schedule, and according to resident preference. She further stated if a resident missed a shower for some reason, it should be given the next day. She explained with regards to Resident #133, the facility ordered and received a bariatric lift and sling before his arrival, to enable that he could be gotten out of bed.</p> <p>4. Resident #78 was admitted to the facility 05/30/13 with diagnoses which included history of falls, muscle weakness, and debility. An Admission Minimum Data Set (MDS) dated 06/08/13 indicated cognition was intact, understands others, and was understood. The MDS specified Resident #78 required limited staff</p> | F 242  |   |                      |   |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345433 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>08/16/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>CLAY COUNTY CARE CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>86 VALLEY HIDEAWAY DRIVE<br>HAYESVILLE, NC 28904                       |                      |   |
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| F 242   | <p>Continued From page 9</p> <p>assistance for bathing and hygiene. A Care Area Assessment (CAA) identified the resident was totally dependent on staff assist for bathing. The CAA specified showers were provided per facility schedule.</p> <p>A care plan dated 06/14/13 identified Resident #78 as requiring supervision to limited assistance with activities of daily living which included showers. The care plan goal specified the resident will remain at the current level of assistance for activities of daily living. Interventions included provide showers per facility schedule.</p> <p>An interview with Resident #78 was conducted on 08/14/13 at 9:45 AM. The resident stated she would like more than 2 showers per week. Resident #78 explained her daughter filled out the admission papers and received instructions provided by the facility at that time. She stated her daughter informed her she was scheduled for 2 showers per week. Resident #78 stated she had asked a nursing assistant if she could have more than 2 showers per week. The resident stated the nursing assistant reported 2 showers were scheduled for 2 showers per week.</p> <p>An interview with the Director of Nursing (DON) was conducted 08/16/13 at 11:49 AM. The DON stated the facility offered 2 showers per week. She explained during quarterly care plan meetings, bathing frequency and preference for time of day was reviewed. The DON stated nursing assistants were expected to let management know of frequency requests if more than twice a week. The DON added she expected nursing assistants to follow frequency requests from residents.</p> | F 242  |   |                      |   |

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| F 272<br>SS=D   | <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:<br/>Identification and demographic information;<br/>Customary routine;<br/>Cognitive patterns;<br/>Communication;<br/>Vision;<br/>Mood and behavior patterns;<br/>Psychosocial well-being;<br/>Physical functioning and structural problems;<br/>Continence;<br/>Disease diagnosis and health conditions;<br/>Dental and nutritional status;<br/>Skin conditions;<br/>Activity pursuit;<br/>Medications;<br/>Special treatments and procedures;<br/>Discharge potential;<br/>Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and<br/>Documentation of participation in assessment.</p> | F 272  | <p><b>F272 COMPREHENSIVE ASSESSMENTS</b></p> <p>A.) Resident #115's assessment was updated to include skin tears and bruising and re-submitted by the Minimum Data Set (MDS) Nurse on September 2, 2013. Resident #20 suffered no harm. Resident #20's assessment was updated to include dental needs and re-submitted by the MDS Nurse as of September 12, 2013. Resident #20 is scheduled for a dental consult on September 14, 2013. Resident #46 suffered no harm. Resident #46's assessment was updated to include pressure ulcers and re-submitted by the MDS Nurse as of September 12, 2013.</p> <p>B.) All facility residents have the potential to be affected by this citation. Director of Clinical Services/MDS Nurse reviewed current residents' skin on August 13 and August 14, 2013 to ensure that residents' skin tears and open areas were assessed correctly for appropriate intervention. Any discrepancies noted were immediately corrected on the assessment and then re-submitted by the MDS Nurse as of September 12, 2013. Director of Clinical Services/MDS Nurse reviewed current residents for dental needs to ensure identification of problems for appropriate interventions as of</p> |                      |   |

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| F 272   | <p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on interviews and record review, the facility failed to assess 3 of 27 residents for skin tears and bruising, dental problems and accidents. (Residents #115, #20, and #46.)</p> <p>The findings included:</p> <p>Resident #115 was admitted to the facility on 05/29/13 with diagnoses which included Alzheimer's dementia, hypertension and depression. The most recent assessment was an admission Minimum Data Set (MDS) dated 06/05/13. Section M of the MDS which addressed skin conditions did not indicate Resident #115 had any skin tears as M1040.G for skin tears was unchecked.</p> <p>Further review of Resident #115's medical record revealed an admission nursing assessment dated 05/29/13 which indicated the resident was admitted with a skin tear to the right upper posterior arm that measured 2.5 X 2.0 centimeters (cm), multiple small skin tears to right lower arm and left upper arm.</p> <p>In an interview on 08/16/13 at 9:32 AM with the MDS Assessment Nurse about the bruises and skin tears on Resident #115's arms, the MDS nurse stated she depended on the nurses to tell her about that type of concern so she could address it. When asked if she was aware of the resident's skin problems, she stated she was not aware of them.</p> <p>An interview on 08/16/13 at 11:49 AM with the Director of Nursing revealed she expected MDS</p> | F 272  | <p>September 12, 2013. Any discrepancies noted were immediately corrected on the assessment and then re-submitted by the MDS Nurse as of September 12, 2013. Director of Clinical Services/MDS Nurse reviewed facility incidents/accidents occurring in the last thirty days as of September 12, 2013 to ensure that they were identified correctly for appropriate intervention. Any discrepancies were immediately corrected on the assessment and then re-submitted by the MDS Nurse as of September 12, 2013.</p> <p>C.) Licensed Nurses to include the MDS Nurse were educated by the Director of Clinical services on August 16 thru September 12, 2013 regarding assessing residents for skin tears and bruising, dental problems and accidents for appropriate intervention. The MDS Nurse was re-educated by the Regional MDS Nurse on assessment using the Resident Assessment Instrument (RAI) and accurate completion of resident assessments prior to submission.</p> <p>D.) The Director of Clinical Services/Nurse Manager will conduct Quality Improvement monitoring of admission, quarterly, significant change, and annual MDS assessments to ensure skin tears and bruising, dental problems and accidents are assessed correctly for appropriate intervention five times a week for two weeks, then three times</p> |                      |   |

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| F 272   | Continued From page 12<br>assessments to be completed accurately and appropriate to each resident.<br><br>2. Resident #20 was admitted to the facility on 11/18/11 with diagnoses that included malnutrition, Alzheimer's disease, dementia, and osteoporosis. Review of the quarterly Minimum Data Set (MDS) dated 05/03/13 revealed she was severely cognitively impaired. The MDS indicated Resident #20 required extensive assistance for all areas involving personal hygiene, including total dependence for bathing. Review of the last annual MDS dated 11/29/12, which included the most recent dental assessment, revealed Resident #20 was documented to have no dental issues which included no cavities or broken teeth. Further review of the Resident's Care Area Assessment for the same date revealed no triggered areas requiring further assessment and care planning involving her dental status.<br><br>Review of Resident #20's care plan dated 05/10/13 revealed no problem areas or issues with her dental status.<br><br>On 08/12/13 at 3:55 PM an observation of Resident #20 revealed broken, chipped upper and lower front teeth. | F 272  | a week for two weeks, then two times a week for two months, and then one time a week for three months. The results of the QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.<br>E.) Allegation of Compliance Date: September 13, 2013 | 9/13/13              |   |

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| F 272   | <p>Continued From page 13</p> <p>On 08/14/13 at 2:45 PM further observation of Resident #20's teeth revealed they were broken, jagged, and dark brown in color.</p> <p>On 08/14/13 at 2:45 PM a family member of Resident #20 was interviewed. She stated no one had ever approached her about doing anything to her family member's teeth. She further stated she would like to have someone evaluate Resident #20 to see if anything could be done to fix her teeth. She continued to say she had not approached staff with her concerns because she did not think there was anything the facility would do since her family member was private pay. She stated Resident #20 had beautiful teeth when she was admitted several years ago and had caps on her teeth and they were perfect. She stated she believed poor nutrition and advancing age had led to the current poor condition of her family member's teeth. She revealed Resident #20's teeth had been in poor condition for more than a year.</p> <p>On 08/15/13 at 11:20 AM the MDS Coordinator was interviewed regarding the MDS annual assessment of 11/29/12 which indicated Resident #20 had no dental issues. She stated she got her information from Resident #20's medical record and it would be documented in the care plan section of Resident #20's record. The MDS Coordinator stated she was responsible for the accuracy of the dental assessment on the MDS form.</p> <p>On 08/16/13 at 11:10 AM an interview was conducted with the Director of Nursing in which she stated it was her expectation that dental needs of residents be properly assessed,</p> | F 272  |   |                      |   |

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| F 272   | Continued From page 14<br>reported to the nurse in charge, and documented accurately and as needed in the chart, on the care plan, and on the MDS.<br><br>3. Resident #46 was admitted to the facility 02/14/13 with diagnoses which included end stage renal disease and debility.<br><br>A review of an Admission Minimum Data Set (MDS) dated 02/21/13 revealed skin conditions were assessed with 2 stage 1 pressure ulcers. The Care Area Assessment for pressure ulcers identified the 2 ulcers as being on the right heel and left heel. There was no mention of a stage 1 pressure ulcer on the coccyx.<br><br>A review of Resident #46's medical record revealed skin assessments dated 02/14/13. Stage 1 pressure ulcers were noted on the resident's left and right heel and on the coccyx.<br><br>An interview with the MDS Coordinator was conducted on 08/14/13 at 1:24 PM. She stated she went by documentation in the wound book to gather the information regarding pressure ulcers. The MDS Coordinator was unaware of the stage 1 pressure ulcer on Resident #46's coccyx.<br><br>An interview with the Director of Nursing (DON) was conducted 08/16/13 at 11:49 AM. The DON stated she expected MDS assessments were completed accurately and appropriate to each resident. | F 272  |   |                      |   |
| F 282<br>SS=D   | 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN<br><br>The services provided or arranged by the facility must be provided by qualified persons in   | F 282  | <b>F282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b><br><br>A.) Residents #79, #3, & #74 suffered no harm. Licensed Nurses and Certified Nursing Assistants were re-educated on ambulation assistance and/or the use of mechanical lifts, use of residents' information on the Kardex and residents' plans of care related to ambulation assistance and mechanical lifts on September 6 thru September 12, 2013. |                      |   |

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| F 282   | <p>Continued From page 15</p> <p>accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff and resident interviews the facility failed to follow the plan of care regarding ambulation assistance and mechanical lift needs for 3 of 27 residents. (Residents #79, #3 and #74).</p> <p>The findings included:</p> <p>1. Resident #79 was admitted on 07/18/13 with diagnosis including chronic pain, anxiety, spinal disorder, and deep vein thrombosis of upper extremity. The last minimum data set (MDS) dated 05/16/13 assessed the resident as cognitively intact and able to understand and make himself understood.</p> <p>Interview with Resident #79 on 08/13/13 at 03:01 PM revealed staff lift him up with a blanket for transfers.</p> <p>Interview with Unit Manager and Nurse (UMN) #1 on 08/15/13 at 9:40 AM revealed nurse aides are to use lift information from each resident's nurse tech information kardex, which is located at the nurse's station. UMN #1 stated residents who are listed as a full body lift must be lifted and transferred using the mechanical lift and only in the presence of two staff members.</p> <p>Interview with Nurse #4 on 08/16/13 at 10:24 AM revealed residents who are a full body lift and are not able to bear any weight are either lifted by mechanical lift or by placing a draw sheet under</p> | F 282  | <p>B.) All facility residents have the potential to be affected by this citation. On September 6 thru September 12, 2013, the Director of Clinical Services/Nurse Manager completed a review of residents' care plans to Kardexes to ensure that methods of transferring residents were accurately identified and congruent. Any discrepancies were immediately corrected by the Director of Clinical Services/Nurse Manager.</p> <p>C.) Licensed Nurses and Certified Nursing Assistants were re-educated on the use of mechanical lifts, use of residents' information on the Kardex and residents' plans of care related to ambulation assistance and/or mechanical lifts on September 6 thru September 12, 2013 by the Director of Clinical Services/Nurse Manager. Newly hired nursing employees will be educated on the resident information Kardex and plan of care related to ambulation assistance and/or mechanical lifts upon hire during the orientation process by the Director of Clinical Services/Nurse Manager.</p> <p>D.) The Director of Clinical Services/Nurse Manager will conduct Quality Improvement (QI) monitoring to ensure that the residents' ambulation assistance and/or mechanical lift needs are accurately identified on the residents' information Kardexes and plans of care and that the nursing staff is following the plan of care and Kardex</p> |                      |   |



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| F 282   | <p>Continued From page 16</p> <p>them to lift manually by one staff person on each side, if the resident is light enough. Nurse #4 stated she has seen Resident #79 lifted and transferred with a draw sheet on several occasions.</p> <p>Interview with Nurse #3 on 08/16/13 at 11:37 AM revealed she has frequently observed Resident #79 lifted and transferred by two staff members, using a draw sheet.</p> <p>Interview with Director of Nursing (DON) on 08/16/13 at 11:49 PM revealed if any resident's care plan listed resident as needing total assist with ambulation, her expectation is that a mechanical lift would be used for transfers. The DON also stated nurse aides (NAs) could take direction from nurses regarding what method to use to transfer a resident but NAs could not independently make that decision.</p> <p>Review of Resident #79's care plan revealed staff is to provide total assist for all transfers and mobility, and a full body lift is to be used for all transfers.</p> <p>Review of Resident #79 ' s nurse tech information kardex revealed resident was a full body lift needing the assistance of two people.</p> <p>Review of Resident #79's care plan revealed resident is non ambulatory and requires total assist with all ADLs.</p> <p>2. Resident #3 was admitted on 09/30/11 with diagnosis including osteoporosis, generalized pain, and debility. The last minimum data set (MDS) dated 07/11/13 assessed the resident as cognitively intact and able to understand and</p> | F 282  | <p>information regarding ambulation assistance and/or mechanical lift needs appropriately five times a week for two weeks, then three times a week for two weeks, then two times a week for two months, and then one time a week for three months. The results of the QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.</p> <p>E.) Allegation of Compliance date: September 13, 2013</p> | 9/13/13              |   |

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| F 282   | <p>Continued From page 17<br/>make herself understood</p> <p>Interview with Resident #3 on 08/13/13 at 3:01 PM revealed staff lift her up with a blanket or draw sheet for transfers. Resident #3 stated is transferred at least once daily and has not been transferred by the mechanical lift in about a year.</p> <p>Interview with Unit Manager and Nurse (UMN) #1 on 08/15/13 at 09:40 AM revealed nursing aides are to use lift information from each resident's nurse tech information kardex, which is located at the nurse's station. UMN stated residents who are listed as a full body lift must be lifted and transferred using the mechanical lift and only in the presence of two staff members.</p> <p>Interview with Nurse Aide (NA) #3 on 08/15/13 at 11:27 AM revealed he regularly participates in lifting Resident #3 with another nurse aide or alone using a pad and a draw sheet and no mechanical lift.</p> <p>Interview with Nurse #4 on 08/16/13 at 10:24 AM revealed residents who are a full body lift and are not able to bear any weight are either lifted by mechanical lift or by placing a draw sheet under them to lift manually by one staff person on each side, if the resident is light enough. Nurse #4 stated she has seen Resident #3 lifted and transferred with a draw sheet on several occasions.</p> <p>Interview with Nurse #3 on 08/16/13 at 11:37 AM revealed she has frequently observed Resident #3 lifted and transferred by two staff using a draw sheet.</p> <p>Interview with Director of Nursing (DON) on</p> | F 282  |   |                      |   |

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| F 282   | <p>Continued From page 18</p> <p>08/16/13 at 11:49 PM revealed if any resident's care plan listed resident as needing total assist with ambulation, her expectation is that a mechanical lift would be used for transfers. The DON also stated Nursing Aides (NAs) could take direction from nurses regarding what method to use to transfer a resident but NAs could not independently make that decision.</p> <p>Review of Resident #3's care plan revealed staff is to provide total assist for all transfers and mobility, and a full body lift is to be used for all transfers.</p> <p>Review of Resident #3's nurse tech information kardex revealed resident was a full body lift.</p> <p>Review of Resident #3's care plan revealed resident is non ambulatory and requires total assist with all ADLs.</p> <p>3. Resident #74 was admitted on 05/29/12 with diagnosis including muscle disuse atrophy, hypertension, and debility. The last minimum data set (MDS) dated 07/11/13 assessed the resident as severely cognitively impaired and unable to understand and make himself understood</p> <p>Interview with Unit Manager and Nurse (UMN) #1 on 08/15/13 at 09:40 AM revealed nursing aides are to use lift information from each resident's nurse tech information kardex, which is located at the nurse's station. UMN stated residents who are listed as a full body lift must be lifted and transferred using the mechanical lift and only in the presence of two staff members.</p> <p>Interview with Nurse Aide (NA) #3 on 08/15/13 at</p> | F 282  |   |                      |   |

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| F 282   | <p>Continued From page 19</p> <p>11:27 AM revealed he regularly participates in lifting Resident #74 with another nurse aide or alone using a pad and a draw sheet and no mechanical lift.</p> <p>Interview with Nurse #4 on 08/16/13 at 10:24 AM revealed she regularly observes residents who are a full body lift being lifted and transferred by two staff members placing a draw sheet under the resident, especially when the resident is small or doesn't weigh a lot. Nurse #4 stated she has seen Resident #74 lifted and transferred with a draw sheet on several occasions.</p> <p>Interview with Nurse #3 on 08/16/13 at 11:37 AM revealed resident #74 is frequently lifted by two staff using a draw sheet when being transferred.</p> <p>Interview with Director of Nursing (DON) on 08/16/13 at 11:49 PM revealed if any resident's care plan listed resident as needing total assist with ambulation, her expectation is that a mechanical lift would be used for transfers. The DON also stated Nursing Aides (NAs) could take direction from nurses regarding what method to use to transfer a resident but NAs could not independently make that decision.</p> <p>Review of Resident #74's care plan revealed staff is to provide total assist for all transfers and mobility, and a full body lift is to be used for all transfers.</p> <p>Review of Resident #74's nurse tech information kardex revealed resident was a full body lift and was to be assisted during transfers by two staff persons.</p> <p>Review of Resident #74's care plan revealed</p> | F 282  |   |                      |   |

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| F 282   | Continued From page 20<br>resident is non ambulatory and requires total assist with all ADLs.   | F 282  |  |   |
| F 310<br>SS=D   | 483.25(a)(1) ADLS DO NOT DECLINE UNLESS UNAVOIDABLE<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, staff and resident interviews, and medical record reviews, the facility failed to assist a resident to get out of bed and up in a chair for more than 10 days for 1 of 3 residents (Resident #133).<br><br>The findings included:<br><br>Review of the physician's history and physical of Resident #133, revealed that prior to admission to the facility (07/26/13) he was living at home with a caregiver and was able to get himself up to a lift chair and ambulate to the bathroom with a walker. The notes indicated Resident #133 had a fall, but he sustained no fractures and was referred to the facility for assistance with ambulating and walking.<br><br>Resident #133 was admitted to the facility on 07/31/13 with diagnoses that included | F 310  | <b>F310 ADLS DO NOT DECLINE UNLESS UNAVOIDABLE</b><br><br>A.) Resident #133 suffered no harm. Nursing staff have assisted Resident #133 to get up and out of bed daily per resident's preference since August 15, 2013<br>B.) All facility residents have the potential to be affected by this citation. On September 6 thru September 12, 2013, the Director of Clinical Services/Nurse Manager completed a review of current facility residents to determine those requiring assistance with getting up out of bed and further to determine the preferences for when and how often those residents would like to get up out of bed. The Director of Clinical Services/Nurse Manager updated the residents' plan of care and Kardex, accordingly. Newly admitted residents will be asked about their preference for when and how often they would like to get up out of bed during the admission process by the Director of Clinical Services/Nurse Manager and their plan of care and Kardex will be updated accordingly.<br>C.) On September 6 thru September 12, 2013, the Director of Clinical Services/Nurse Manager re-educated Licensed Nurses and Certified Nursing Assistants on |   |

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| F 310   | <p>Continued From page 21</p> <p>osteoarthritis, Diabetes Mellitus, poor circulation, and congestive heart failure. Review of the latest Minimum Data Set (MDS) dated 08/10/13 revealed the resident was cognitively intact with no memory problems, and was independent in daily decision making. Further review of the MDS indicated Resident #133 required extensive assistance with two staff members for bed mobility and transfer, and a wheelchair was required for locomotion.</p> <p>Review of Resident #133's admission care plan dated 07/31/13 revealed he required two staff to assist with bed mobility and transfers. Review of the Nurse Tech Information revealed the resident required two staff members for transfer and bed mobility, as well as the use of a lift. It also indicated Resident #133's activity included out of bed in a wheelchair.</p> <p>On 08/13/13 at 10:40 AM Resident #133 was observed lying in a bed.</p> <p>On 08/13/13 at 5:25 PM Resident #133 was observed lying on his back in bed. Resident #133 stated he wanted to get out of bed and told the nurses (he doesn't know their names) that he would like to get up. Resident #133 stated he had repeatedly been told by various staff that they were unable to get him out of bed due to the lack of a sling for the mechanical lift. The mechanical lift was observed at the bottom of his bed. A bariatric (for larger individuals) wheelchair was sitting next to his bed, but Resident #133 stated he had not been up in the wheelchair since his second day (08/01/13) at the facility.</p> <p>On 08/14/13 at 1:00 PM Resident #133 was observed lying in bed on his back. He stated staff</p> | F 310  | <p>residents' preferences as to when and how often they would like to get up out of bed and that the residents' plans of care and Kardexes needed to be updated accordingly.</p> <p>D.) The Director of Clinical Services/Nurse Manager will conduct Quality Improvement (QI) monitoring of the nursing staff following the residents' preferences for getting up out of bed per the residents' plans of care and Kardexes. Additionally the QI monitoring will include asking residents if their wishes are being honored five times a week for two weeks, then three times a week for two weeks, then two times a week for two months, and then one time a week for three months. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.</p> <p>E.) Allegation of Compliance date: September 13, 2013</p> | 9/13/13              |   |

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| F 310   | <p>Continued From page 22</p> <p>told him this morning they were going to get him up in his chair today.</p> <p>On 08/14/13 at 3:15 PM Resident #133 was observed being assisted up in the wheelchair with the aid of the mechanical lift by therapy and nursing staff.</p> <p>On 08/14/13 at 5:05 PM Resident #133 remained up in wheelchair. He stated felt better being up and out of the bed. He again stated that was the first time he had been out of the bed since his first or second day at the facility.</p> <p>On 08/15/13 at 8:20 AM nursing assistant (NA) #3 was interviewed. He stated residents should be turned and repositioned every two hours and were gotten up in a chair if they required assistance. He further stated for larger residents, two or more people could be used to move them or they could use a mechanical lift to help with getting the resident up.</p> <p>On 08/15/13 at 8:35 AM the Unit Manager was interviewed. She stated residents who were able to be gotten out of bed, should be gotten up everyday. She stated residents who were larger could be gotten out of bed with a mechanical lift and allowed to be seated in a chair. When informed that Resident #133 had not been out of bed since day one or two of his admission, she stated it was her expectation that staff would get him out of bed and up in a chair each day.</p> <p>On 08/15/13 at 11:35 AM the Physical Therapy Assistant (PTA) was interviewed. He stated he knew the nurses had a problem using the sling for the lift when trying to get Resident #133 out of bed. He further stated Physical Therapy and</p> | F 310  |   |                      |   |

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| F 310   | Continued From page 23<br>Occupational Therapy had worked with the resident on strengthening exercises in bed. He revealed he had gotten the resident to stand next to the bed on two occasions. He stated they got Resident #133 out of bed yesterday, and were going to get him out of bed today for lunch.<br><br>On 08/15/13 at 2:30 PM the Rehab Manager (RM) was interviewed. He stated after reviewing Resident #133's physical therapy records he was able to determine Resident #133 had only been up in the wheelchair two times between his admission on 07/31/13 and 08/14/13.<br><br>On 08/15/13 at 2:45 PM Resident #133 was observed up in the wheelchair being pushed around outside the facility by therapy staff.<br><br>On 08/16/13 at 11:10 AM the Director of Nursing was interviewed. She stated it was her expectation that every resident was gotten out of bed everyday, unless there was a medical order written for the resident to remain in bed. She further stated with regards to Resident #133, the facility ordered and received a bariatric lift and sling before his arrival, to enable that he could be gotten out of bed. She explained staff had been trained on the use of the lift and the sling prior to Resident #133's admission, and staff should have been getting him out of bed. | F 310  |   |                      |   |
| F 312<br>SS=E   | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.   | F 312  | <b>F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</b><br><br>A.) Residents # 31, #133, & #20 suffered no harm. Residents #31's and #133's fingernails were cut and cleaned on August 15, 2013 by Certified Nursing Assistant. Resident #20 received a shower on August 14, 2013 by Certified Nursing Assistant. Resident #20's shower schedule has been updated per resident's preferences. |                      |   |



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| F 312   | <p>Continued From page 24</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observations, record review, and staff and resident interviews the facility failed to cut and clean fingernails for 2 of 4 residents (Residents #31 and #133) and failed to provide scheduled showers in a 30 day period for 1 of 4 residents (Resident #20) reviewed for activities of daily living. The finding included:</p> <p>1. Resident #31 was admitted to the facility 10/16/12 with diagnoses including Alzheimer's disease, anxiety, and depression. The latest Minimum Data Set (MDS), a Quarterly, dated 05/23/13 indicated severe cognitive impairment, was usually understood, and usually understands others. The MDS specified the resident required extensive assistance of staff for hygiene and bathing and supervision of staff for eating.</p> <p>A nursing assistant care guide dated 08/08/13 specified Resident #31 was scheduled for a shower on Mondays and Thursdays. A section entitled personal hygiene identified nail care, brushing teeth, combing hair, and perineal care was to be done by nursing assistants. The care guide specified personal hygiene required the assistance of 2 staff members.</p> <p>An observation on 08/13/13 at 11:28 AM Resident #31's fingernails extended approximately ¼ inch beyond the end of her finger tips. The right 4th finger and the left 4th and middle fingers contained brown colored debris under the nails.</p> <p>Continued observation on 08/14/13 at 8:08 AM revealed Nursing Assistant (NA) #4 served</p> | F 312  | <p>B.) All facility residents have the potential to be affected by this citation. Director of Clinical Services/Nurse Manager reviewed residents' fingernails to ensure they had been cut and/or cleaned on August 15, 2013. Any residents requiring their nails to be clipped and/or cleaned were addressed immediately by the nursing staff. A review was completed on August 19 thru August 23, 2013 by the Interdisciplinary Team inquiring about resident preferences for the amount and/or type of baths/showers that each resident wanted each week and residents' plans of care and Kardexes were updated accordingly by the Director of Clinical Services/Nurse Manager.</p> <p>C.) The Director of Clinical Services/Nurse Manager re-educated the Licensed Nurses and Certified Nursing Assistants by September 12, 2013, that residents' nails are to be cleaned and cut according to preference on residents' shower days and as needed. Special preferences for residents' length of fingernails will be updated on the residents' Kardexes and plans of care. Newly hired nursing staff will be educated on cleaning and cutting residents' nails during the orientation process. Facility staff, including Interdisciplinary Team, Licensed Nurses and Certified Nursing Assistants, were in-serviced by the Director of Clinical Services/Nurse Manager on August</p> |                      |   |

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| F 312   | <p>Continued From page 25</p> <p>Resident #31 her breakfast tray in bed. NA #4 offered Resident #31 a spoon which the resident accepted with her right hand. Fingernails on both hands were observed extending beyond the end of the resident's fingertips. Brown colored debris was observed under 4 fingernails on that hand. Additional observation revealed Resident #31 ate scrambled eggs and toast using her right hand.</p> <p>An interview with NA #4 was conducted on 08/14/13 at 8:21 AM. NA #4 stated she knew Resident #31's fingernails were long and dirty. She added she had attempted to clean the resident's nails "the other day". NA #4 stated the resident became combative and she was unable to clean and cut her nails. NA #4 added the nails should be cut and cleaned on her shower days.</p> <p>An interview with Unit Manger (UM) #1 was conducted on 08/14/13 at 08/29/13. During this interview UM #1 observed Resident #31 eating breakfast with long and soiled fingernails. UM #3 stated no resident should eat with soiled nails and the residents' nails needed to be cut.</p> <p>An interview with the Director of Nursing (DON) was conducted on 08/14/13 at 3:48 PM. The DON expected residents' fingernails were clean and cut. She also expected nursing assistants to report combative situations so needed care could be provided.</p> <p>2. Resident #133 was admitted to the on 07/31/13 with diagnoses that included osteoarthritis, Diabetes Mellitus (DM), venous insufficiency, and congestive heart failure. Review of the latest Minimum Data Set (MDS) dated 08/10/13 revealed the resident was cognitively intact with no memory problems, and was independent in</p> | F 312  | <p>16 thru September 12, 2013 regarding inquiring about residents' preferences for the amount or type of baths/showers that they wanted each week; and the residents' Kardexes and plans of care are to be updated, accordingly.</p> <p>D.) The Director of Clinical Services/Nurse Manager and Interdisciplinary Team Members will conduct Quality Improvement (QI) monitoring of the staff following the residents' Kardexes and plans of care regarding residents preferences for baths/showers and residents' finger nails being cut and clean. QI monitoring will include inspection of residents' fingernails to ensure that they are clean and cut per resident preference as well as asking residents if their wishes are being honored regarding showers five times a week for two weeks, then three times a week for two weeks, then two times a week for two months, and then one time a week for three months. The results of the QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.</p> <p>E.) Allegation of Compliance date: September 13, 2013</p> | 9/13/13              |   |

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| F 312   | <p>Continued From page 26</p> <p>daily decision making. The MDS also revealed Resident #133 required extensive assistance with personal hygiene.</p> <p>Review of Resident #133's admission care plan revealed he required the assistance of two persons with hygiene, and due to Resident ' s diagnosis of DM, he required attention to nail care.</p> <p>Review of the Nurse Tech Information Kardex also revealed nail care to be listed as a point of emphasis for the nursing assistants (NA) caring for Resident #133.</p> <p>On 08/13/13 at 10:35 AM Resident #133 was lying in bed. His fingernails were observed to be approximately one-quarter inch long beyond his fingertips, jagged, and dirty with tobacco debris under his nails.</p> <p>On 08/14/13 at 2:15 PM Resident #133 was observed lying in bed. His fingernails remain long and jagged. He stated his fingernails were cleaned today, but no one has cut his nails. He stated he would like to have his nails cut, but no one has offered to cut them before. He stated he had not requested his nails be trimmed.</p> <p>On 08/14/13 at 5:05 PM Resident #133 stated an unidentified staff member told him they would come back and cut his nails today, but they remain long and jagged.</p> <p>On 08/15/13 at 8:05 AM Resident #133 observed with long, jagged fingernails. He stated again he had been told by an unidentified staff member that he would have his nails trimmed, but it had not occurred.</p> | F 312  |   |                      |   |

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| F 312   | <p>Continued From page 27</p> <p>On 08/15/13 at 8:20 AM NA#3 was interviewed. He stated nail care should be done everyday, every shift as needed. He admitted he had not observed Resident #133's fingernails.</p> <p>On 08/15/13 at 8:35 AM the Unit Manager was interviewed. She stated it was her expectation that the care staff observe the residents for personal needs every shift, including nail care, and take care of those needs. She stated she has five nursing assistants on light duty and she had been assigning them the task to check on residents who needed mouth and nail care. She stated that had been the focus of the facility to take care of residents hygiene needs.</p> <p>On 8/16/13 at 11:10 AM the Director of Nursing was interviewed. She stated it was her expectation that staff do mouth and nail care everyday. She explained there were NA's on light duty who were assigned to do personal care (hygiene) for residents. She further stated her expectation was for these issues to be addressed. She stated it did not matter if the resident was alert and oriented; she expected personal care for residents to be assessed daily and addressed.</p> <p>3. Resident #20 was admitted to the facility on 11/18/11 with diagnoses that included Alzheimer 's disease, dementia, osteoporosis, and debility. Review of the quarterly Minimum Data Set (MDS) dated 05/03/13 revealed she was severely cognitively impaired. The MDS indicated Resident #20 required extensive assistance for all areas involving personal hygiene, including total dependence for bathing with the aid of two care</p> | F 312  |   |                      |   |

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| F 312   | <p>Continued From page 28 staff.</p> <p>Review of the care plan dated 05/03/13 indicated Resident #20 required assistance for bathing and hygiene. Further review of the Nurse Tech Information Kardex revealed she required the assistance of two staff members for showers, and her shower days were Wednesday and Saturday each week.</p> <p>A review of Resident #20's shower record revealed from 07/15/13 until 08/14/13 she received a shower on the following days: Wednesday 07/17/13, Wednesday 07/24/13, Saturday 07/27/13, Wednesday 07/31/13, Wednesday 08/06/13, and Saturday 08/10/13. There were no bed baths given during this time period. Further review of the medical record revealed no indication of Resident #20 refusing showers or documentation of why a shower was not given.</p> <p>On 08/14/13 at 1:10 PM Resident #20 was observed sitting in a reclining chair eating lunch with a personal caregiver. The caregiver stated Resident #20 used to receive two showers a week, but in the past few months had only been receiving one shower a week. The caregiver stated she wasn't sure what caused the change in schedule, but Resident #20's family preferred she was showered at least two times a week.</p> <p>On 8/14/13 at 2:45 PM a family member of Resident #20 was interviewed. She stated Resident # 20 had only been getting one shower a week, if that, and preferred she receive at least two showers a week. She stated Resident #20 seemed to miss her shower on weekends. The family member further stated she knew the facility</p> | F 312  |   |                      |   |

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| F 312   | <p>Continued From page 29</p> <p>had a number of staff on light duty. She stated the family made sure Resident #20 was clean by keeping her changed, but it was the facility's responsibility to ensure she was given a shower.</p> <p>On 08/15/13 at 8:20 AM nursing assistant (NA) #3 was interviewed. He stated showers are given on a schedule two times a week, but if the resident preferred a shower more often, they were given more often.</p> <p>On 08/15/13 at 8:35 AM the Unit Manager was interviewed. She stated it was her expectation that residents would be showered two times a week per their schedule, or more often if they preferred. She stated if a shower was refused it should be reported to the floor nurse and documented in the medical record. She further stated she was not aware Resident #20 had not received her scheduled showers.</p> <p>On 08/16/13 at 9:15 AM NA #1 was interviewed. She revealed she was aware that residents had not received showers on their scheduled days. She did acknowledge Resident #20 did not always receive a shower on scheduled days, especially on weekends.</p> <p>On 08/16/13 at 9:30 AM an interview with NA #2 was conducted. She stated she often worked in the shower room and was aware residents were not always getting their showers. She stated the residents who received showers on weekends often missed their turns if staff had to be pulled to other areas.</p> <p>On 08/16/13 at 11:10 AM the Director of Nursing was interviewed and she stated residents should be showered two times a week on schedule, but</p> | F 312  |   |                      |   |

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| F 312   | Continued From page 30<br>more or less frequently depending on their preferences. She further stated if a resident missed a shower on their scheduled day, it should be made up the next day. When informed Resident #20 had missed her showers on at least two Saturdays in the past 30 days and these showers were not made up the next day, she again stated it was her expectation that residents receive their showers as scheduled.  | F 312  |   |   |
| F 323<br>SS=G   | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, interviews, and record review, the facility failed to provide treatment for skin tears for 1 of 4 residents resulting in cellulitis which required antibiotic treatment (Resident # 115).<br><br>The findings included:<br><br>Resident # 115 was admitted to the facility on 05/29/13 with diagnoses which included Alzheimer's dementia, hypertension and depression. The most recent assessment was an admission Minimum Data Set (MDS) dated 06/05/13 which indicated resident had impaired short term and long term memory and severely | F 323  | <b>F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</b><br><br>A.) Resident #115's skin was assessed by the Nurse Manager on August 16, 2013 for further intervention. At the time of the skin inspection, Resident #115's skin was noted to be intact.<br>B.) Facility residents with skin tears have the potential to be affected by this citation. Current facility residents' skin was reviewed for any skin tears and/or open areas and the physician was notified accordingly for new orders, as applicable on August 14 thru August 16, 2013 by the Director of Clinical Services/Nurse Manager.<br>C.) Licensed Nurses were in-serviced on notifying the physician about new skin tears and/or open areas to obtain new orders, providing skin treatments to any identified concern per physician orders and using interventions to prevent reoccurrence per resident's plan of care on September 4 thru |   |

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| F 323   | <p>Continued From page 31</p> <p>impaired cognitive skills for daily decision making. The MDS also indicated she had fluctuating inattention and daily wandering. She was assessed as needing limited assistance of staff with locomotion on and off the unit. Section M1040.G of the MDS did not indicate Resident #115 had any skin tears.</p> <p>Review of the Care Plan dated 06/07/13 revealed it did not address Resident #115's skin tears that were present on admission or the potential for sustaining additional skin tears due to wandering behavior and bumping into walls and furniture.</p> <p>Further review of Resident #115's medical record revealed an admission nursing assessment dated 05/29/13 which indicated the resident was admitted with a skin tear to the right upper posterior arm that measured 2.5 X 2.0 centimeters (cm), multiple small skin tears to right lower arm and left upper arm.</p> <p>Review of the nurse's notes revealed an entry dated 06/10/13 at 3:15 AM which indicated Resident #115 was found in the floor of her room beside her roommate's bed. She sustained 2 skin tears on her left elbow which measured 2 cm linear and 3.5 X 0.2 cm linear. Another nurse's noted dated 06/13/13 at 9:30 PM indicated Resident #115 was in dining room and became combative hitting her right elbow on the wall. Resident sustained a 4 cm X 4 cm skin tear to right elbow. A nurse's note dated 06/14/13 at 2:00 AM indicated a skin tear was discovered on resident's right elbow. A nurse's note dated 07/29/13 indicated the physician was called about reddened areas on skin on resident's left arm and physician gave orders for Keflex (an antibiotic) 500 milligrams four times a day for 10 days.</p> | F 323  | <p>September 12, 2013 by the Director of Clinical Services/Nurse Manager.</p> <p>D.) The Director of Clinical Services/Nurse Manager will conduct Quality Improvement (QI) monitoring of skin tears to ensure physician's orders are in place along with skin treatments and interventions to prevent reoccurrence five times a week for four weeks, then three times a week for two months, and then one time a week for three months. The results of the QI monitoring will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained.</p> <p>E.) Allegation of Compliance date: September 13, 2013.</p> | 9/13/13              |   |



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| F 323   | Continued From page 32<br><br>Review of the Treatment Administration Records (TARs) for Resident #115 revealed there was not a TAR for May 2013. The June, July and August 2013 TARs indicated resident had dressings applied to skin tears beginning June 14, 2013 through July 10, 2013 and from August 1 - 4, 2013. The TARs did not indicate any preventive measures were implemented to protect residents' arms from getting skin tears.<br><br>Resident #115 was observed on 08/12/13 at 3:28 PM sitting in the hall near the nurse's station. She had multiple bruises on both lower arms.<br>Resident #115 was observed on 08/14/13 at 1:30 PM, on 08/15/13 at 11:24 AM and on 08/16/13 at 10:13 AM self-propelling herself in a wheelchair in the hall. She did not appear to comprehend the need to avoid bumping into other residents in wheelchairs or to avoid hitting the walls.<br><br>An interview with Nurse #2 on 08/14/13 at 9:54 AM about resident's bruises revealed resident frequently bumped into door frames, hand rail, and other items as she self-propelled in her wheelchair. Nurse #2 stated the resident talked all the time and did not pay attention to where she was going. Nurse #2 stated: "She (the resident) has zero safety awareness." When asked if there was anything that could be done to protect the resident's arms, Nurse #2 said "geri sleeves but I don't think she would keep them on. She takes her socks off all the time." When asked if staff had tried putting geri sleeves on Resident #115, Nurse #2 said "I haven't but it would be a good idea."<br><br>A second interview with Nurse #2 on 08/16/13 at 10:58 AM about the cellulitis in resident's left arm | F 323  |   |                      |   |

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| F 323   | <p>Continued From page 33</p> <p>that required initiation of antibiotic treatment on 07/29/13 revealed Resident #115 kept bumping the skin tear that she had when she was admitted and it would re-open. Nurse #2 described the area around the skin tear as "really hot and red" and stated that was the reason she notified the physician and he ordered antibiotic treatment. Nurse #2 was asked if any treatment was started to the skin tear when the resident was admitted and she stated there was not.</p> <p>An interview on 08/16/13 at 12:19 PM with the Medical Records coordinator confirmed there was not a TAR for May 2013 so there was no record of any treatment being started for the skin tears that were present on Resident #115's arms on admission. The first treatment for skin tears that was documented was on 06/10/13 after the resident sustained 2 additional skin tears.</p> <p>In an interview on 08/16/13 at 9:32 AM with the MDS Assessment Nurse about the bruises and skin tears on Resident #115's arms, the MDS nurse stated she depended on the nurses to tell her about that type of concern so she could address it. When asked if she was aware of the resident's skin problems, she stated she was not aware of them.</p> <p>An interview on 08/16/13 at 12:40 PM with the Director of Nursing about her expectation for treatment of skin conditions such as skin tears that were present on admission revealed she would expect them to be addressed and treatment initiated. When asked about her expectation for interventions for residents who have decreased safety awareness and are at risk for self-injury, the DON stated she would expect it to be reported and interventions implemented.</p> | F 323  |   |                      |   |

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| F 323   | Continued From page 34<br>She stated she would expect the need to be addressed on the care plan. The DON stated the facility had systems in place to address skin tears and bruises but those systems failed because the concerns were never reported. | F 323  |   |                      |   |