STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345232	MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	DATE SURVEY COMPLETE: 10/31/2013
NAME OF PROVIDER OR SUPPLIER **BRIAN CTR HEALTH & REHABI HICK**	STREET ADDRESS, CITY, STATE, ZIP CODE **3031 TATE BLVD SE HICKORY, NC**		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 514	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on record reviews and staff interviews, the facility failed to have a complete and accurate record which included the location, measurement and description of an area receiving a dressing for 1 of 3 sampled residents reviewed for pressure and/or skin issues. (Resident #199).

The findings included:

Resident #199 was admitted to the facility on 06/04/13 following a hospitalization. His diagnoses included altered mental status, anemia, alcohol abuse, metabolic encephalopathy, anxiety and acute kidney failure.

Review of the hospital discharge summary report dated 06/04/13 did not mention anything about a wound or skin problems, however, discharge orders include a "Mepilex dressing as needed."

The Nursing Admission Assessment dated 06/04/13 noted various bruises, scraps and scabs. The right outer knee on the diagram was circled with a note "necrotic area." There was no measurement or further description of the necrotic area. A check mark noted the presence of a stage I area, however, no specific location of the stage I was noted. The coccyx was not circled on the diagram as having any skin impairment issues.

Review of the admission orders dated 06/04/13 revealed a physician's order to "clean wound c (with) wound cleaner, cover c mepilex dressing." There was no indication as to where the wound was located on Resident #199 or what type of wound was being treated.

The Initial Plan of Care dated 06/04/13 noted actual skin integrity issues but with no specific information as to where and or what. Interventions included to observe wound healing.

Review of the Medication Administration Record (MAR) revealed the order to clean the wound with wound cleaner and cover with Mepilex dressing was initialed as being administered daily, from 06/05/13 through 06/23/13. The MAR, however, included no indication as to where the dressing was being applied.

The initial Minimum Data Set (MDS), dated 06/11/13, coded him as having had severely impaired cognitive

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The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
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skills, no pressure sores, and required extensive assistance with all activities of daily living skills.

The Care Area Assessment (CAA) dated 06/17/13 stated Resident #199 was admitted for rehabilitation after a hospitalization. He had a pressure relieving mattress and cushion in the wheelchair and required assistance for bed mobility and being turned. The CAA did not mention an actual pressure ulcer.

A care plan for pressure ulcers was developed on 06/17/13 and identified the problem as having an actual pressure ulcer with a goal to have intact skin in 90 days. Interventions included interventions of a pressure relieving mattress, cushion for his wheelchair, frequent repositioning, incontinent care, and full body audits weekly. The care plan did not identify where the actual pressure area was located.

Review of the weekly skin sheets revealed Resident #199 had:
*06/05/13 scabs both legs and right knee;
*06/12/13 buttocks red and scabs on right knee;
*06/18/13 buttocks red and scab on right knee.

On 06/19/13 a telephone order was written to discontinue the mepilex dressing and apply zinc oxide to buttocks every shift for protection. It was not specified if the mepilex dressing had been applied to the buttocks or if the zinc oxide to the buttocks was a new development.

The MAR noted the zinc oxide was administered to the buttocks beginning 06/23/13 and carried over until 07/19/13 (the day Resident #199 was discharged).

A Weekly Pressure Ulcer Record revealed that on 07/08/13 (date of onset) a stage II on his coccyx measured 1.4 cm by 0.7 cm x 0.2 cm. No treatment was noted on this record.

The care plan was updated 07/11/13 noting that the treatment to the coccyx was changed to vasolex, and that the wound was present at the time of hospital discharge and initially treated with mepilex, changed to zinc oxide then to vasolex. This was the first indication that the mepilex was being used on the coccyx area.

The Weekly Pressure Ulcer Record noted on 07/14/13 the stage II on the coccyx measured 1.5 cm x 0.5 cm x 0.1 cm. A notation noted the treatment was changed to silvasorb and dry dressing every day.

On 10/31/13 at 12:44 PM the treatment nurse (TN) stated during interview Resident #199 came with orders from the hospital for mepilex (a foam type dressing). TN stated often Mepilex will be included in the discharge orders even if there was no skin tear or other skin issues. She stated she checked residents' skin on admission. Review of the admission form noted a necrotic area on the right knee with multiple scabs. She stated he had no pressure on the buttocks, it was red but blanchable and therefore not open. As she reviewed the MAR, she "guessed" the knee was healed and at same time the buttocks was getting red so she received an order for zinc oxide cream. She stated she should have clarified with the physician where the Mepilex was to be applied and clarified the location on the order and on the MAR. TN also stated the admitting nurse should have clarified with the physician the location of the mepilex dressing.

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On 10/31/13 at 2:32 PM, the Director of Nursing (DON) stated the initial orders should have been clarified to include where the Mepilex was to be administered and the area should have been clearly identified on the initial skin assessment.

On 10/311/3 at 3:06 PM Nurse #5, who completed the initial nursing assessment and skin assessment, stated during interview she was not sure and could not recall where the Mepilex dressing was applied. After review of the admission assessment, she stated the only area would have been the necrotic knee. Nurse #5 stated most of time, the hospital records and orders include a dressing but no location. When asked about the location of the stage I noted on the admission assessment, she stated it was probably due to the scraps. She further stated she could not really recall Resident #199.

On 10/31/13 at 3:21 PM, DON stated during a followup interview that she contacted the hospital and received report that the hospital records showed nothing related to skin issues other than scraps and bruising. DON stated that the location of the dressing should have been clarified in the medical record and it was not clearly identified.

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F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to keep resident rooms and wheelchairs in good repair for 8 of 40 resident rooms. The findings included: On 10/31/13 at 9:54 AM a tour of the facility commenced with the Maintenance Director and Housekeeping Supervisor with the following environmental concerns observed: a. In room 113, the wall alongside the bed closest to the door was noted with multiple scrapes and gashes in the dry wall. b. In room 119, the blue geriatric chair used by the resident in the bed closest to the window was noted to have multiple small tears along the sides of the armrests. c. In room 120, the wheelchair used by the resident in the bed closest to the window was noted with cracked vinyl covers on both armrests with exposed underlying fabric where pieces of vinyl were missing. The plastic side pieces under each armrest were cracked and loose from the frame of the wheelchair. d. In room 201, the bathroom was noted to have	F 253	This plan of correction is the facility's credible allegation of compliance. It is the practice of this facility to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Corrective action has been achieved and will be sustained for the following facility areas and equipment. The walls in Room 113 have been repaired to remove scrapes and gashes in the sheetrock, and repainted. In Room 119 the blue geriatric chair and has been disposed of, and the resident has been provided with a new geriatric chair. The wheelchair of the resident in Room 120 has been disposed of upon the resident discharging. The resident would not allow the facility to change his wheelchair. The bathroom in Room 201 has had the floor tile and sink replaced. The wall has been repaired and repainted. The metal doorframe has been repainted. The metal heater cover in bathroom has been painted and firmly secured to the wall. The nightstand in resident Room 201 has been discarded and replaced with another fully operational nightstand. In Room 204 the metal cover and sink supports have been repaired and repainted. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ashley Smithey | TITLE: Administrator | (X6) DATE: 11/22/13

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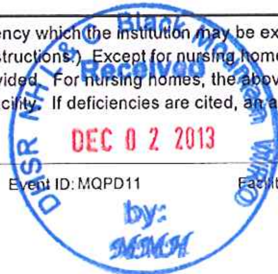

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 253	Continued From page 1 brown stained and cracked floor tiles around the commode. The bathroom wall alongside the commode was noted with an approximately 8 inch diameter patch of flaking paint and was missing baseboard at the floor. The metal sink supports were rusted and numerous cracks were noted in the basin of the sink. The metal doorframe for the door from room 201 to the bathroom was noted with multiple paint scrapes. The metal heater cover in the bathroom had rust and was loose from the right end of the wall. A strong urine odor was noted upon entering the bathroom. The nightstand for the bed closest to the window was noted with the drawer front broken off and placed in the drawer space with laminate peeling away from the nightstand base. e. In room 204, the metal heater cover and metal sink supports were noted covered with rust. f. In room 210, the bathroom was noted to have brown stained floor tiles around the commode with stained grout at the commode base. The sink basin was dirty with built up grime and a baseboard was observed pulled away from the wall. A strong urine odor was noted upon entering the bathroom. g. In room 307, the inside of the door to the bathroom and that of the adjoining room were heavily scraped, exposing raw and rough wood. Drawer pulls were missing on the second drawer from the top on the left and on the third drawer down on the right. Upon opening the second drawer on the left by grabbing onto the underside of the drawer, clothes were observed folded in this drawer.	F 253	In Room 210 the bathroom has had the floor tiles removed around the commode and replaced. The commode has been resealed with new caulk. The sink basin has been thoroughly cleaned, and the baseboard has been replaced and securely attached to the wall. In Room 307 the interior framing of the bathroom door has been repaired and sealed to prevent any exposed or rough wood. The drawer pulls have been replaced on the armoire. In Room 313 the sink area has been repaired and sealed to prevent any exposed or rough wood. The wall penetrations have been repaired and repainted. The wheelchair cushions for the resident in Room 313 has been removed and replaced, as well as, the wheelchair arm has been removed and replaced. All other resident rooms and equipment have the potential to be affected by the same alleged deficient practice. Maintenance Director, Housekeeping Supervisor, and Administrator completed physical observations of all resident rooms and bathrooms to triage the repair schedule for any identified needs on November 21, 2013. Any bathrooms identified with pervasive odors that cannot be remedied with cleaning will have that floor tile removed and replaced, the caulk around the toilet replaced, and any other necessary painting or wall repairs completed at that time. All other bathrooms will be completed following the repairs of those with non-transient Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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F 253	Continued From page 2 h. In room 313, the sink countertop in the room was noted without a strip of laminate along the front, exposing particle board wood. Multiple screw holes were noted in the drywall above this sink. The wheelchair, in use by the resident of this room at the time of the observation, was noted to be heavily taped across the entire front of the seat cushion with black duct tape and the tape peeling on the right front corner. The right armrest of this wheelchair was noted with an approximately 1 inch tear. On 10/31/13 at 9:54 AM and during the facility tour, the Maintenance Director and Housekeeping Supervisor were interviewed. They stated clipboards were located at each nursing station for staff to report facility and equipment concerns. For emergency issues they stated their phone numbers were also posted at the nursing stations. They stated wheelchair maintenance was the responsibility of the Maintenance Director and their cleaning the responsibility of Housekeeping staff, but they would expect staff to communicate wheelchair concerns to them. The Housekeeping Supervisor stated starting the first Tuesday of each month and for every Tuesday in the month, resident halls were scheduled for wheelchair cleaning so that every wheelchair was inspected for maintenance and cleanliness at least once a month. The Maintenance Director and Housekeeping Supervisor stated the wheelchairs observed on the tour were in need of repair. The Maintenance Director stated his facility goal during the winter was to paint a bathroom every 1 ½ days. He stated during this project and if warranted, commodes would be removed, new flooring installed, commodes reset and new caulking installed. He stated removing rust from	F 253	odors. The bathroom repairs will be inclusive of repainting, either new flooring installed or fresh wax applied to the existing floor tile, commodes reset with new caulk, and any necessary repair to walls, door frames, sinks, windows, or heaters will be completed. During the room inspections any furniture that is damaged, broken, or in poor condition will either be repaired if possible, or replaced. Administrative Nurses inclusive of the Director of Nursing, Assistant Director of Nursing, Resident Care Coordinators, and/or designees have observed all wheelchairs and geriatric chairs on November 21, 2013, to ensure they are in good repair without tears, cracks, or other damages. Any identified chair will be repaired if possible or replaced if necessary. Facility nursing, administrative, and therapy staff have been inserviced by the Director of Nursing on November 26, 2013, on the facility practice for reporting damaged or broken equipment. The Housekeeping Supervisor educated the housekeeping department on November 21, 2013, on the facility practice for reporting damaged or broken equipment. Maintenance Director will conduct 25 room audits weekly inspecting for any necessary repairs to walls, floors, door frames, bathrooms, or furniture. All required work will be completed with emphasis placed on any necessary repair that has a potential safety implication. Any identified furniture damaged beyond repair will be removed from the room and replaced Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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F 253	Continued From page 3 sink supports and heater covers would be part of the painting project. The Maintenance Director and Housekeeping Supervisor stated the odor in rooms 201 and 210 would have to be corrected by replacing the floor tile as urine seeped under the tile, it could not be removed with routine cleaning and the repair should not wait for the winter project. The Maintenance Director stated he attempted to repair the nightstand observed broken on the tour in room 201. The Maintenance Director and Housekeeping Supervisor stated they expected staff to report when furniture was broken or missing. On 10/31/13 at 11:30 AM the Administrator was interviewed. She stated her expectation was that wheelchairs received a monthly deep cleaning and spot check. She stated during daily nursing staff and administrative nurse rounds wheelchairs were noted for need of cleaning and repairs with housekeepers coordinating with nurse aids to complete this when the chairs were unoccupied. She stated staff were expected to notify Maintenance with wheelchair concerns like any other repairs, either through verbal communication or noting it on the clipboards at the nursing stations. The Administrator stated she had been ordering 2 new gerichairs each month. The Administrator stated as furniture was identified as broken or missing it was brought to the attention of Maintenance to either fix or for her to order. She stated broken furniture could cause a resident injury, so she expected it be removed from a room immediately and replaced and any repair needs noted on the clipboard.	F 253	immediately. Administrator will review weekly audits and coordinate with the Maintenance Director as necessary for replacement furniture and ongoing repair scheduling. Maintenance Director will report to Quality Assurance and Performance Improvement with identified trends or patterns. The identified trends or patterns will be reported to the Quality Assurance and Performance Improvement weekly for four weeks and then monthly for three months. The Quality Assurance and Performance Improvement Committee will evaluate the effectiveness of the plan based on trends identified, and adjust the plan if negative trends are identified. If negative trends are identified, additional months of close observation will occur with additional staff education. Date of Completion: November 28, 2013 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	November 28 2013

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F 253	Continued From page 4 The Administrator stated there was a plan for floor replacement in bathrooms if required, either overlaying new flooring on the old or removing old cracked tile before installing new flooring. She stated she would not expect residents to wait for a floor repair if odors were resulting from failed old flooring.	F 253		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to obtain a referral for a registered dietician's consult for 1 of 4 sampled residents reviewed for nutrition concerns as ordered by the physician. (Resident #88). The findings included: Resident #88 was admitted to the facility on 08/26/13 from the hospital. Her diagnoses included diabetes, anorexia, dementia, a hip fracture and a urinary tract infection. The initial Medical Nutritional Therapy Review dated 08/31/13 noted her hospital weight was 145 pounds and her ideal body weight was 125 pounds plus or minus 10 percent. She was alert and verbal, confused and required tray preparation. The initial Minimum Data Set (MDS) dated	F 281	It is the practice of this facility to provide or arrange services that meet professional standards of quality. It is the practice of this facility to execute physician referrals for consultation. Resident #88 has been evaluated by the Registered Dietitian and will continue to receive physician ordered consultations as necessary. All other facility residents have the potential to be affected by the same alleged deficient practice. Facility records were reviewed by the Director of Nursing and Assistant Director of Nursing during month-end recapitulation and certification to ensure that no other physician ordered referrals for consultation had been omitted. Facility nursing staff has been provided education by the Director of Nursing November 26, 2013, on the facility practice for communicating physician requested referrals for consultation and review. Facility nursing staff has been educated Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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F 281	Continued From page 5 09/02/13 coded her with long and short term memory impairments and modified independence with decision making skills. She required extensive assistance with most activities of daily living skills and limited assistance with eating. Her weight was 129 pounds per this MDS. The Registered Dietician (RD) noted on 09/03/13 that her average intake was 45 percent and that nursing staff reported she drank the house supplements well. The plan included monitoring weekly weights, intake, labs and her surgical wound for healing. She was ordered a regular diet and on 09/03/13 the physician added a sugar free supplement 4 ounces twice a day due to inadequate intake. Per the weight records, Resident #88 weighed 127 pounds on 09/16/13. The physician ordered Remeron (an antidepressant with the potential side effect of increased appetite and weight gain) at 7.5 mg every night for anorexia. Weights were noted as follows: 09/23/13 = 125.5 09/30/13 = 123.5 10/01/13 = 123.5 10/07/13 = 122.6 10/14/13 = 123.5 The physician assistant saw Resident #88 on 10/17/13 and noted she had lost some weight and was down to 122.6 pounds and that nursing notes documented she had poor intake. The note continued stating that Resident #88 was eating 25 to 50 percent of her meals. Her labs were noted within normal limits. The plan was to adjust her diabetic medications, do weekly weights, refer to the RD for weight loss and continue the Remeron	F 281	to complete an In-House Communicator and process the form to the appropriate department for execution of the order. Administrative nurses inclusive of the Director of Nursing, Assistant Director of Nursing, and/or designee will review physician telephone orders daily to ensure that all requests for consultation have been processed to the appropriate department for execution. A copy of the telephone order will be maintained with a copy of the In-House Communicator to validate processing of the physician order. Director of Nursing will report to Quality Assurance and Performance Improvement with identified trends or patterns. The identified trends or patterns will be reported to the Quality Assurance and Performance Improvement weekly for four weeks and then monthly for three months. The Quality Assurance and Performance Improvement Committee will evaluate the effectiveness of the plan based on trends identified, and adjust the plan if negative trends are identified. If negative trends are identified, additional months of close observation will occur with additional staff education. Date of Completion: November 28, 2013 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	November 28 2013

PRINTED: 11/14/2013
FORM APPROVED
OMB NO. 0938-0391

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and house supplements.

A physician telephone order was noted in the medical record dated 10/17/13 for a referral to the Registered Dietician for weight loss.

Weekly weights were documented as:
10/21/13 = 122.7
10/28/13 = 122

Resident #88 was observed in the East Wing dining room on 10/30/13 at 11:45 AM. At 11:55 AM she was set up with her meal tray and she began to feed herself. She ate slowly and had no trouble feeding herself. At 12:25 PM she had finished eating, declined any more and had only consumed about 25 percent of her meal.

On 10/31/13 at 8:02 AM, Resident #88 was in bed with her tray positioned in front of her. She had eaten half of the biscuit and gravy but had not touched the scrambled eggs. She also drank her glass of orange juice. She stated she did not eat very much as she did not do much moving around and that she had plenty to eat.

There was no evidence that Resident #88 had been seen by the RD as of 10/31/13.

On 10/31/13 at 9:27 AM Nurse #1 stated Resident #88 was not a big eater and that residents with weight loss were discussed in a meeting weekly.

On 10/31/13 at 9:31 AM the Assistant Director of Nursing (ADON) stated the RD came last week to do reviews. She further stated the RD looked at all the weights to determine who she needed to concentrate on during her visits.

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F 281	Continued From page 7 On 10/31/13 at 2:05 PM the Director of Nursing (DON) stated that the RD came last week on 10/23/13 or 10/24/13. The DON stated she compared month to month weights and the facility tracked all residents' weights on a grid which highlighted residents who had lost 5 percent in 1 month, 7.5 percent in 3 months and 10 percent weight in 6 months. The DON stated that the facility also looked for weight variances of 5 pounds. The weekly weight committee reviewed these weights, obtained reweights to ensure accuracy, shared information with the dietary committee, notified the physician, began weekly weights and notified the RD for such variances. In addition, when the RD came to the facility, the RD made sure she had the most recent weights to review. She reviewed those residents with weight loss, new admissions, dialysis and tube fed residents monthly. In addition the RD was informed verbally of additional needs such as physician orders for referrals. On 10/31/13 at 2:09 PM, RD was interviewed via phone by the DON with the surveyor in the room. RD stated she had not seen Resident #88. She said she came on 10/23/13 and on Friday got a call that she had 2 more residents to review but did not know who they were as that information was not given to her. RD stated that dietary staff would know who was on the list to be seen. On 10/31/13 at 2:16 PM DON stated she was unaware of the physician's order for Resident #88's referral or how the RD knew who to see when she came in. DON also stated there was a message book at each nursing station to alert the dietary department as to who the RD was to review on her next visit to the facility.	F 281	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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F 281	Continued From page 8 On 10/31/13 at 2:19 PM, RD was interviewed by the surveyor. RD stated Nurse #2 texted her about needing to see a resident from the east wing last Thursday or Friday (10/24/13 or 10/25/13). RD stated that sometimes nurses called or texted the RD to pass along a referral that had been ordered. She further stated that the nurses then gave the information to the dietary department. During an interview on 10/31/13 at 2:31 PM, the Dietary Manager (DM) stated she did not have any communication slips or knowledge that Resident #88 was referred to the RD for review for weight loss. During a phone interview on 10/31/13 at 2:49 PM, the physician assistant who wrote the order for the RD referral stated she wanted the referral due to Resident #88's weight loss. Review of the dietary communication book at the nursing desk did not include any information about a referral for RD evaluation for Resident #88. On 10/31/13 at 3:19 PM, Nurse #2 (who signed as taking the order for Resident #88 for the RD referral) stated that she made a copy of the physician's order and put it in the DM's mailbox for the dietary department's information. She further stated she never called or texted the RD and was trained to put a copy of the order to dietary and that was how she processed referrals for RD evaluations.	F 281		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	F 312	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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F 312	Continued From page 9 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. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed to clean the fingernails for 1 of 4 residents reviewed for activities of daily living. (Resident #131). The findings included: Resident #131 was admitted to the facility on 03/31/2006 with diagnoses that included dementia with behaviors, Alzheimer's disease, anxiety, and generalized muscle weakness. The latest Minimum Data Set (MDS), an annual assessment, dated 07/11/13 indicated the resident had severe cognitive impairment and continually had difficulty focusing her attention and was easily distracted. The MDS specified Resident #131 required extensive to total care for most activities of daily living (ADL's) including personal hygiene and bathing. She needed only supervision for eating. Review of Resident #131's care plan dated 07/11/13 revealed she required and would receive assistance for the completion of all ADL's including hand-washing, before and after delivery of care, and a shower two times a week and as needed. On 10/28/13 at 2:30 PM Resident #131 was	F 312	It is the practice of this facility to provide activities of daily living and necessary services to maintain good nutrition, grooming, and personal and oral hygiene for those residents that are unable to complete these tasks independently. It is the practice of this facility to clean the fingernails of all residents who are unable to complete this task independently. Resident #131 has been provided nail care, and will continue to receive nail care during the shower period and as needed if the nails are identified to be soiled. Current residents who are dependent for nail care have the potential to be affected by the same alleged deficient practice. Nursing staff has been provided inservice education by the Director of Nursing November 26, 2013, on the expectation of the appearance of the resident nails, and the varying levels of assistance that can and is required to be provided. Residents who require assistance with grooming of nails will be observed by members of Administrative Nursing inclusive of the Director of Nursing, Assistant Director of Nursing, and/or designee to ensure that dependent residents do not have soiled nails. If a resident is identified with soiled nails, the assigned caregiver will be required to clean the nails immediately and will be provided one on one education in regards to Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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

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F 312	Continued From page 10 observed lying in bed. Five fingernails on each of her left and right hands were observed to have dark brown debris under the tips of the nails. On 10/29/13 at 8:30 AM Resident #131 was again observed as she lay in bed. The fingernails on both hands had dark brown debris under the tips of the nails. On 10/30/13 at 10:30 AM Resident #131 was observed sitting in a wheelchair at the nurse's desk. Her fingernails were again observed to have dark brown debris under the ends of each nail. On 10/30/13 at 3:30 PM Resident #131 was observed lying in her bed. Both of her hands were able to be visualized and were observed to have dark brown debris under the tips of each nail. A review of the shower log indicated Resident #131 received a shower on 10/30/13. On 10/31/13 at 8:25 AM Resident #131 was observed sitting up in bed eating breakfast. She was observed eating with a spoon as well as eating with her hands. The fingernails on both hands were again observed to have dark brown debris under the tips of each nail. Nurse #3 entered the room at the time of the observation and observed Resident #131's fingernails. She asked Nurse Aide (NA) #1 to clean Resident #131's hands and nails at that time. On 10/31/13 at 8:25 AM Nurse #3 was interviewed. She stated Resident #131 received a shower on 10/30/13 and it was the responsibility of the shower team to clean and trim the residents' nails during their shower. She further	F 312	the facility practice and expectation of care. A minimum of ten observations will be completed weekly and the cleanliness of the nails documented. Director of Nursing will report to Quality Assurance and Performance Improvement with identified trends or patterns. The identified trends or patterns will be reported to the Quality Assurance and Performance Improvement weekly for four weeks and then monthly for three months. The Quality Assurance and Performance Improvement Committee will evaluate the effectiveness of the plan based on trends identified, and adjust the plan if negative trends are identified. If negative trends are identified, additional months of close observation will occur with additional staff education. Date of Completion: November 28, 2013 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	November 28 2013

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F 312	Continued From page 11 indicated it was her expectation that residents should have their nails cleaned during their shower days and any other time it was needed. She stated Resident #131 should have had her nails cleaned before eating. On 10/31/13 at 11:10 AM an interview was conducted with NA #2. She indicated she had cared for Resident #131 and the resident occasionally became agitated with care, but if you took time with her and allowed her an opportunity to wake up, she usually was more agreeable with care. On 10/31/13 at 11:25 AM an interview was conducted with Certified Medication Aide (CMA) #1. He stated he cleaned Resident #131's fingernails this morning after being asked to do so by NA #1. He further stated he had known Resident #131 since she was admitted to the facility and he was able to do her ADL's including her nails. He stated if anyone had trouble with the resident's care, they could get him and he was glad to assist. On 10/31/13 at 11:35 AM an interview was conducted with Nurse #4. She stated Resident #131 could become agitated with care, but if given time and space she would calm down quickly. She stated she was not aware Resident #131 had not received nail care. She stated she expected all residents to have their nail care during their shower times and any other time as needed. On 10/31/13 at 11:40 AM an interview was conducted with NA #1. She stated she had cared for Resident #131 during the morning of 10/31/13. She revealed she had not noticed Resident 131's	F 312	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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F 312	Continued From page 12 nails during the morning until it was brought to her attention by Nurse #3. She further stated she was working with another resident at that time, so CMA #1 cleaned her nails. On 10/31/13 at 12:15 PM an interview was conducted with NA #3. She stated she had been assigned to Resident #131 on 10/30/13 and documented her nail care had been completed. She further stated she was responsible for documenting the resident's shower on 10/30/13 and did not see her nails after her shower was finished. She revealed she assumed Resident #131's nails had been cleaned because they were usually cleaned during shower time. On 10/31/13 at 1:45 PM an interview was conducted with the Director of Nursing. She stated it was her expectation that residents' nail care be done with showers and anytime it was observed to be needed. She indicated some residents such as Resident #131 could be a challenge, but the expectation was to keep residents who may be prone to have soiled nails as clean as possible.	F 312		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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F 371	Continued From page 13 This REQUIREMENT is not met as evidenced by: Based on observations, review of facility dish machine temperature logs and staff interviews, the facility failed to operate a high temperature dish machine with a wash cycle temperature of at least 150 degrees Fahrenheit and a rinse cycle temperature of at least 180 degrees Fahrenheit. The findings included: Review of a dishwashing temperature/sanitizer record for the month of October 2013 revealed documentation from 10/01/13 through 10/27/13. Twelve recorded incidents of wash cycle temperatures of 140 degrees (°) Fahrenheit (F) were noted, all occurring during dishwashing after dinner. One recorded incident of a wash cycle temperature of 142° F was noted on 10/11/13 during dishwashing after breakfast. On 10/28/13 at 10:10 AM two dietary aides (DA) were observed in the dirty dish section of kitchen. DA #1 was observed scraping dishes. During a continuous 5 minute period as DA #2 was observed loading items into dishwasher racks and running them through the dishwasher, the dial thermometer on the machine labeled wash was noted between 146° F to 148° F and the dial thermometer labeled rinse read 175° F. When asked about acceptable minimum wash and rinse temperatures, DA #2 stated "it'll get hotter in a minute." On 10/28/13 at 10:20 AM the Certified Dietary Manager (CDM) was asked to observe the dishwashing process. DA #2 was observed pushing through the dishwasher, in succession, a	F 371	It is the practice of this facility to ensure that all food is stored, prepared, and distributed under sanitary conditions. It is the practice of this facility to ensure that the facility dish machine is operated at the proper sanitation requirements of 150 degrees for the wash cycle and 180 degrees Fahrenheit for the rinse cycle. All wash cycles have and will continue to be completed meeting the minimum temperature requirements for sanitation of 150 degrees for the wash cycle and 180 degrees Fahrenheit for the rinse cycle. Nutritional Services Department provided education by the Food Service Director of the facility standard for proper sanitation utilizing the high temperature dish machine . Department staff educated to allow the machine to run until the wash cycle reaches 150 degrees Fahrenheit and rinse cycle obtains 180 degrees Fahrenheit prior to running any soiled dishes through for cleaning and sanitizing. The temperatures should be documented on the monthly log for each meal, along with the time the machine was initiated for sanitizing at the required temperatures. Any irregularities with the high temperature dish machine should be reported to the shift supervisor immediately and/or the maintenance director. The shift supervisor will review the high temperature dish machine log during the shift to ensure that the appropriate temperature requirements are being achieved for sanitation, as Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	

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F 371	Continued From page 14 rack of plate covers, a rack of plate warmers and a rack of trays. The dial thermometer labeled wash reached a maximum of 148° F and the dial thermometer labeled rinse did not reach 180° F just prior to the racks exiting the dishwasher. The CDM was asked how temperatures for dishwashing were recorded and she obtained a clipboard with the dishwashing temperature/sanitizer record for the month of October, 2013. The CDM stated kitchen staff checked temperatures at the end of washing and sometimes in the middle. She stated DA #2 was experienced and checked dishwasher temperatures frequently. On 10/30/13 at 3:17 PM the dishwasher service technician was interviewed. He stated he was called to service the dishwasher on 10/21/13 as it was blowing fuses and the facility was using disposable serving products. He stated on 10/21/13 he was able to make a repair with use of a used part and before he left the facility that day it was functioning within expected standards. He stated the acceptable minimum wash temperature of 160° F and an acceptable minimum rinse temperature of 180° F. The service technician stated kitchen staff needed to give approximately 15 to 30 minutes of warm up time for the booster heater on the dishwasher to give enough hot water and was confident the temperature gauges on the dishwasher were reading accurate. On 10/31/13 at 8:19 AM DA #2 was interviewed. He stated the acceptable minimum wash temperature was normally 165° F but 150° F was acceptable and the acceptable minimum rinse temperature was 185° F. He stated his practice was to check dishwasher temperatures about 10	F 371	well as visualize the high temperature dish machine temperature gauge during sanitizing to ensure that the appropriate thresholds are being met. Dietary Manager will report to Quality Assurance and Performance Improvement with identified trends or patterns. The identified trends or patterns will be reported to the Quality Assurance and Performance Improvement weekly for four weeks and then monthly for three months. The Quality Assurance and Performance Improvement Committee will evaluate the effectiveness of the plan based on trends identified, and adjust the plan if negative trends are identified. If negative trends are identified, additional months of close observation will occur with additional staff education. Date of Completion: November 28, 2013 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	November 28 2013

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F 371 Continued From page 15 F 371

minutes after it had warmed up and if acceptable minimum temperatures were not reached he would let maintenance know. He stated when washing dishes he checked temperatures but other staff might also have checked them. He stated the recording of temperatures depended on who was checking them. DA #2 stated temperatures of 140° and 142°F on the log were too low.

On 10/31/13 at 1:09 PM the CDM was interviewed. She stated the acceptable minimum temperature for a wash was 150° F and the acceptable minimum temperature for a rinse was 180° F. Upon review of the dishwashing temperature/sanitizer record for the month of October 2013, she stated recorded wash temperatures of 140° and 142° F were thought to be inaccurate.

On 10/31/13 at 1:51 PM the administrator and nurse consultant were interviewed. The administrator stated kitchen staff were expected to know regulatory and operation temperatures of the dishwasher to ensure proper sanitizing. She stated she expected staff to respond if minimum temperatures were not reached and they should run empty racks until these minimum temperatures were reached before washing any dishes.

On 10/31/13 at 2:27 PM the registered dietitian (RD) was interviewed by phone. She stated if staff was not observing acceptable minimum temperatures they were expected to call maintenance and to check the temperature during washing with the temperature sensor paper test strip. She stated it took several cycles of racks run through the machine to reach

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F 371	Continued From page 16 acceptable temperatures and this is what staff had been told to do. The RD stated it was very important to track temperatures to ensure dishes were sanitized. She stated the 160° F obtained by the temperature sensor paper test strip at plate level indicated a rinse temp of 180° F at thermostat level. The RD stated staff had been asked to check temperature at the beginning of dishwashing and to run empty racks until the temperatures reached the minimum standard temperatures.	F 371	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.	