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	345417	A. BUILDING ______ B. WING ______	C 08/21/2014

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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 8/21/14. Event ID #KO3V11.	F 000		
F 253 SS=E	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 interviews with staff, the supply rooms on 2 of 3 resident care hallways had an accumulation of dust, dirt and trash. The facility failed to store supplies off of the floor. (Hallways 100 and 200) Findings included: Observations on 8/19/14 at 8:55 am of the clean linen room (where medical supplies are stored) located on the 100 hallway with the unit one manager and the central supply clerk was done. These observations revealed the following; · A buildup of a brown/black substance along the perimeter of the floor. · In the corners of the floor there was accumulation of dust under the shelves mixed with trash, an orange wood stick and disposable green top toothettes. · Three (3) black colored stains in the center of the floor. · Fifteen (15) boxes of disposable vinyl gloves, 2 (1) gallon shampoo/body wash containers, and 5 boxes of dry wipes were positioned directly on	F 253		9/18/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Electronically Signed
TITLE
(X6) DATE 09/08/2014

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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the floor among the accumulated dust.
· Two (2) chargers for the mechanical lifts were positioned directly on the floor and covered with a white substance similar to dust.
· A plastic tip cover to a plastic straw on the floor and covered with dust.
· A black cradle affixed to the floor that had an accumulation of dust on the surface.
· The cover to the electrical outlet was cracked with a missing piece on the left side.
Continued observations revealed the " Diaper " room on the 100 resident care area used to store briefs revealed;
· An accumulation of dust and dirt under the shelves.
· An accumulation of dried black/brown colored substance similar to wax build up in the corners of the floor and the entrance to the room.
· Clumps of dust had accumulated under the shelving.
· There were black colored floor stains.
· The plate behind the door knob was partially detached.

Interview on 8/19/14 at 9 am with the maintenance and housekeeping director revealed the " we (referring to the housekeeping department) clean as needed (he was not specific with what this meant when asked). " We have no schedule for cleaning and we do clean once in a while. "

Observations on 8/19/14 at 9:15 am in the central supply room located on Unit one revealed;
· An accumulation of dust/dirt under the shelving on the floor.
· Plastic tops, a battery, and a container of supply books was noted on the floor with dust on them.

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F 253	Continued From page 2 · A plastic container of cloth belt restraints were located directly on the floor. The top had an accumulation of dust. By 9:20 am the administrator was informed of the status of the clean linen and diaper room. On 8/19/14 at 9:30 am observations of the Unit 2 storage room with house keeper (HK#1) and the central supply clerk revealed; · Three (3) bedpans were positioned on the floor. · Seven (7) green top toothettes were noted under the shelves covered with dust. · Trash was on the floor. · The white and gray colored floor tile was noted to be a golden color. · The corners of the floor had an accumulation of a black/brown colored substance. · A box of isolation gowns were stored directly on the floor where dust was noted. Interview with the central supply clerk on 8/19/14 during these observations revealed she could not remember when she had cleaned the supply rooms. Second observations of the storage areas were conducted on 8/19/14 at 4:03 PM. The clean linen room walls were sanded and painted. The floors tiles were cleaned and stripped. The Diaper room floor was cleaned. The 2nd floor storage room was cleaned and the floors were being stripped. Interview on 8/21/14 at 12 noon with the administrator indicated that his expectation was to have clean supply closets at all times, use the shelves to store supplies and have the supply	F 253		

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F 253	Continued From page 3 rooms on a cleaning schedule.	F 253		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews the facility failed to provide a medically prescribed high calorie nutritional supplement to help meet the resident's caloric needs and prevent weight loss (Resident #179) for 1 of 4 sample residents reviewed for Nutrition. The findings included: Resident #179 was admitted to the facility on 7/8/13 from a hospital with cumulative diagnoses which included Stage 3 chronic kidney disease (kidney disease is frequently classified by 5 stages, with stage 1 indicative of mild kidney disease and stage 5 indicative of end stage renal disease), anemia of chronic kidney disease, and vitamin B12 deficiency. A review of Resident #179 ' s medical record	F 325		9/18/14

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revealed 7/9/14 laboratory results included the following: hemoglobin = 10.5 (normal range = 12.0-15.0); hematocrit = 33.5 (normal range 36.0 - 46.0); Blood Urea Nitrogen (BUN) = 23 (normal range = 6-23); creatinine = 1.33 (normal range = 0.50-1.10); albumin = 3.4 (normal range = 3.5-5.2), and total protein = 5.7 (normal range = 6.0-8.3).

A review of Resident #179 ' s Weight Record included the following:
7/9/14 Weight = 133.4 pounds
7/10/14 Weight = 132.0 pounds
7/11/14 Weight = 132.0 pounds
7/14/14 Weight = 134.4 pounds

The resident ' s admission Minimum Data Set (MDS) dated 7/15/14 indicated that Resident #179 had moderately impaired cognitive skills for daily decision making. She required extensive assistance for all activities of daily living (ADLs) with the exception of being independent with eating. The resident ' s height was recorded as 67 inches and her weight was 134#. The resident received a Regular diet.

A review of Resident #179 ' s medical record revealed an admission Nutritional Evaluation with History and Data Collection was completed by the facility ' s Certified Dietary Manager (CDM) on 7/15/14. A Nutritional Request was completed by the CDM on 7/16/14 and submitted to the resident ' s physician for consideration. The request included the following information:
" Concern: 1) BMI (Body Mass Index) (low) 21, poor appetite;
2) (low) labs, albumin (low) 3.4, total protein (low) 5.7.
Recommendation: 1) Med Pass 2.0 - 2 oz.

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(ounces) QID (four times a day) for additional calories
2) Prostat 30 ml (milliliters) QD (every day) for 60 days;
Redraw in 60 days if WNL (within normal limits) D/C (discontinue) Prostat. "
Med Pass 2.0 and Prostat are high calorie, high protein liquid nutritional supplements. Med Pass 2.0 provides 120 calories and 5 grams of protein in each 2-oz serving.

Further review of the resident ' s medical record revealed that a Physician ' s Order was written on 7/17/14 at 1:25 PM to accept the dietary recommendations made. The order indicated Resident #179 was to receive 2 oz. of Med Pass four times daily for additional calories and 30 ml Prostat every day for 60 days with a redraw of her albumin level in 60 days. The order indicated that Prostat should be discontinued if the albumin lab was within normal limits at that time.

The resident ' s care plan dated 7/17/14 included the following Problem/Need which read, in part: " Resident is at nutritional risk for decline, wt (weight) loss and dehydration, leaves 25% of foods uneaten at meals. " The care plan approaches included a 7/18/14 update which read: " Med Pass 2.0 - 2 oz. QID for additional calories; Prostat 30 ml QD for 60 days. "

A review of the Nutritional Progress Notes within the resident ' s medical record revealed the facility ' s consultant dietitian reviewed Resident #179 on 7/22/14. Resident #179 ' s oral intake was reported to average 50-75 % (percent) of meals. The dietitian ' s notes read, in part: She receives 2 oz. (Med Pass) 2.0 QID and Prostat QD to aid in the prevention of weight loss and for

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low albumin. "

A review of Resident #179 ' s Weight Record included the following:
7/23/14 Weight = 134.2 pounds
7/28/14 Weight = 136.0 pounds
8/11/14 Weight = 130.6 pounds

A review of the resident ' s August 2014 Monthly Physician Orders revealed the previously prescribed Med Pass 2.0 QID was not listed in the orders for that month. Further review of the physician ' s orders revealed no order was received to discontinue the Med Pass 2.0. Review of the August 2014 Medication Administration Record (MAR) indicated the resident did not receive Med Pass 2.0 from 8/1/14 up until the date of review (8/18/14).

An interview was conducted with Nurse #5 on 8/18/14 at 2:08 PM. Nurse #5 was the hall nurse assigned to care for Resident #179. Upon review of the resident ' s medical record and August MAR, Nurse #5 confirmed that Med Pass 2.0 had not been given during the month of August (to date). She further indicated that no physician ' s order had been received to discontinue the nutritional supplement. Nurse #5 indicated the order for the Med Pass 2.0 had apparently been dropped off in the transition from July to August orders during the month end changeover. Nurse #5 was observed as she added the 2 oz. of Med Pass 2.0 QID onto the August MAR, and informed the Unit 2 Manager and Dietary Manager of the omission of the nutritional supplement during the month of August.

A review of Resident #179 ' s Weight Record included the following:

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F 325	Continued From page 7 8/19/14 Weight = 128.2 pounds An interview was conducted with Nurse #1 on 8/19/14 at 3:40 PM. Nurse #1 was the hall nurse assigned to care for Resident #179. Upon inquiry, Nurse #1 reported that Resident #179 accepted the Med Pass 2.0 nutritional supplement well when it was offered thus far on 8/19/14. An interview was conducted with the Dietary Manager on 8/20/14 at 2:33 PM/. During the interview, the Dietary Manager indicated that up until 8/18/14, she did not know Resident #179 was not receiving the Med Pass 2.0 as ordered. The Dietary Manager added that she would not have known the order for Resident #179 ' s Med Pass had been dropped off the August Monthly Orders without checking the August MAR. An interview was conducted with the Director of Nursing (DON) on 8/20/14 at 4:20 PM. During the interview, the DON reported that the facility was in a transition where pharmacy had just started doing the new monthly MARs. Upon inquiry, the DON acknowledged that Resident #179 ' s Med Pass 2.0 had been inadvertently dropped off at month end during the transition from July to August. Additionally, the DON provided a copy of his expectations (hand-written) which included the following: " 1) Licensed staff is responsible for completing chart check as designated 2) Licensed staff will check to ensure that all orders have been accurately transcribed/entered and executed. 3) The nurse is required to check each residents chart to assure that--all orders are transcribed / entered accurately. "	F 325		

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F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review and	F 431		9/18/14

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F 431	Continued From page 9 interviews with facility staff, the facility had 3 of 3 bottles of normal saline that were out of date for 1 of 4 medication rooms. (Unit 3) The findings included: Record review of the " Medication Room Policy and Procedure " revealed, " Medication room should be inspected weekly (Tuesday) on the 11 PM to 7 AM shift by the nursing supervisor. " " 2. Medications that are expired, contaminated, deteriorated, or abandoned will be sent back to the pharmacy on the next delivery date. This will be documented, with dates, specifics and signatures on the Medication Disposition Sheet. " Observations on 8/19/14 at 2:55 PM during the medication storage inspection, 3 bottles of Sterile Saline, 0.9%, 100 milliliters, were found to have expired on 08/2013. Interview with Nurse #1 on 8/19/14 at 3:21 PM revealed that the medication room was checked for expired medications each shift. The normal saline was deposited in the unit trash can on the unit on 8/19/14 at 3:21 PM. Interview on 8/21/14 at 10:45 AM with the Director of Nursing revealed that his expectation was that the medication rooms should be check daily for expired medications.	F 431		
F 463 SS=D	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing	F 463		9/3/14

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facilities.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview the facility failed to make sure the call bell system was operational for 1 of 40 call bell lights (room # 101-B).

Findings included:

Observation on 8/18/14 at 08:58 am revealed that the light outside of room #101 did not work when the 101-B call button was pressed. There is a panel at the nurse ' s station that has lights that are labeled to correspond with each room number. There is a buzzer that beeps intermittently and a light outside of the resident ' s room that lights up when a corresponding call button is pushed. The call bell light outside of room #101 did not light up. The light at the nurse ' s station for resident room #101B did not light up nor did the buzzer beep when the call button was pressed.

On 8/21/14 at 11:00 am interview with the Maintenance Manager reported that when he was informed of equipment not working, he fixed it immediately. He also stated that he doesn ' t have a system in place to check the equipment in the facility on a routine basis to ensure all is working properly.