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
	345014	A. BUILDING ______ B. WING ______	03/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - GREENSBORO	1201 CAROLINA STREET GREENSBORO, NC 27401

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F 252 SS=E	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observations, record review and interviews with facility staff, the facility failed to keep a resident room and the hallway free from strong, urine odors for 1 of 1 sampled resident. (Resident #38) The findings included: Record review of the Daily Patient Room Cleaning dated 1/1/2000 revealed the "Purpose:" To show Housekeeping employees the proper cleaning method to sanitize a patient's room or any area in a healthcare facility. Empty trash Collect trash from all rooms as a first priority. Replace liner as needed. Sanitize the trash can daily. Be aware of sharps or other potentially hazardous materials in trash. Horizontal Surfaces - disinfected. Using a solution of properly diluted germicide, sanitize all horizontal surfaces. As you enter the room, work clockwise around the room hitting all surfaces. Table tops, headboards, window sills, chairs - should all be done.	F 252	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the 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 the federal and state law. F252 Deep clean residentsJ room and adjoining bathroom to remove urine odor from that area. Baking soda box placed in room out of reach of residents to help absorb any lingering odor after cleaning. Audit completed on April 3rd, 2015 for all resident rooms and bathrooms for any lingering odor, debris, or other issues. Odor only noted to be lingering in resident #38J s room. Debris in any room was immediately corrected by housekeeping staff. Other issues were documented on audit logs and given to the Director of Maintenance to be corrected.	4/6/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/06/2015

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 252	Continued From page 1 Spot Clean Walls Vertical surfaces are not completely wiped down daily - but must be spot-cleaned daily. Walls - especially by trash cans, light switches and door handles - will need special attention. Dust Mop The entire floor must be dust mopped - especially behind dressers and beds. Employees should never damp mop a floor before is has been dust mopped. Move all furniture to dust mop. All corners and along all baseboards must be dust mopped to prevent buildup. When water pushes dust into corners, problems occur. Record review of the Daily Washroom Cleaning dated 1/1/2000 revealed the "Purpose:" To show Housekeeping employees the proper cleaning method to sanitize a washroom or bathroom in a long term care facility. Check supplies Empty trash Always empty trash before you use any water - papers on the floor are much easier to get up when dry Reline receptacles and sanitize as needed. Dust Mop Floor As with the trash, always dust mop the floor before you bring any water into a room. A dust mop will stick to the floor if you spill or drip water when cleaning sinks, etc. Be sure to move any items in bathroom when dust mopping.	F 252	Housekeeping staff will use enzyme digesting cleaner in weekly deep clean of resident #38J s room and as needed to eliminate odor in those rooms that present with any strong odor. Facility will continue to trial different natural odor absorbing solutions that can be kept in the resident room out of the residentsJ access. New ventilation system to be installed by May 15th, 2015, in the area of the facility near resident #38J s room where lingering odor is present. Increased ventilation will pull in more fresh area and remove stale odorous air. All residentsJ rooms will continue to be inspected daily by department heads during zone rounds. Any issues noted during zone rounds will be discussed in morning meeting and addressed immediately. Executive Director will complete a weekly inspection for four weeks and monthly thereafter inspection of the facility with housekeeping manager and maintenance director to review all items together. Executive Director will bring results of monthly zone rounds and facility inspection to the monthly Quality Assurance Performance Improvement meeting to ensure all issues and trends are identified for root cause.	

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F 252	Continued From page 2 Clean and Sanitize Sink and Tub The sink includes; the sink, fixtures, pipes under the sink, mirror and light above the mirror. Use germicide to clean the sink to be sure it is disinfected. You may use glass cleaner on the faucets to shine them AFTER germicide has been used. Use paper towels to clean mirror with glass cleaner. Resident #38 was admitted to the facility on 8/30/05 with diagnoses including Acute Kidney Failure, Delusional Disorder, Diabetes Mellitus, Ascities, Dysphasia, Urinary Frequency, Constipation, Peripheral Vascular Disease, Chronic Obstructive Pulmonary Disease, Depression, Alcoholic Liver Damage, and Alcohol Induced Mental Disorders. The Care Area Assessment dated 10/21/14 revealed that Resident #38 was having episodes of incontinence of urine. Facility staff would provide peri care with each incontinent.episode. Staff would do weekly skin checks to assess for skin breakdown. Staff would apply barrier creams as needed. Turn and reposition Resident #38 frequently. Staff would refer to physician and nursing as needed. Will proceed to care plan. Record review of the behavior health progress note dated 10/27/14, in the section titled "History of Present Illness", revealed the resident had dementia and depression. No acute issues per staff. Poor historian. Evaluated in room lying in bed. Patient was malodorous; patient routinely refused bath. Record review of the behavior health progress	F 252		

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note dated 1/7/15, in the section titled "History of Present Illness", described the resident as " disheveled and malodorous".

The most recent Minimum Data Set dated 1/31/15 revealed Resident #38 had problems with short and long term memory, had no behavior or mood problems, required limited assist with one person physical assist with bed mobility and transfer, was independent walking in his room, required supervision with one person physical assist with locomotion, dressing, toilet use and personal hygiene, required supervision with set up help only with eating and was totally dependent with one person physical assist with bathing. Resident was frequently incontinent with bladder and always continent with bowel. He had upper extremity impairment on both sides.
.
Review of the Care Plan dated 1/26/15 revealed:

Focus: Alteration in elimination of bowel and bladder due to urinary urgency.

Goal: Will maintain current level of continence.

Interventions:
Call bell within reach and reminders to use call bell as needed.
Consults as ordered.
Discuss medications with physician which may be contributing to incontinence.
Encourage fluids.
Evaluate timing of medications which may cause increased urination.
Labs as ordered.
Meds as ordered.
Monitor and report changes in ability to toilet or continence status.

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Monitor and report signs and symptoms of urinary tract infection, changes in color of urine, odor of urine, or consistency of urine, dysuria, frequency, fever or pain.

Record review of the behavior health progress note dated 3/5/15 revealed in the section titled "Care Plan Recommendations " to continue medications as prescribed, the patient was stable at current dose and needed more time to see beneficial effects. Dose reduction attempted and reduction would cause decompensation of patient.

Observations on 03/11/2015 at 11:05 AM revealed Resident #38 sitting on the side of his bed, urinal on side rail of the bed, roommate lying in bed and a strong odor of urine present in the resident room and in the hallway.

Interview on 03/12/2015 at 3:04 PM with the Director of Nursing (DON) revealed that Resident #38 did not like to take showers and just preferred a bird bath. He never had running water in home while he was growing up. He was incontinent of bladder at times. Resident #38 used the urinal at times. The facility was looking to put in an improved ventilation system on the B hall, where the resident resided.

Interview on 03/13/2015 at 7:59 AM with the DON revealed that she had talked to Resident #38's roommate and he had not had any complaints. The DON continued that Resident #38 and the roommate got along well. The DON continued that she had asked the roommate if he would like to change his room and he replied " no " . They did frequent cleaning to Resident #38 ' s room. They tried to keep him from encroaching on

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F 252	Continued From page 5 others rights. They attempt to clean the mattress whenever they could get him out of his room, with a housekeeping disinfectant. Staff would also clean with Clorox wipes. Resident was incontinent in bed or while sitting in his wheelchair. The DON continued that the wheelchair was cleaned with Clorox. The third shift was responsible to clean the wheelchair. The mattress was less than one year ago. Room was deep cleaned last night. The room was cleaned daily and was checked 2-3 times every day. The wheelchair was cleaned last Friday, on the Friday night schedule. Interview on 03/13/2015 at 8:30 AM with the Social Worker revealed that Resident #38 grew up not taking baths. His wife was aware of that. Every once in a while he would have an assigned NA (nurse aid) that he would allow to give him a bath. The Social Worker said he had talked to him about taking baths and he refused. Sometimes his wife tried to bathe him, without success. The room had been cleaned, the mattress and the bathroom all had been cleaned quite a bit. The facility staff tried to clean his room but he was uncooperative. He also liked to keep his room hot which made the odor stronger. The staff had tried to help him with clean clothes. He was not interested. Cleaning helped cut down on the odors. He won't take a bath for his wife any more. Psych visited him monthly. He was very depressed. Sometimes would go to shower and sometimes wouldn't. His wife understood that he didn't want to take baths or change his clothes. He was not open to change. He had gotten worse. Nothing worked because he was not motivated due to his childhood. The mattress had been cleaned quite a bit. Deep cleaned the resident room quite a bit. He didn't realize he had	F 252		

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F 252	Continued From page 6 an issue. The staff couldn't bribe him with food. He did not respond. The staff could do only as much as he was willing to do. Observation on 03/13/2015 at 9:12 AM revealed Resident #38 sitting in his wheelchair with his back to the door, emitting a strong odor of urine. Observation on 03/13/2015 at 3:08 PM Resident #38 was lying in bed. The strong odor of urine was in the hallway and the resident room Interview with the Administrator on 03/13/2015 at 5:48 PM revealed all of the residents in the facility had rights but that didn't mean the malodorous scent has to be smelled by the rest of the other residents and visitors in the facility.	F 252		
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 observations and interviews with staff the facility failed to maintain clean toilet seats, bed mattresses, floors, over bed tables and hydraulic lifts. The facility rooms and hallways had a broken clock, cracked trash can, chipped wall paint and partially detached or missing veneer and cove molding. This was evident in 2 of 2 resident care unit. (North and South) Findings included: 1. Observation on 3/13/15 at 9:20 AM in the	F 253	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the 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 the federal and state law. F253	4/6/15

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F 253	Continued From page 7 bathroom shared by Rooms #160-162 revealed the white toilet seat of the commode had a dried brown colored substance. Observation on 3/13/15 at 1:43 PM there was no change in the bathroom. Observation on 3/13/15 at 2:30 PM with the housekeeping supervisor revealed no change in status of the bathroom. 2. Observation on 3/13/15 at 9:30 AM in Room #162 revealed the base of bedside over bed table was soiled. Observation on 3/13/15 at 1:50 PM revealed no change. Observation on 3/13/15 at 9:55 AM Room #133 A&B revealed the over bed tables had a dried white substance on the base. Continued observation on 3/13/15 at 1:38 PM revealed no change. 3. Observation on 3/13/15 at 9:35 AM revealed 2 (two) sit to stand hydraulic lifts had an accumulation of a brown substance on the base. 4. Observation on 3/13/15 at 9:35 AM revealed a missing light bulb in the North Hall Spa shower Room. Observation on 3/13/15 at 2:10 PM revealed no change. Interview on 3/13/15 at 2:55 PM with nursing assistant #1 revealed she had used the spa on the North wing but had not notice the light not working. She indicated that maintenance request forms are used via a computerized system and will be taken care of today. 5. A. Observation on 3/13/15 at 9:20 AM in the bathroom shared by Rooms #160-162 revealed the corners of the bathroom floor had an accumulation of a brown colored substance. Observation on 3/13/15 at 1:43 PM there was no change in the bathroom. Observation on 3/13/15 at 2:30 PM with the housekeeping supervisor revealed no change in status of bathroom. B. Observation on 3/13/15 at 9:40 AM revealed in the bathroom shared by Rooms #153-155 used	F 253	Commodes cleaned in all residentsJ room daily and as soiled. All overbed table bases were wiped down. All bathrooms checked for debris at beginning and end of shift by housekeeping. Trash can in room 148 was replaced. Clock in room 133A was replaced. Room 125 area on walls near sink fixed. All mattresses will be deep cleaned by April 10th, 2015. Resident rooms, bathrooms, and hall audits were completed on April 3rd, 2015 by Executive Director for any unresolved issues of cleanliness and maintenance. All audit sheets were reviewed with maintenance director and plan to correct areas was developed. Resident trash cans with notable damage will be replaced by April 10th, 2015. All resident room clocks were checked for correct time and appearance. All clocks were adjusted to the correct time if necessary. Any clocks that were damaged or broken were replaced with new clocks on April 1st, 2015. Resident room and bathroom light were all be cleaned by April 10th, 2015. Any lights noted in the audit as having issues including chipped covers are scheduled to be replaced by May 30th, 2015. All pull cords for resident room lights will be replaced by April 10th, 2015 and semi-annually thereafter. Resident overbed tables were inspected for cleanliness and general appearance. All tables were cleaned if dirty. Any with noticeable damage were noted and will be replaced over the next three months.	

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F 253	Continued From page 8 paper towels on the floor behind the trash can. Observation on 3/13/15 with the housekeeping supervisor at 2:45 PM revealed the trash remained on the floor behind the trash can. Interview on 3/13/15 at 2:36 PM via the phone with the housekeeper #1 revealed she cleaned this bathroom and the North Hall Rooms on today (referring to 3/13/15). Housekeeper #1 indicated the supervisor wet mopped the bathroom floor shared by Rooms #153- 155 after she dry cleaned. Interview with the housekeeping supervisor immediately after the phone call confirmed she wet mopped the bathroom floor but did not mop behind the trash can. 6. A. Observation on 3/13/15 at 9:38 AM revealed wall paint chipped in Room #158 bathroom. B. Observation on 3/13/15 at 9:48 AM in Room 148C revealed a cracked and broken plastic beige trash can. The window curtain was soiled. Observation on 3/13/15 at 1:45 PM indicated the status of the room had not changed. C. Observation on 3/13/15 at 9:55 am Room #133A revealed the blue wall clock frame was cracked and broken pieces missing. Observation on 3/13/15 at 1:38 PM revealed no change. D. Observation on 3/13/15 at 10 AM revealed the cove molding partially separated in the hallway near Room #126 and near the North hall nursing station. Observation on 3/13/15 at 1:48 PM revealed no change. E. Observation on 3/13/15 at 10:02 AM revealed in Room #125 revealed the veneer was off of bed A and C ' s bedside cabinet. The wall was cracked on both sides of the sink. Observation on 3/13/15 at 1:50 PM revealed no change. F. Observation on 3/13/15 at 10:15 AM revealed cove molding was partially detached at the	F 253	Resident nightstands tables were all inspected for damage and appearance. Any nightstands with noticeable damage will be fixed if possible and replaced if not able to fix. New nightstands will be ordered if necessary to replace any nightstands that are discarded. Facility ordered 15 new mattresses that should arrive on April 17th, 2015 to replace old mattresses or those with odors. Hallways were inspected for issues with cove base. Plan to order new cove base and replace in hallways where splitting by May 15th, 2015. All Golden Living staff will be in-serviced by April 10th, 2015 on using our in house computerized system, Building Engines, for documenting maintenance issues. All housekeeping staff will be retrained by April 10th, 2015 on proper daily housekeeping procedures using the current comprehensive training material. All housekeeping staff will be retrained by April 9th, 2015 on regular walk thrus, spot checking the common areas, resident rooms, and bathrooms for issues. Housekeeping manager will complete walk thru five times daily, on arrival, post morning meeting, before and after lunch, and before departure. All resident rooms will be deep cleaned prior to April 10th, 2015. Quality control inspections will be completed by the manager and district manager on every	

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F 253	Continued From page 9 entrance of North Hall near Room 100. 7. A. Observation on 3/12/15 at 3 PM revealed in Room #160 a blue mattress soiled with white dried colored substance. Crumbs were noted in the creases of the mattress. Observation on 3/13/15 at 1:45 PM revealed the blue mattress remained soiled with crumbs in the creases of the mattress folds. B. Observation on 3/13/15 at 10:02 AM revealed in Room #125B a stained Micro air mattress. Observation on 3/13/15 at 1:50 PM revealed no change. C. Observation on 3/13/15 at 10:10 AM revealed Resident #21 ' s wheelchair had dried white substance on the surface and the pressure relief seat pad had dried white splatter. Interview on 3/13/15 at 2:20 PM with the housekeeping supervisor revealed she had recently been hired (approximately 6 weeks) at the facility to improve the housekeeping services at the facility. Her expectation was to have resident furniture cleaned when soiled, and a thorough cleaning schedule once a month. Interview on -3/13/15 at 5:15 PM with the administrator and director of nurses were held. The administrator indicat3ed her expectation was to have a clean home like environment and have maintenance request forms completed for repairs.	F 253	room to ensure complete compliance. Rooms not in compliance will be corrected immediately. Executive Director will review all requests in building engines at least weekly and review with maintenance director any outstanding items over a week old. Executive Director will complete a monthly inspection of the facility with housekeeping manager and the maintenance director to review all items together. Department heads will continue to complete zone rounds daily and bring issues to daily morning meetings. Health Care Services Group district manager will review training records for all new hires on a bi-weekly basis to ensure all staff has completed the comprehensive training. Executive Director will provide information from audits, Building Engines list, department head zone rounds, and monthly inspections during the monthly Quality Assurance Performance Improvement meeting to be discussed and reviewed for trends that need to be addressed.	
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.	F 278		4/6/15

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F 278	Continued From page 10 A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews, and record review the facility failed to provide an accurate oral care/dental assessment for 2 of 2 sampled residents (Resident #117 and Resident #34). Findings included: 1) A review of the medical record revealed Resident #117 had diagnoses which included: Hypertension (High blood pressure), Anxiety, Depression, and Peroneal Muscular Atrophy (a nervous disorder affecting the control of voluntary	F 278	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the 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 the federal and state law. F278	

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F 278	Continued From page 11 muscle activity). A review of the Care Plans revealed dental care was written/updated on 3/17/2014 for broken, loose or carious teeth with measurable goals and interventions. A review of the Annual Minimum Data Set (MDS) dated 2/12/2015 revealed Resident #117 had a Brief Interview for Mental Status (BIMS) of 15 with no behaviors or moods displayed. Resident #117 required extensive assistance with 1 person physical assistance for personal hygiene, and no dental issues were noted. A review of the Care Plans for Resident #117 revealed care plans with measurable goals and interventions for care areas which included Activities of Daily Living (ADL) Functional/Rehabilitation, specifically to provide assistance with oral care as needed, inspect oral cavity for bleeding of gums or other issues, and refer to dental services as needed. A review of a progress note dated 2/12/2015 signed by the MDS nurse included, " the resident has his own natural teeth with some missing " . A review of dental records revealed Resident #117 was seen on 11/26/2014 for a recall exam and the treatment was updated to include, " The patient is dependent on staff for daily oral care. The following patient/staff support is required for daily oral care: Head support and retraction of lips and cheeks " . The dental record also noted Resident #117 had decay, root tips, or other dental disease and had tooth extractions. An observation of Resident #117 on 3/10/2015 at 3:43 PM revealed broken teeth, dried white debris in his oral cavity and a cloudy film over all his teeth. An observation of Resident #117 on 3/12/2015 at 3:59 PM revealed broken teeth and dried white matter in his oral cavity.	F 278	Resident #117 and Resident #34 had care plans updated and MDSJ modified. The Care Card was updated on Resident #117. These items were updated by March 31st, 2015. A complete audit on all current residents was completed by the Director of Nursing Services, RN Supervisors, MDS Coordinator, and Director of Clinical Education. All results were compared to the most recent MDS and care plan with updates as noted. All Care Cards were updated as needed by March 31st, 2015. MDS Coordinators received education on completion of Section L. Audits to be performed by DNS, Director of Clinical Education or RN Supervisors to verify potential oral health issues and MDS and Care Plans accuracy related to oral care by inspecting the oral cavity of residents, discussing with residents any issues, and using the MDS section as the audit tool. The plan is to complete two assessments weekly for four weeks, then two assessments bi-monthly for four weeks, and then two assessments monthly for three additional months. The results of these audits will be reviewed by the Director of Nursing Services and discussed in the Quality Assurance Performance Improvement meeting. Any issues or trends identified will be addressed as they arise and the plan will be revised as needed to ensure	

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F 278	Continued From page 12 An interview with Nursing Assistant (NA) #1 on 3/12/2015 at 3:35 PM who usually provided ADL ' s to Resident #117 revealed Resident #117 needed assistance to do oral care. She stated, " I have to put his toothbrush in his hand and help stabilize his hand. Sometimes he has trouble with gripping too. " She further stated oral care is provided after each meal. An interview on 3/12/2015 at 9:40 AM with the MDS nurse#1 who completed the Annual MDS dated 2/12/2015 for Resident #117 revealed she does face to face interviews with the residents, reviews the nurses notes, physician orders, progress notes, and interviews the NA ' s and licensed staff " if needed. " She further stated she reviews the last time a resident visited the dentist. She stated she developed care plans based on her assessment and interviews. She stated Resident #117 has no dental problems, but there is a care plan for broken teeth because, " I care plan everyone for dental. " The MDS nurse stated the NA ' s have a card to help them follow the care plan, but she does not monitor the care plans. An interview with the Director of Nurses (DON) on 3/12/2015 at 12:25 PM revealed the MDS nurses do physical assessments. Vision, hearing and dental are part of their assessment. The DON further stated the expectation was for the MDS nurses to look inside the mouth of residents, unless the resident refused. The DON also stated care plans were generally driven by the MDS information, but many things not included in the MDS information can be care planned for if needed. The DON stated, " They will care plan if there ' s a problem. Resident #117 is capable of brushing his own teeth. " An interview on 3/12/2015 at 3:46 PM with Resident 117 revealed the staff do not help him	F 278	continued compliance.	

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F 278	Continued From page 13 brush his teeth, " they bring me my toothpaste " , and stated he was unsure how often the staff actually helped him. He stated he would prefer to have his teeth brushed daily, the staff did not brush his teeth today and he last saw a dentist " around Thanksgiving " . 2) Resident #34 have diagnoses which included Alzheimer ' s disease. Review of the annual MDS dated 2/16/15 revealed Resident #344 had no obvious or likely cavity or broken natural teeth. Observation on 3/12/15 at 8:10 am revealed Resident #34 teeth were stained, some missing and broken teeth. Interview on 3/13/15 at 12 noon with the MDS coordinator #1 (who conducted the assessment) revealed resident did not have missing or cracked teeth. Observation with the MDS nurse #1 revealed the resident with lower jaw with missing teeth and a dark area on a tooth that resembled a caries. The upper jaw had cracked and missing teeth. An interview with the Director of Nurses (DON) on 3/12/2015 at 12:25 PM revealed the MDS nurses do physical assessments and dental are part of their assessment. The DON further stated the expectation was for the MDS nurses to look inside the mouth of residents, unless the resident refused.	F 278		
F 332 SS=E	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.	F 332		4/6/15

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This REQUIREMENT is not met as evidenced by:
Based on observations, record review and staff interviews, the facility failed to be free of a medication error rate less than 5% as evidenced by 3 medication errors for 2 residents (Resident #114 and Resident #112) out of 25 opportunities, resulting in a medication error rate of 12%.
Findings included:
1a) A review of the admission Minimum Data Set (MDS) dated 2/19/2015 revealed Resident #114 was admitted to the facility on 2/12/2015 and had diagnoses which included Gastroparesis (a condition which prevents the stomach from emptying properly).
Nurse 1 was observed during medication administration on 3/12/2015 at 8:36 AM administering medications to Resident #114 which included Metoclopramide (a medication used to prevent nausea).
A review of the monthly physician orders included: Metoclopramide 10 mg (milligrams). Give 1 tab PO 4 times a day. Give 4 times daily with meals and at bedtime. A review of the medication administration record (MAR) indicated physician ' s orders included Metoclopramide 10 mg PO. Give 4 times daily with meals and at bedtime, scheduled to be given at 9:00 AM, 1:00 PM, 5:00 PM and 9:00 PM.
An interview with Resident #114 on 3/12/2015 at 5:13 PM revealed breakfast was brought to her room at 7:30 AM.
An interview with Nurse 1 on 3/13/2015 at 11:53 AM revealed breakfast was usually brought to Resident #114 ' s room between 8:00 AM and 8:15 AM. Nurse 1 acknowledged Metoclopramide

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F332

Resident #114 has been discharged. Resident #112 did not take medications when offered on March 12th, 2015. Nurse #1 and Nurse #2 were educated on March 20th, 2015 on medication administration with emphasis on medications with meals.

A medication pass observation was completed on all regularly scheduled medication nurses by Director of Nursing Services and Director of Clinical Education. All PRN nurses will have a medication pass observation completed during their next worked shift.

All regularly scheduled nurses completed educational training on Medication Administration-Avoiding Common Errors and Medication Pass in our company online Learning Center. All PRN nurses will be required to complete education prior to next worked shift. All newly hired

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F 332	Continued From page 15 was to be given with a meal to prevent nausea and vomiting. Nurse 1 stated breakfast was served at 7:30 AM yesterday (3/12/15) because, " You surveyors are here. I ' ve never seen it come up that early. " Nurse 1 stated she gave Metoclopramide over 1 hour after Resident #114 had completed breakfast because she had never witnessed breakfast coming to Resident #114 ' s room before 8:00 AM. An interview with the Director of Nurses (DON) on 3/13/2015 at 12:00 PM revealed her expectations for medications ordered with meals were for the medications to be given at the same time as some type of food or meal was given to the resident. 1b) A review of the admission Minimum Data Set (MDS) dated 2/19/2015 revealed Resident #114 was admitted to the facility on 2/12/2015 and had diagnoses which included Gastroparesis (a condition which prevents the stomach from emptying properly). Nurse 1 was observed during medication administration on 3/12/2015 at 8:36 AM administering medications to Resident #114 which included Carafate (a medication used to treat and prevent ulcers by forming a coating over ulcers). A review of the monthly physician orders included: Carafate tab (tablet) 1 GM (gram) Give 1 tab PO (by mouth) before meals and at bedtime. A review of the medication administration record (MAR) indicated physician ' s orders included Carafate 1 GM PO. Take 1 tab before meals and at bedtime scheduled to be given at 7:30 AM, 11:30 AM, 4:30 AM and 9:00 PM. An interview with Resident #114 on 3/12/2015 at 5:13 PM revealed breakfast was brought to her room at 7:30 AM.	F 332	nurses will complete education prior to completing a medication pass. Medication pass observation will occur on one per shift per month for four months and then quarterly medication pass observations will be completed on all nurses for one year and annually thereafter. Any new staff will have a medication pass observation completed or by the DNS or Director of Clinical Education within seven days of hire Director of Nursing and facility pharmacist communicated on March 18th, 2015. Pharmacist provided DNS with information regarding educational training needed to correct medication pass errors and a medication pass audit tool. DNS followed up with pharmacist on April 6th, 2015 to review this information. DNS to meet monthly with pharmacist to review any concerns. The results of these audits will be reviewed by the Director of Nursing and discussed in the Quality Assurance Performance Improvement meeting. Any issues or trends identified will be addressed as they arise and they arise and the plan will be revised as needed to ensure continued compliance.	

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An interview with Nurse 1 on 3/13/2015 at 11:53 AM revealed breakfast was usually brought to Resident #114 ' s room between 8:00 AM and 8:15 AM. Nurse 1 acknowledged Carafate was to be given before a meal to prevent nausea and vomiting. Nurse 1 stated breakfast was served at 7:30 AM yesterday (3/12/15) because, " You surveyors are here. I ' ve never seen it come up that early. " Nurse 1 stated she gave Carafate over 1 hour after Resident #114 had completed breakfast because she had never witnessed breakfast coming to Resident #114 ' s room before 8:00 AM.
An interview with the Director of Nurses (DON) on 3/13/2015 at 12:00 PM revealed her expectations were for medications ordered to be given before meals to be given before food was served to the resident.
2) A review of the Quarterly MDS dated 11/5/2014 for Resident #112 revealed Resident #112 was admitted to the facility on 10/21/2014 and had a Brief Interview for Mental Status (BIMS) of 15. A " significant change " MDS was completed on 1/15/2015 and had active diagnoses which included Renal Insufficiency, Renal Failure or End Stage Renal Disease (ESRD). The MDS dated 1/15/2015 also revealed Resident #112 was receiving Dialysis.
A review of the monthly physician orders for March 2015 revealed Renagel 800 mg PO Give 3 tabs 3 times daily with meals. A review of the MAR for Resident #112 revealed Renagel 800 mg. Give 3 tabs 3 times daily with meals.
A review of the facility provided scheduled cart delivery time sheet revealed dinner carts were scheduled to be delivered to the B Ward South (the ward where Resident #112 resided) at 6:00 PM.
An interview with Nurse 2 conducted on

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F 332	Continued From page 17 3/12/2015 at 4:45 PM revealed Nurse 2 would usually administer medications scheduled at 4:00 PM as soon as she began her shift so she would not " get behind. " Nurse 2 was observed during medication administration on 3/12/2015 at 4:53 PM. Nurse 2 was observed taking 3 tablets of Renegal (a medication used to reduce levels of Phosphorous in people with kidney disease who are on dialysis) to the bedside of Resident #112. Resident #112 stated she was supposed to take that medicine with a meal and was encouraged by Nurse 2 to take the Renagel now (at 4:53 PM) because " you had a snack this afternoon " . Resident #112 stated she did not receive a snack and would take the Renagel when her dinner arrived. An interview with Resident #112 was conducted on 3/12/2015 at 5:00 PM and revealed Resident #112 takes Renagel with her meals because, " I ' m supposed to take it with my meals because it ' s a binder. It ' s designed to bind with phosphorous in my foods to help me digest my foods. If I take it without food it tears my stomach up. " Resident #114 also stated dinner was usually served in her room at 6:00 PM. An observation was made on 3/12/2015 at 6:03 PM when Resident #112 had received her meal tray in her room. An interview with the DON on 3/13/2015 at 12:00 PM revealed her expectations for medications ordered with meals was for the medications to be given at the same time as some type of food or meal was given to the resident. An interview on 3/13/2015 at 1:39 PM with the facility administrator revealed her expectations were medications were to be given consistently within the timeliness and guidelines of the orders.	F 332		
F 364	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR,	F 364		4/6/15

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F 364 SS=D

Continued From page 18

PALATABLE/PREFER TEMP

Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.

This REQUIREMENT is not met as evidenced by:
Based on record review, observations and facility staff interview, the facility failed to ensure cold foods were served cold to residents who received their food trays on 2 of 2 halls. (Halls North and South)..

The findings included:

Record review of the policy and procedure undated, titled Ice Cream Cups Recipe Source: Custom, pre-purchased, serving temperature 41F (Fahrenheit) revealed:

Portion according to the menu.
Keep frozen until time of service.
CCP - Hold on ice at 41F or below for up to 1 hour.
Discard any product that exceeds 41F during service.

Observation on 3/10/15 at 1:48 PM revealed that residents in rooms #138, #141 and #149 were served melted ice cream on their lunch trays.

Observations on 3/13/15 at 12:00 PM revealed that 4 ounce ice cream cups were brought out in an ice bath to the tray line for distribution to the resident rooms.

F 364

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F364

Ice cream cups will be stored in the ice cream freezer until transported to the units in an ice bath separate from the heated items in the food trucks. Ice cream cups inspected for firmness before serving to residents.

All ice cream cups in dedicated freezer in kitchen checked for appropriate firmness. Freezer for storing ice cream products checked for appropriate temperature, log maintained of temperatures, and monitored per regulation. No temperature issues noted with ice cream freezer.

Starting March 14th, 2015 all ice cream

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F 364	Continued From page 19 Observations on 3/13/15 at 12:05 PM revealed tray line staff placed a 4 ounce up of ice cream on a resident ' s tray. Observations on 3/13/15 at 12:10 PM the tray was placed on the food cart for distribution to the resident rooms. Observations on 3/13/15 at 12:30 PM revealed the food cart was taken out to the hall for delivery of lunch to the residents. The ice cream cup was melted. At the time of the Interview on 3/13/15 at 12:40 PM with the dietary manager, she replied, "How did that happen"? She went to the ice bath where other ice cream cups were located and said, "I don ' t understand". They were delivered soft. The dietary manager continued, "We don ' t serve like that. We always check the ice bath." She then threw away six cups of ice cream that were melted. Interview on 3/13/15 at 5:46 PM with the administrator revealed that her expectation was that if something goes out that should be a solid form, we would take it back and replace it if it was not served to the resident in the solid form.	F 364	cups transported to unit in ice bath separate from food trucks used to deliver meal trays. All ice cream will be inspected for firmness before serving to resident. All ice cream cups not appearing firm will be discarded and replaced with a firm ice cream cup. Portable cooler have been purchased and will now be used transport and maintain ice baths on the units. Dietary manager inspected all ice cream in main freezer for firmness on March 13th, 2015. Executive Director and Dietary manager verified that the temperature of the ice cream freezer is being monitored and logged. Dietary manager in-serviced dietary staff about ensuring all food is being served at its appropriate temperature and will be palatable for residents. Dietary manager will speak with all residents by April 10th, 2015 who are receiving an ice cream cup routinely to ensure they are satisfied with the ice cream cup and have had no issues. Dietary manager contacted the company that services the ice cream freezer to have an extra routine inspection done by April 10th, 2015 and ensure the freezer has no issues. Dietary manager and Director of Clinical Education to in-service dietary staff and CNAs by April 10th, 2015 on observing what they are serving residents and if items are not appropriate they are to be discarded and replaced before serving to resident.	

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F 364	Continued From page 20	F 364	Dietary manager will ensure staff brings ice cream in portable coolers to unit when the food trucks are taken for meal times. Executive Director and Dietary manager will monitor service during each meal time at least once a week for 3 months and monthly thereafter, to ensure is being served that meets the standard of nutritive value, flavor, and appearance. Also, to ensure food is palatable, attractive, and at the proper serving temperature. Satisfaction surveys will be completed for new admissions to ensure any concerns including dietary, are being documented. All current residents will be surveyed by dietary manager by April 10th, 2015 and bi-annually thereafter to review menu changes, preferences, and any issues or concerns with dietary needs. Dietary manager also attends monthly Resident Council meeting to review dietary concerns and requests. Executive Director will bring results of the meal service monitoring and satisfaction survey to monthly Quality Assurance Performance Improvement meeting for review with team. Any negative trends identified will be discussed and addressed.	
F 431 SS=E	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	F 431		4/6/15

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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 observations, policy review, and staff interviews the facility failed to remove expired medications from one of two medication storage room refrigerators (North Hall storage room refrigerator and South Hall storage room refrigerator), and three of four medication carts (North Hall medication cart #1 and #2 and South

F 431

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F 431	Continued From page 22 Hall medication cart #1 and #2). The facility stored food items within medication refrigerators in two of two medication storage rooms (North Hall and South Hall medication storage room refrigerator). The facility failed to mark 2 of 2 open medications with the date the medication was opened. The findings included The facility ' s policy for medication storage in the facility/storage of medications stated, "Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from the inventory, disposed of according to procedures for medication disposal. Refrigerated medications are kept in closed and labeled containers, with internal and external medications separated and separate from fruit juices, applesauce, and other foods used in administering medications. [Other foods such as employee lunches and activity department refreshments are not stored in this refrigerator]. Expiration Dating: When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. 1) The nurse shall place a "date opened" sticker on the medication and enter the date opened and the new date of expiration. All expired medications will be removed from the active supply and destroyed in the facility, regardless of the amount remaining. " "Refrigerated medications are kept in closed and labeled containers, with internal and external medications separated and separate from fruit juices, applesauce, and other foods used in administering medications. [Other foods such as employee lunches and activity department refreshments are not stored in this refrigerator] " . " When the original seal of a manufacturer's	F 431	it is required by the provisions of the federal and state law. F431 All expired medications were removed from the medication carts and medication refrigerators by March 12th, 2015. Food was removed from the medication refrigerators by March 12, 2015. An audit was performed on March 12th, 2015 of all medication carts, medication room, including medication refrigerators, treatment cart, and central supply for any expired medications and open medications without dates. All expired medications were removed as well as any medications that were expired. A freezer has been ordered for resident food products. Plans have been produced for the formation of a nourishment room separate from the medication room. All facility nursing staff were educated to date all multi-dose vials upon opening. Nursing staff were also educated on checking expiration dates prior to administering medications and not storing food products in the medication refrigerator. The Director Nursing Services, Director of Clinical Education, and RN supervisors will audit medication rooms, medication carts, treatment carts, and central supply for expired and undated medications weekly for 4 weeks, bi monthly for 8 additional weeks, and then monthly going	

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	345014	A. BUILDING ______ B. WING ______	03/13/2015

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F 431	Continued From page 23 container or vial is initially broken, the container or vial will be dated. The nurse shall place a "date opened" sticker on the medication and enter the date opened and the new date of expiration. " A). An observation of the North Hall Medication storage room, accompanied by Unit Manager (UM) 1, on 3/11/2015 at 10:01 AM revealed 1 vial of Vancomycin (an antibiotic) 250milligrams(mg)/milliliter(mL) expired on 02/07/2015; 1 vial of Influenza vaccine expired 06/2014. An observation of the North Hall medication cart #2, accompanied by UM 1, on 3/11/2015 at 11:00 AM revealed Mucinex DM (Dextromethorphan), a medication used as a decongestant and cough suppressant, expired on 09/2014, Seracult Developer (an agent used to test stool for the presence of blood) expired 09/2014, Nu-Iron 150 (an iron supplement) expired 02/2015, Vitamin C 250 expired 01/2015, and Niacin 250 mg (a supplement) expired 02/2015. An observation of the South Hall medication cart #2, accompanied by UM 2 on 03/12/2015 at 10:40 AM revealed Cetirizine Hydrochloride (HCl) 10 mg (a medication used to treat seasonal allergies) expired 01/2015, Promethazine injection 25 mg/mL (a medication used to treat nausea and vomiting) expired 02/25/2015, and LubriSkin (a lotion used to soothe and lubricate rough, dry skin) expired 02/2015. An observation of South Hall medication cart #1, accompanied by UM 2 on 3/12/2015 at 12:03 PM revealed a tube of Hemorrhoidal Ointment expired 02/2014. An interview with UM 2 on 3/12/2015 at 11:00 AM revealed, " I should have checked this cart (South Hall medication cart #2) too. I only checked South Hall medication cart #1 last night.	F 431	forward. The results of these audits will be reviewed by the Director of Nursing Services and during the the Quality Assurance Performance Improvement meetings. Any issues or trends identified will be addressed by the Quality Assurance Performance Improvement committee as they arise and the plan will be revised as needed to ensure continued compliance.	

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F 431	Continued From page 24	F 431		

"
An interview with the Director of Nurses (DON) on 3/12/2015 at 12:14 PM revealed, "The nurses are responsible for ensuring all medications (meds) are in date. They should be checking the carts monthly. Generally, the night shift checks them. For expired meds we have Rx destroyer, a jug of liquid that liquefies the meds. The pharmacy deals with narcotics. The facility licensed staff are told the expectations of checking the med carts for expired meds on orientation and reminded frequently by unit managers, the DON, and the Staff Development Coordinator (SDC). All the supervisors spot check about every other month. "

B). An observation of the North Hall medication storage room refrigerator, accompanied by UM 1, on 3/11/2015 at 10:01 AM revealed 1 frozen " Lean Cuisine " meal and 1 pint of Haagen-Dazs ice cream.
An observation of the South Hall medication storage room refrigerator, accompanied by UM 1, on 3/11/2015 at 10:30 AM revealed 1 white Styrofoam drinking cup containing a frozen liquid, 1 pint of Breyer ' s ice cream, and ½ gallon of Breyer ' s ice cream.
An interview with UM 1 on 3/11/2015 at 10:03 AM revealed there were no residents on the North Hall receiving " Lean Cuisine " meals.
C). An observation of the North Hall medication storage room, accompanied by UM 1, on 3/11/2015 at 10:01 AM revealed 2 vials of PPD (Purified Protein derivative) a material used to screen for tuberculosis, were opened and not dated with the date they were opened.
An interview with UM 1 on 3/11/2015 at 10:03 AM revealed the facility expectation/policy is for the licensed staff to date and initial all medications

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F 431	Continued From page 25 with an " opened " date.	F 431		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441		4/6/15

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F 441	Continued From page 26 This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and record reviews, the facility failed to clean and disinfect a shared glucometer for 1 of 2 residents observed (Resident #114) receiving blood glucose monitoring. Findings included: According to the manufacturer ' s care instructions for maintenance of the glucometer, the meter is to be cleaned with bleach wipes and " Allow the surface of the meter to remain wet at room temperature for at least 1 minute for bleach wipes. Wipe dry or allow to air dry. " According to the manufacturer ' s directions for use on the bleach wipes read " Leave in contact for 1 minute for Blood borne Pathogens. " During a medication administration pass observation on 3/12/2015 at 8:27 AM, Nurse 1 used a glucometer to obtain a blood glucose reading for Resident #114. After the reading was taken, Nurse 1 returned to the medication cart, wiped the glucometer with a bleach wipe for 10 seconds, blew on the meter with expired breath from her mouth and placed the glucometer back on top of the medication cart. An interview was conducted on 3/12/2015 at 10:26 AM with the Staff Development Coordinator (SDC) nurse regarding staff in services on the glucometers. The interview revealed she in-serviced the staff on glucometers, and a representative from the manufacturing company came to the facility to in-service the staff when the new glucometers arrived. The SDC nurse further stated the glucometers are to be cleaned between each resident use according to the	F 441	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the 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 the federal and state law. F441 Nurse #1 educate regarding cleaning of glucometer machines. Resident #114 had no adverse effect. All CBG machines were cleaned prior to use on another resident per manufacturer recommendations on March 13th, 2015. An audit was completed with all regularly scheduled nurses to ensure each were cleaning the glucometer per manufacturer recommendations and between each resident by the Director of Nursing Services. The audit was completed by April 3rd, 2015. All additional nurses will be audited upon next worked shift. Facility routine nurses were educated on manufacturer recommendations of cleaning a glucometer and cleaning glucometer between each use by Director of Nursing Services and Director Clinical Education by April 6th, 2015. All additional nurses will be educated during next worked shift.	

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F 441	Continued From page 27 manufacturer ' s instructions using bleach wipes. The SDC also stated if she saw a staff member wipe a glucometer and then blow on it she would immediately stop her and in-service her because it is inappropriate to blow on it. It has to air dry.	F 441	Audits will be performed by Director of Nursing Services or Director of Clinical Education with each regularly scheduled nurse weekly for 8 weeks and then monthly for a year to ensure adequate cleaning of glucometers. All PRN nurses will be audited upon next shift worked and after depending upon schedule maximum of monthly. The results of these audits will be reviewed by the Director of Nursing Services and discussed at the Quality Assurance Performance Improvement meeting. Any issue or trends identified will be addressed as they arise and the plan will be revised as needed to ensure continued compliance.	