

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

PRINTED: 10/31/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345217</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/22/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>225 WHITE STREET</b> <b>JACKSONVILLE, NC 28546</b>		
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F 225 SS=D	<p>483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>483.12(a) The facility must-</p> <p>(3) Not employ or otherwise engage individuals who-</p> <p>(i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;</p> <p>(ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or</p> <p>(iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.</p> <p>(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.</p> <p>(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if</p>	F 225		10/10/17	

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

TITLE

(X6) DATE

Electronically Signed

10/16/2017

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 225	<p>Continued From page 1</p> <p>the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to immediately report an allegation of neglect to the administrator, failed to file a 24 hour Initial report or a 5 working day report to the Health Care Personnel Investigations for one (1) of one (1) sampled resident . (Resident # 31)</p> <p>The findings include:</p> <p>Resident # 31 was admitted to the facility on 10/31/2014 with diagnoses of chronic kidney disease, hypokalemia, heart failure, major depression and Alzheimer's disease. The resident's Minimum Data Set (MDS) dated</p>	F 225	<p>Premier Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that this summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Premier Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it</p>		

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F 225	<p>Continued From page 2</p> <p>8/2/2017 indicated the resident's cognition was moderately impaired.</p> <p>Review of the nurse's note dated 9/14/2017 documented "Resident # 31 came to Social Worker's office to inform her that nursing staff was treating her like a dog. Resident # 31 stated she had been left up all night in her day clothes. Resident # 31 stated that staff would not assist her to bed they would just walk by and laugh. Nursing staff confirmed that resident was in bed by 8 o'clock and was not left up all night. Staff informed this writer that resident has been upset and has been in bad mood since the weekend."</p> <p>During an interview on 9/20/2017 at 10:00 AM, the Social Worker stated Resident # 31 on 9/14/2017 reported to her about the staff treating her like a dog by being left up all night in her day clothes. The Social Worker added she investigated the allegation on her own but she did not report the concern to the Administrator or the Director of Nursing. She further indicated that she was not aware the alleged allegation was a report of neglect. She reported next time a resident report to her an alleged neglect or abuse she will report immediately to the Administrator.</p> <p>During the interview on 9/20/2017 at 10:10 AM, the resident indicated she was doing fine at the moment. She further indicated she did not recall the staff being mean to her by being left up all night in her clothes on 9/14/2017. Observation of the resident revealed the resident lying in bed and was dressed appropriately.</p> <p>During an interview with Director of Nursing (DON) on 9/20/2017 at 4:30 PM, she stated she was not made aware by the Social Worker of the</p>	F 225	<p>constitute an admission that any deficiency is accurate. Further, Premier Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F225</p> <p>The allegation of neglect for resident #31 related to staff treating resident like a dog by being left up all night in day clothes was reported to the Administrator and the Director of Nursing (DON) on 9/20/17 by the Nursing Consultant. A 24 hour report for the allegation of neglect was completed and faxed to the Health Care Personnel Investigation on 9/20/17 by the Administrator. The Administrator began investigating the allegation of neglect on 9/20/17. The SW was drug tested and suspended pending investigation per policy on 9/20/17 related to failure to report an allegation of neglect for resident #31. The SW is no longer employed by the facility as of 9/26/17. After completing a thorough investigation, the Administrator concluded the investigation on 9/27/17 and determined the allegation of neglect for resident #31 was unsubstantiated. The 5 day report was completed by the Administrator and faxed to the Health Care Personnel Investigation on 9/27/17. On 9/22/17, all alert and oriented residents to include resident # 31 were interviewed by the second Social Worker to ensure there were no allegations to</p>		

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F 225	<p>Continued From page 3</p> <p>allegation of neglect of Resident # 31 on 9/14/2017. DON added the first time she was made aware of the report was on 9/20/2017 at 10:00 AM by the Nurse consultant who read the Social Worker's note. She indicated her expectation was for the Social Worker to have reported immediately to her and the Administrator of the allegation of neglect by Resident # 31. The DON reported she completed the investigation on 9/20/2017 in reference to the resident's alleged report of neglect. She concluded the resident was not neglected by the staff at the facility.</p> <p>During an interview with the Administrator, on 9/20/2017, at 3:50 PM, he stated he was not made aware by the Social Worker of an allegation of neglect by Resident # 31 on 9/14/2017. He further indicated his expectation was for the staff to report to him immediately of any allegation of abuse or neglect. He added he will then file a 24 Hour initial report and a 5 working day report to the Health Care Personnel Investigations.</p>	F 225	<p>include neglect that had not been reported to the Administrator and a 24 hour initial report and a 5 working day report to the Health Care Personnel Investigations had not been filed. There were no negative findings from the audits.</p> <p>100% of all residents to include resident # 31 progress notes were reviewed to identify any allegations to include neglect by the Facility Consultant on 9/21/17 and to ensure that all identified allegations were reported to the Administrator and/or Director of Nursing and a 24 hour initial report and 5 working day report to the Health Care Personnel Investigations were filed. There were no other allegations to include neglect identified in the progress notes that had not been reported to the Administrator.</p> <p>100% in-service was initiated on the Resident Abuse/Neglect Policy by the Facility Consultant on 9/20/17, for all facility staff, to include department managers (Administrator, Account Receivable (AR), Staff Facilitator Assistant, Admissions Coordinator, Payroll, receptionists, maintenance director, Activity Director, second social worker), maintenance assistant, therapy staff, housekeeping staff, laundry staff, licensed nurses, nursing assistants, dietary staff, Geri Care aides, Activity assistant and activity aides. The in-service included, reporting all allegations to include neglect immediately to the Administrator or Director of Nursing, the Administrator and Director of Nursing are the responsible people for investigating all allegations, and a resident's cognitive</p>		

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F 225	Continued From page 4	F 225	<p>status does not determine if allegations should be reported. All newly hired therapy staff, housekeeping staff, laundry staff, licensed nurses, nursing assistant, dietary staff, Geri Care aides, department managers, and activity staff will receive the resident abuse/neglect policy in service during orientation by the staff facilitator.</p> <p>The Director of Nursing or the Unit Facilitator will review all resident progress notes to include resident # 31, 5 times per week for 4 weeks, weekly for 4 weeks then monthly for 1 month to identify any allegations to include neglect and ensure that all identified allegations were immediately reported to the Administrator and/or Director of Nursing and a 24 hour initial report and 5 working day report to the Health Care Personnel Investigations were filed utilizing a Progress Note Review QI Audit Tool. The Social Worker will interview all alert and oriented residents to include resident # 31 weekly x 8 weeks then monthly x 1 month to identified any resident that verbalized an allegation to include neglect and ensure the allegation had been reported immediately to the Administrator and/or Director of Nursing and a 24 hour initial report and 5 working day report to the Health Care Personnel Investigation were filed. The Social Worker will immediately notify the Administrator of any allegations identified during the audits that had not been reported. The Administrator will immediately initiate the protocol for abuse, neglect, or misappropriation of resident</p>		

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F 225	Continued From page 5	F 225	property as appropriate to include filing the 24 hour report and 5 day working report to the Health Care Personnel Investigation, conducting a thorough investigation, and provide disciplinary action with the staff member who failed to report the allegation. The Administrator will review and initial the Progress Note Review QI Audit tools and the resident interview tools for completion and to ensure all areas of concerns were addressed weekly for 8 weeks and then monthly for 1 month. The Administrator will forward the results of the Progress Note Review Audit Tools and the Resident Interview Tools to the Executive QI Committee monthly x 3 months. The Executive QI committee will meet and review the Progress Note Review Audit Tools and the Resident Interview Tools and address any issues, concerns and/or trends and to make changes as needed, to include continued frequency of monitoring monthly 3 months.		
F 323 SS=J	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  (d) Accidents. The facility must ensure that -  (1) The resident environment remains as free from accident hazards as is possible; and  (2) Each resident receives adequate supervision and assistance devices to prevent accidents.  (n) - Bed Rails. The facility must attempt to use	F 323		10/11/17	

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F 323	<p>Continued From page 6</p> <p>appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, observations, staff interviews, the facility failed to provide an assessment for safe smoking and smoking education to 1 of 7 sampled residents (#122) who smoked and utilized oxygen therapy, and failed to assess 6 of 6 sampled residents (#16, #125, #182, #59, #85, #212) on the smokers list for safe smoking to prevent accidents. Resident #122 was not harmed during the potentially hazardous incident and she remained at the facility.</p> <p>Immediate jeopardy began on 07/05/17 when Resident #122 went outside with her oxygen tank connected to back of her wheelchair with a cigarette and lighter in hand and had not been assessed for safe smoking or educated by staff on the dangers of smoking while using oxygen since her admission to the facility.</p> <p>Immediate jeopardy was removed on 09/22/17 at 9:48 AM when the facility provided and implemented an acceptable allegation of</p>	F 323	<p>F 323-Accidents and Incidents</p> <p>On 7/5/17 resident # 122 was observed with a cigarette and oxygen on by the staff facilitator and staff facilitator assistant. The cigarette was not lit and was removed by the staff facilitator, and the resident was brought back into the facility on 7/5/17 by the staff facilitator at 4:08 pm. On 7/5/17 the staff facilitator educated resident # 122 on smoking while wearing oxygen. The staff facilitator notified the administrator and assigned hall nurse on 7/5/17 at 4:20 pm. On 7/5/17 the assigned hall nurse made the physician and residents representative (RR) aware at 4:40 pm. Upon notification to the RR, they stated, "we sometimes give her cigarettes to keep in her room." On 7/5/17 the assigned hall nurse and the nursing assistant searched the resident room and was unable to find any cigarette</p>		

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F 323	<p>Continued From page 7</p> <p>compliance. The facility remains out of compliance at a lower scope and severity of D (isolated with no actual harm with potential for more than minimal harm that is not immediate jeopardy) to complete education and ensure monitoring systems put into place are effective related to supervision to prevent accidents.</p> <p>Examples #2, #3, #4, #5, #6, and #7 are cited at no actual harm with potential for more than minimal harm that is not immediate jeopardy at the scope and severity of (E).</p> <p>The findings included:</p> <p>Review of the facility's "Smoking Policy" dated on 10/03/11 read in part "It is the responsibility of Premier Nursing &amp; Rehabilitation Center to ensure a safe environment for all Residents. Premier Nursing &amp; Rehabilitation Center is a SMOKE FREE campus, this includes electronic cigarettes. If you are an individual who smokes and you are alert and oriented, you will be evaluated by staff and deemed safe to smoke off the premises. It is required that the resident must sign themselves out of the facility each time they go outdoors to smoke. All smoking paraphernalia must be locked up by nursing staff. Absolutely no paraphernalia is to be kept in the resident's room at any time. Staff is not permitted to assist with smoking. Failure to comply with this policy will result in discharge from the facility."</p> <p>1. Resident #122 was admitted to the facility on 11/04/16 and readmitted into the facility on 06/06/17 with multiple diagnoses including tobacco abuse, chronic obstructive pulmonary disease, acute congestive heart failure, dyspnea, cognitive communication deficit and anxiety. The</p>	F 323	<p>paraphernalia. The assigned hall nurse later searched the room again and was not able to find any cigarette paraphernalia.</p> <p>On 7/5/17 the assigned hall nurse educated the RR on the risk for burns. The RR verbalized understanding.</p> <p>On 7/6/17 the social worker re-educated resident #122 on dangers of smoking with oxygen on and the smoking policy.</p> <p>On 9/21/17 the facility under the direction of the Registered Nurse (RN)-corporate clinical consultant initiated, a thorough investigation to ascertain the cause for the resident attempting to smoke with oxygen. Upon the conclusion of the investigation, it was determined the cause was the overall failure to assess the resident desire to smoke with oxygen, failure to follow the facility smoking policy related to being smoke-free and failure to communicate a determination in resident #122 desire to smoke. The facility also failed to communicate with families on bringing in the smoking paraphernalia to residents. The social worker interviewed the 27 alert and oriented residents, to include residents #122, #16, #125, #182, #59, #85 and #212, on 9/21/17 to identify any resident that smokes to include with oxygen use, utilizing the following interview tool: 1. Do you smoke? 2. If yes do you wish to stop smoking? 3. If you wish to stop smoking, do you wish to have an intervention to stop smoking? 4. Have you been educated on the facility smoking policy? 5. Do you understand that smoking with Oxygen is dangerous and could cause and explosion? 6. Do you</p>		



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F 323	<p>Continued From page 8</p> <p>30 day Minimum Data Set assessment dated 07/04/17 indicated that Resident #122 had no short or long term memory problems, was cognitively intact and needed supervision for walking in her room and locomotion on and off the unit. The resident was coded as using a walker, a wheelchair and coded no for receiving Oxygen (O2). The quarterly Minimum Data Set (MDS) assessment dated 08/01/17 indicated that Resident #122 had no short or long term memory problems and was cognitively intact. Record review of the physician's orders date on 07/05/17 indicated that the resident was receiving 2 liters of oxygen continuous.</p> <p>Resident #122 was listed on the "smokers list" that was provided by the facility.</p> <p>Resident #122's current care plan was initiated on 11/11/16, was reviewed and the resident was not care planned for smoking.</p> <p>Resident #122 was assessed for smoking upon admission based only on her cognitive status of being intact per information from MDS and Resident #122 could get to the smoking area independently. With this information, the resident was added to the smokers list per Director of Nursing interview on 9/21/17 at 9:40 AM.</p> <p>Resident #122's incident report dated on 07/05/17 at 4:08 PM was reviewed. The report revealed "Resident observed to be smoking outside in parking lot while wearing O2 (Oxygen). Two staff members took cigarette away from resident. Resident brought back into building. The dangers of smoking while wearing O2 was explained to the resident. Resident stated she understood, but also states she only wanted one cigarette.</p>	F 323	<p>know where the designated smoking area is located? 7. Do you understand that smoking is not allowed outside of these areas? Six (6) residents were identified as smokers who do not wish for an intervention to stop smoking and one (1) that identifies as no longer a smoker. The identified residents that smokes, smoking paraphernalia were secured on the medication cart on the assigned resident's hall on 9/21/17 by the Admissions Director and will be only provided to the residents upon request to ensure safety.</p> <p>The six residents that were identified as smokers, residents #16, #125, #182, #59, #85 and #212, and twenty residents that are on oxygen, to include resident #122, were educated on the hazards of oxygen usage and smoking on 9/21/2017 by the social worker.</p> <p>The 6 residents, residents #16, #125, #182, #59, #85 and #212 that smokes, were provided a smoking assessment for safe smoking on 9/20/17 by the Director of Nursing (DON) and the Minimum Data Set (MDS) nurse by resident observation, clinical assessment of the residents' ability, staff interviews and information gathered from the medical record to determine that the resident is safe to smoke independently or unsafe smoker and must be supervised.</p> <p>The results of the smoking assessments for safe smoking determined that there were five residents identified as Safe/independent smokers, residents #16, #125, #182, #59 and #212, one resident identified as a supervised smoker due to physical limitation, resident #85,</p>		

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F 323	<p>Continued From page 9</p> <p>Emergency contact and MD made aware. No injuries. Immediate Action taken: Cigarette taken from resident. Resident warned of dangers of smoking with O2. I was told resident was outside smoking with O2 on. I went to door and resident was smoking. Two other staff members were taking cigarette. Resident brought back into building and was warned of the dangers of smoking with O2 on. [Name of physician] was notified and RP (responsible party)." The incident report was completed by Nurse #1.</p> <p>Nurse's notes dated 07/05/17 at 4:20 PM for Resident #122 were reviewed. The notes (written by Nurse #1) revealed "Resident observed to be smoking outside in parking lot while wearing O2. Two staff members took cigarette away from resident. Resident brought back in building. The dangers of smoking while wearing O2 explained to resident. Resident stated she understood, but also states she only wanted one cigarette. Resident #122 emergency contact person and Medical Doctor (MD) made aware."</p> <p>Review of the social worker's (SW) notes dated on 07/06/17 at 5:04 PM revealed a cognitive assessment was conducted on Resident #122 due to her smoking while using oxygen. The note continued, "SW also was informed by staff that resident was confused when outside smoking. Resident scored a 15 on her cognitive assessment [indicating Resident #122 was cognitively intact.] SW educated resident on the dangers of smoking with oxygen on. SW informed resident of company's smoking policy due to resident having a lighter in her top bedside dresser. Resident also stated she keeps her cigarettes in her room. Resident did not have cigarettes in her bedside dresser or room at the time, but only had the lighter. SW informed</p>	F 323	<p>and one resident identified as no longer a smoker, resident #122. All residents identified as smokers were placed on the appropriate smoking list (safe verse unsafe smokers) by the Director of Nursing on 9/21/17 to prevent accidents. Each of the six residents that were identified as smokers, residents #16, #125, #182, #59, #85 and #212, care plans were updated on 9/21/17 by the MDS nurse to reflect the current smoking status.</p> <p>100% review of physician orders, for the six residents identified who smoke, residents #16, #125, #182, #59, #85 and #212, was completed on 9/21/17 by the Corporate Nurse Consultant to identify any resident with an order for oxygen use. No resident that has been identified as a smoker required oxygen based upon physician order review and observation on 9/21/17 by the corporate nurse consultant. 100% of progress notes and incident reports from 7/1/17 to 9/21/17 were reviewed, to include residents #122, #16, #125, #182, #59, #85 and #212, by the Corporate Consultant by 9/21/17 to identify any other residents who were smoking with oxygen. There were no other residents identified as smoking with oxygen.</p> <p>A Red tag indicating oxygen usage was placed on the mobility device for easy identification and safety by the maintenance director on 9/21/17 for all twenty residents identified with physician orders for oxygen use.</p> <p>As of 9/21/17 the designated resident smoking area was relocated outside, in</p>		

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F 323	<p>Continued From page 10</p> <p>resident that all cigarette paraphernalia must be locked in the nursing cart and not to be kept in resident's rooms. SW gave resident's lighter to hall nurse and educated nurse of company's policy due to her being unaware of policy and new on the hall. SW also informed resident as to where her items would be kept. SW also informed resident that she would need to sign in and out when smoking. SW informed nurse to be watchful of resident going out smoking with oxygen and maybe remove resident's oxygen once going out to smoke."</p> <p>The SW was not available for interview during the investigation.</p> <p>On 09/20/17 at 9:55 AM, Resident #122 was interviewed. Resident #122 stated she has not been out to smoke in over a month due to health reasons. The resident further stated that she knows not to smoke with her oxygen turned on. She stated that her smoking materials are kept in med cart with the nurse on the hall. During the interview with Resident #122 she was observed receiving oxygen via nasal cannula.</p> <p>Observation on 09/20/17 at 9:55 AM revealed an oxygen sign posted on Resident #122's wheelchair and there was an oxygen sign posted on the left side of the door frame to the resident's room.</p> <p>On 09/20/17 at 2:50 PM, Nurse #1 was interview. Nurse #1 was assigned to Resident #122 on 07/05/17 (3:00 PM to 11:00 PM shift). Nurse #1 stated she did not give the resident cigarettes and a lighter on 07/05/17. Nurse #1 said that on 07/05/17 the Staff Development Coordinator (SDC) reported to her that the resident was</p>	F 323	<p>the covered pavilion in the courtyard at the 100 hall exit by the Administrator. Smoking aprons, fire extinguishers, smoking blankets and fire proof smoking containers, to include red trashcans, were placed in the smoking area on 9/21/17 by the maintenance director as safety measures. Red signage that state "NO Oxygen beyond this point" have been placed in the designated smoking area on 9/21/17 by the maintenance director. A bright colored sign was placed on the front entry door and the newly designated smoking area for family members and visitors to NOT provide residents with smoking paraphernalia by the maintenance director on 9/21/17. The facility's smoking policy was revised on 9/20/17 by the Administrator. A Resident Council Meeting was called on 9/20/17 by the council president to discuss the update of the Smoking policy. There were Twenty-five residents that attended the resident council meeting in the activity room. All six residents identified as smokers, residents #16, #125, #182, #59, #85 and #212, were educated on the revised smoking policy on 9/21/2017 by the social worker. All twenty seven alert and oriented residents to include residents #122, #16, #125, #182, #59, #85 and #212, were educated on the smoking policy and oxygen safety and signed the revised smoking policy, on 9/21/2017 by the social worker. Notification of the changes in the smoking policy was sent via the United Stated Postal Service on 9/21/2017 to all</p>		

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F 323	<p>Continued From page 11</p> <p>smoking while her oxygen was turned on. The nurse further stated that she did not witness the resident's cigarette being lit. She stated that the resident was outside at the end of the building and not in the designated smoking area when the incident occurred.</p> <p>On 09/20/17 at 3:02 PM, Staff Development Coordinator Assistant (SDCA) was interviewed. The SDCA stated that she was in her office on 07/05/17 with the Staff Development Coordinator (SDC). The SDC saw the resident out their office window with her oxygen tank attached on back of her wheelchair and a cigarette in her hand. The SDCA further stated that the SDC told her to go outside and she would be there shortly. The SDCA went outside and took the unlighted cigarette from the resident and took her back in the building. The SDC followed shortly and assist getting the resident back into the building. The SDCA said she could not remember if the oxygen was turned on or whether the nasal cannula was attached to the resident's face. She further stated the SDC reported the incident to the 300 hall nurse (Nurse #1).</p> <p>On 09/20/17 at 3:10 PM, Nursing Assistant (NA) #1 was interviewed. NA #1 was assigned to Resident #122 on 09/20/17. NA #1 stated that she has never seen the resident go out and smoke.</p> <p>On 09/20/17 at 3:12 PM, Med Aide #1 (MA) was interviewed. The MA stated that she saw the resident in the smoking area about a month ago, with family members smoking. She further stated that she had never seen the resident attempt to smoke with her oxygen on.</p>	F 323	<p>resident representatives, to include resident representatives of residents #122, #16, #125, #182, #59, #85 and #212 by the Activities Director. 100% in service was initiated by the Corporate Nurse Consultant on 9/20//17 for all staff to include, Administrator, Account Receivable (AR), DON, ADON, QI nurse, Treatment nurses, Staff Facilitator, Staff Facilitator assistant, Admissions Coordinator, Payroll, receptionists, maintenance director, maintenance assistant, therapy staff, housekeeping, laundry, licensed nurses, to include Nurses #1 and #2, nursing assistants, to include NA #1 and MA #1, dietary staff, Geri Care aides, Activity Director, Activity assistant and activity aide on what to do if they witness a resident smoking on oxygen. This in service will be included in orientation, agency personnel training and annually after that by the Staff Facilitator. This in-service included that the staff member is to immediately remove the resident from potential harm, secure the resident safety and notify the nurse when a resident is observed smoking with oxygen. The nurse will assess the resident and notify the physician and residents representative of the occurrence and complete the incident report and document in the medical record. The nurse will also notify the Administrator and Director of Nursing. Any resident identified as smoking while on oxygen and failure to follow the facility reviewed smoking policy will be issued a 30-day notification and placed on one to one supervision until</p>		

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F 323	<p>Continued From page 12</p> <p>On 09/20/17 at 3:15 PM, Resident #122 was interviewed. Resident #122 stated that she thinks her cigarette was not lit on 07/05/17. She further stated that the nurse would have cut off her O2 before she went outside to smoke.</p> <p>On 09/20/17 at 3:42 PM, Resident #122's Medical Doctor (MD) was interviewed. The MD assigned to Resident #122 stated that the facility did call him on the day of the incident (07/05/17) and he assumed that the resident was smoking with O2, but he was not sure. The MD further stated that it was over two months ago, and he did not remember.</p> <p>On 09/20/17 at 5:05 PM, Resident #122's emergency contact representative was interviewed. Resident #122 emergency contact representative stated that she remembers the facility calling and saying the resident got in trouble for smoking with the O2 turned on. She further stated that she did not remember the facility saying that the cigarette was lit. She further stated that she assumed that the cigarette was lit.</p> <p>On 09/21/17 at 9:06 AM, Telephone interview with the Staff Development Coordinator (SDC). The SDC stated that she was in her office conducting orientation class on 07/05/17 and she saw Resident #122 out of her office window at the corner of the building (not in the designated smoking area) with a cigarette and lighter in her hand with the oxygen tank attached to the wheelchair. The SDC said she immediately told SDCA to go outside and get the cigarette and lighter from the resident. She further stated that she also went outside to get the resident and told the nurse on the 300 hall (Nurse #1) to write up</p>	F 323	<p>discharge. All in servicing was completed by 09/22/17.</p> <p>A 100% in service was initiated to the all licensed nurses, to include Nurses #1 and #2, on 9/21/17 by the Director of Nursing and was completed by 9/22/17. The in service included the following: Nurses Responsibility of Assuring resident safety to prevent smoking with oxygen When a newly admitted resident that smokes is on oxygen or a current resident that smokes receives a new order for oxygen, the nurse must immediately notify the MD and obtain an order to remove the oxygen while smoking. The Nurse is responsible for assuring that resident's smoking paraphernalia is securely locked in the medication cart. The nurse must assure that all oxygen equipment (nasal cannula and e-tank) is removed per physician order before giving a resident smoking paraphernalia. The nurse must assure that the oxygen is reapplied when the resident finishes smoking. 100% in service was initiated by the Director of Nursing on 9/20/17 for all staff, administrator, Account Receivable (AR), DON, ADON, QI nurse, Treatment nurses, Staff Facilitator, Staff Facilitator assistant, Admissions Coordinator, Payroll, receptionists, maintenance director, maintenance assistant, therapy staff, housekeeping, laundry, licensed nurses, to include Nurses #1 and #2, nursing assistant, to include NA #1 and MA #1, dietary staff, Geri Care aides, Activity Director, Activity assistant and activity aide on revised Smoking Policy dated 9/20/2017. All in servicing was completed</p>		

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F 323	<p>Continued From page 13</p> <p>the incident that the resident was outside with cigarette, lighter and O2 attached to wheelchair. The SDC stated that she told Nurse #1 to check the resident's room for cigarettes and lighters. She stated she did not tell Nurse #1 that the resident was smoking the cigarette. She further stated that the resident can ambulate and since she had been back to facility from hospital (6/6/17), she had not seen the resident go out to smoke. She stated that the resident came back from the hospital on oxygen. The SDC said she could not remember if the nasal cannula was in the resident's nose and she did not know if the tank was turned on. She was just alarmed when she saw resident with cigarette and lighter in her hands with oxygen tank attached to wheelchair. The SDC stated that the cigarette was not lit. The SDC further stated that before the resident's last hospital admission on 05/29/17 she was able to ambulate with a walker to go outside and smoke.</p> <p>On 09/21/17 at 9:40 AM, the DON was interviewed. The DON stated that there was no documented education to the resident prior to 07/05/17 related to smoking precautions while on oxygen. The DON further stated that the facility was considered a smoke free facility and residents who were admitted and smoked were assessed based on their cognition being intact and being able to get to the smoke area independently.</p> <p>On 09/21/17 at 3:30 PM, the Nurse #1 was interviewed. The Nurse #1 stated that she followed up with Resident #122's emergency contact representative who stated she sometimes she gave Resident #122 cigarettes and lighters.</p> <p>Observation was made on 09/22/17 at 11:00 AM</p>	F 323	<p>by 09/22/17.</p> <p>On 9/21/17 the vice president of operations educated the new interim administrator and Director of Nursing on the requirement of root cause analysis and implementation of the plan of correction to protect all residents. On 9/21/17 the admissions process was updated to include the revised smoking policy by the Administrator. All newly admitted residents regardless of smoking status will be educated on and sign the acknowledgment of the revised smoking policy by the admissions coordinator. After November 19, 2017 no newly identified smokers will be allowed to smoke on the premises. Any newly identified smoking residents to include on admission, on or before November 19, 2017, smoking assessment will be completed by the licensed nurse and reviewed by the Director of nursing to identify if the resident is a safe or unsafe smoker and placed on the appropriate smoking list by the Director of Nursing. The assigned hall nurse will review the orders to ensure the resident does not have orders for oxygen. If the resident has an order for oxygen, the nurse will notify the medical doctor to obtain an order to remove the oxygen while the resident is smoking. The Minimum Data Set nurse will develop or update the care plan with the smoking safety interventions. Residents identified as supervised smokers will be assessed upon identification as a smoker and quarterly after that by the MDS nurse to ensure no change to the smoking status. Any</p>		

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F 323	<p>Continued From page 14</p> <p>of Resident #122 in her room sitting up in her wheelchair with oxygen sign posted on back of the wheelchair an oxygen sign posted on the right side of door frame to the resident's room. No observations were made of Resident #122 smoking during the four-day survey period.</p> <p>On 09/22/17 at 4:14 PM, the Director of Nurses (DON) was interviewed. DON stated that it is her expectation that the staff and residents that smoke follow the facility's policy on smoking. The DON further stated Resident #122 would be assessed and care planned, and that she expected all incident reports to be thoroughly investigated and completed accurately. The DON further stated that in the past the facility considered themselves as being smoke free since the residents were smoking at the end of the parking lot. The DON stated that all residents on the smokers list had to be cognitively intact and get to the designated smoke area without assistance from staff.</p> <p>On 09/22/17 at 5:25 PM, the Administrator was interviewed. The Administrator stated that the facility has revised the facility's smoking policy on 09/20/17 and it was his expectation that staff and residents follow the smoking policy and assessments for safe smoking be completed. The current Administrator was not employed at the facility during the time of the 07/05/17 incident with Resident #122.</p> <p>The Administrator and Director of Nursing were informed of the Immediate jeopardy on 09/21/17 at 11:00 AM.</p> <p>On 09/22/17 at 9:48 AM, the facility provided an acceptable allegation of compliance.</p>	F 323	<p>resident that is identified as an unsupervised/safe smoker will be assessed upon identification as a smoker and monthly after that that by the MDS nurse to ensure no change to the smoking status.</p> <p>The Director of Nursing and/or Social Worker will audit the completion of residents smoking assessment for any change in status, to include residents #122, #16, #125, #182, #59, #85 and #212, signature for newly admitted residents receipt of the smoking policy and smoking care plans for identified smoking residents weekly x 8 weeks then monthly x 1 month to assure accuracy and appropriateness to meet the safety needs of residents utilizing a Smoking QI Audit Tool. The License Nurse, Admission Coordinator and/or the MDS nurse will be immediately retrained during the audit for any identified areas of concern by the Director of Nursing.</p> <p>The Director of Nursing will review the incident report form to ensure a proper investigation, the follow-up to include an appropriate intervention initiated, for all incidents to include smoking with oxygen, documentation contained within the medical record and revised or updated care plan, to include residents #122, #16, #125, #182, #59, #85 and #212, three times per week for 4 weeks, then weekly for 4 weeks, and then monthly for 1 month utilizing an Accident Hazards/Supervision Audit tool. The Quality Improvement nurse, the assigned licensed nurse or the MDS nurse will be immediately retrained during the audit for any identified areas of</p>		

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F 323	<p>Continued From page 15</p> <p>Plan of correcting the specific deficiency.</p> <p>On 7/5/17 resident #, 122 was observed with a cigarette and oxygen on by the staff facilitator and staff facilitator assistant. The cigarette was not lit and was removed by the staff facilitator, and the resident was brought back into the facility on 7/5/17 by staff facilitator at 4:08 pm.</p> <p>On 7/5/17 the staff facilitator educated the resident on smoking while wearing oxygen. The staff facilitator notified the administrator and nurse on 7/5/17 4:20 pm.</p> <p>On 7/5/17 the assigned hall nurse made the physician and residents representative (RR) aware at 4:40 pm. Upon notification to the RR, they stated, "we sometimes give her cigarettes to keep in her room."</p> <p>On 7/5/17 the assigned hall nurse and the nursing assistant searched the resident room and was unable to find any cigarette paraphernalia. The nurse later searched the room again and was not able to find any cigarette paraphernalia.</p> <p>On 7/5/17 the assigned hall nurse educated the RR on the risk for burns. The RR verbalized understanding.</p> <p>On 7/6/17 the social worker re-educated the resident on dangers of smoking with oxygen on and the smoking policy.</p> <p>On 9/21/17 the facility under the direction of the Registered Nurse (RN)-corporate clinical consultant initiated, a thorough investigation to ascertain the cause for the resident attempting to smoke with oxygen.</p>	F 323	<p>concern by the Director of Nursing. The Administrator will review and initial the Smoking QI Audit Tools and the Accident Hazards/Supervision Audit tools weekly x 8 weeks then monthly x 1 month for completion and to ensure all areas of concern were addressed.</p> <p>On 9/21/17, the administrator, vice president of operations, and corporate clinical director will begin a weekly review of the completed Accident Hazards/Supervision Audit tools and the Smoking QI Audit Tools to ensure the systems for a safe environment to include a safe environment and implementation of the smoking policy and supervision for resident safety, to include residents #122, #16, #125, #182, #59, #85 and #212, remains in place and are functioning properly. The review will be complete, as indicated by initiating the audit tool, for four weeks to ensure adequate supervision and oversight of the corporate clinical director and vice president of operations weekly until the quality assurance team review committee determines the facility has achieved substantial compliance and corporate oversight is no longer indicated.</p> <p>The Director of Nursing or Administrator will present the finding of the Accident Hazards/Supervision Audit Tool and the Smoking QI Audit Tool at the monthly Quality Improvement Committee Meeting. The Quality Improvement Committee will review the results of the audits monthly X 3 months, identify trends, and utilize the five why root cause analysis and make recommendation for follow-up as needed.</p>		



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F 323	<p>Continued From page 16</p> <p>Upon the conclusion of the investigation, it was determined the overall failure to assess the resident desire to smoke with oxygen, failure to follow the facility smoking policy related to being smoke-free and failure to communicate a determination in resident #122 desire to smoke. The facility also failed to communicate with families on brining in the smoking paraphernalia to residents.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited.</p> <p>100 % of alert and oriented residents and residents with oxygen use were interviewed on 9/21/17 to identify any residents that smoke by the social worker. No resident was identified below the BIMS score of 13 as a smoker through interviews from staff and families.</p> <p>There are 27 alert and oriented residents and 20 residents with oxygen use.</p> <p>The social worker interviewed the 27 alert and oriented resident residents on 9/21/17 utilizing the following interview tool: 1. Do you smoke? 2. If yes do you wish to stop smoking? 3. If you wish to stop smoking, do you wish to have an intervention to stop smoking? 4. Have you been educated on the facility smoking policy? 5. Do you understand that smoking with Oxygen is dangerous and could cause and explosion? 6. Do you know where the designated smoking area is located? 7. Do you understand that smoking is not allowed outside of these areas? Six (6) residents were identified as smokers who do not wish for an intervention to stop smoking and one (1) that identifies as no longer a smoker. The identified residents smoking paraphernalia will be</p>	F 323	<p>The Director of Nursing or Administrator will present the findings of accident hazard/supervision audit tool and the Smoking QI Audit Tool to the Quality Assessment and Assurance (QAA) Committee quarterly meeting for one quarter. The quarterly QAA Committee will review the quality improvement recommendation and facilities follow-up to the recommendations. The quarterly QAA committee will perform additional root cause analysis as needed, make an additional recommendation, and provide oversight. The administrator will be responsible for ensuring the QAA Committee concerns, and recommendations are addressed through further training or other interventions are sustained to maintain regulatory compliance in the area of Free of Accidents Hazards/Supervision. The administrator and Director of Nursing will be responsible for the implementation of the revised smoking policy, assessment of the resident who smoke and systematic changed for the prevention of incidents and accident. Corporate oversight will be provided by the corporate clinical director and vice president of operation's to ensure the administrator and Director of Nursing implements and monitors the plan of correction.</p>		

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F 323	<p>Continued From page 17</p> <p>secured in the medication cart on the assigned resident's hall and only provided to the residents upon request to ensure safety.</p> <p>All six residents identified as smokers were educated on the following revised smoking policy on 9/21/2017 by the social worker to include the following:</p> <p>The six residents that are identified as smokers and twenty residents that are on oxygen were educated on the hazards of oxygen usage and smoking on 9/21/2017 by the social worker.</p> <p>The 6 residents were provided a smoking assessment on 9/20/17 by the Director of Nursing (DON) and the Minimum Data Set (MDS) nurse by resident observation, clinical assessment of the residents' ability, staff interviews and information gathered from the medical record to determine that the resident is safe to smoke independently or unsafe smoker and must be supervised.</p> <p>The results of the Smoking evaluations determined that there were five residents identified as Safe/independent smokers, one resident identified as a supervised smoker due to physical limitation and one resident identified as no longer a smoker.</p> <p>A Resident Council Meeting was called on 9/20/17 by the council president to discuss the update of the Smoking policy. There were Twenty-five residents that attended the resident council meeting in the activity room.</p> <p>Each of the six residents that were identified as smokers, care plans were updated on 9/21/17 by</p>	F 323			

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F 323	<p>Continued From page 18</p> <p>the MDS nurse to reflect the current smoking status.</p> <p>100% review of physician orders, for the six resident identified who smoke, was completed on 9/21/17 by the Corporate Nurse Consultant to identify any resident with an order for oxygen use. No resident that has been identified as a smoker requires oxygen based upon physician order review and observation on 9/21/17 by the corporate nurse consultant.</p> <p>100% of progress notes from 7/1/17 to 9/21/17 were reviewed by the Corporate Consultant by 9/21/17 to identify any other residents who were smoking with oxygen. There were no other residents identified as smoking with oxygen.</p> <p>100% of incident reports from 7/1/17 to 9/21/17 were reviewed by the Corporate Consultant by 9/21/17 to identify any other residents who were smoking with oxygen. There were no other residents identified as smoking with oxygen.</p> <p>On 9/21/17 the admissions process was updated to include the revised smoking policy by the administrator. The new admissions regardless of smoking status will be educated on and sign the acknowledgment of the revised smoking policy by the admissions coordinator.</p> <p>The resident smoking areas were sections off under a covered patio and smoking aprons, smoking blanket, National Fire Protection Association (NFPA) approved trash can, fire extinguisher and NFPA approved ash trays were placed within this area for resident use.</p> <p>All smoking materials to include cigarettes and</p>	F 323			

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F 323	<p>Continued From page 19</p> <p>lighters belonging to the resident will be housed and locked in the nurse medication cares and will only be accessible with the aid of the staff member.</p> <p>A bright colored sign was placed on the front entry door and the newly designated smoking area for family members and visitors to NOT provide residents with smoking paraphernalia by the maintenance director on 9/21/17.</p> <p>Any resident that assessed upon admission from the admitting nurse will have the smoking assessment completed by the licensed nurse and reviewed by the Director of nursing. The assigned hall nurse will review the orders to ensure resident does not have orders for oxygen. If the resident had an order, the nurse must notify the medical doctor to obtain an order to remove the oxygen while the resident is smoking. The Minimum data nurse will develop or update the care plan with the smoking safety interventions. Residents identified as supervised smokers will be evaluated upon admissions and quarterly after that by the MDS nurse to ensure no change to the smoking status. Any resident that is identified as an unsupervised/safe smoker will be assessed upon admission and reassessed monthly or as needed to ensure no changes to the smoking status.</p> <p>Notification of the changes in the smoking policy was sent via the United Stated Postal Service on 9/21/2017 to all resident representatives. All residents that scored a 13 to 15 on the BIMS was educated on the smoking policy and oxygen safety on 9/21/2017 by the social worker.</p> <p>27 residents that are 13 to 15 of their minimum</p>	F 323			

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F 323	<p>Continued From page 20</p> <p>data set have signed the smoking policy on 9/21/17. The remaining 146 residents that are not alert and oriented and scored 12 or below on their BIMS will have the smoking policy and notification letter sent via United States Postal Service to their respective Resident Representatives (RR) on 9/21/17 by the business office.</p> <p>The designated resident smoking area is located outside, in the covered pavilion in the courtyard at the 100 hall exit. Smoking aprons, fire extinguishers, smoking blankets and fire proof smoking containers, to include red trashcans, are provided as safety measures. Red signage was to state "NO Oxygen beyond this point" have been placed in the designated smoking area on 9/21/17 by the maintenance director. All smoking paraphernalia has been removed from the six resident's possession with their permission and placed in a secured location by the Admission Coordinator on 9/21/17.</p> <p>A Red tag indicating oxygen usage will be placed on the mobility device for easy identification and safety by the maintenance director by 9/21/17 for all twenty residents with oxygen use.</p> <p>100% in service was initiated by the Corporate Nurse Consultant on 9/20//17 for all staff, administrator, Account Receivable (AR), DON, ADON, QI nurse, Treatment nurses, Staff Facilitator, Staff Facilitator assistant, Admissions Coordinator, Payroll, receptionists, maintenance director, maintenance assistant, therapy staff, housekeeping, laundry, licensed nurses, nursing assistant, dietary staff, Geri Care aides, Activity Director, Activity assistant and activity aide on what to do if they witness a resident smoking on</p>	F 323			

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F 323	<p>Continued From page 21</p> <p>oxygen. This in service will be included in orientation, agency personnel training and annually after that. This in-service included that the staff member is to immediately remove the resident from potential harm, secure the resident safety and notify the nurse. The nurse will assess the resident and notify the physician and residents representative of the occurrence and complete the incident report and document in the medical record. The nurse will also notify the Administrator and Director of Nursing. Any resident identified as smoking while on oxygen and failure to follow the facility reviewed smoking policy will be issued a 30-day notification and placed on one to one supervision until discharge. Any employee that has not received the in service will be removed from the schedule until the in-service education has been provide. All in servicing will be completed by 09/22/17.</p> <p>A 100% in service was initiated to the licensed nurses on 9/21/17 by the Director of Nursing and will be completed by 9/22/17. Any employee that has not received the in service will be removed from the schedule until the in-service education has been provide. The in service included the following:</p> <p>Nurses Responsibility of Assuring resident safety to prevent smoking with oxygen When a newly admitted resident that smokes is on oxygen or a current resident that smokes receives a new order for oxygen, the nurse must immediately notify the MD and obtain an order to remove the oxygen while smoking. The Nurse is responsible for assuring that resident's smoking paraphernalia is securely locked in the medication cart. The nurse must assure that all oxygen equipment (nasal cannula and e-tank) is</p>	F 323			

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F 323	<p>Continued From page 22</p> <p>removed per physician order before giving a resident smoking paraphernalia. The nurse must assure that the oxygen is reapplied when the resident finishes smoking.</p> <p>100% in service was initiated by the on 9/20/17 for all staff, administrator, Account Receivable (AR), DON, ADON, QI nurse, Treatment nurses, Staff Facilitator, Staff Facilitator assistant, Admissions Coordinator, Payroll, receptionists, maintenance director, maintenance assistant, therapy staff, housekeeping, laundry, licensed nurses, nursing assistant, dietary staff, Geri Care aides, Activity Director, Activity assistant and activity aide on revised Smoking Policy dated 9/20/2017. Any employee that has not received the in service will be removed from the schedule until the in-service education has been provide. All in servicing will be completed by 09/22/17.</p> <p>Premier Nursing and Rehabilitation Center smoking policy was revised on 9/20/17.</p> <p>On 9/21/17 the vice president of operations educated the new interim administrator and Director of Nursing on the requirement of root cause analysis and implementation of the plan of correction to protect all residents.</p> <p>The administrator, Director of Nursing or social worker will audit the residents smoking assessment, smoking policy and care plans monthly to assure accuracy and they continue to be appropriate to meet the safety meet the safety needs of residents.</p> <p>The Director of Nursing, administrator and Quality improvement nurse will review the incident report form to ensure a proper investigation, the</p>	F 323			

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F 323	<p>Continued From page 23</p> <p>follow-up to include an appropriate intervention initiated, for all incidents to included smoking with oxygen, documentation contained within the medical record and revised or updated care plan.</p> <p>On 9/21/17, the administrator, vice president of operations, and corporate clinical director will begin a weekly review of the completed Accident Hazards/Supervision Audit tool to ensure the systems for a safe environment to include a safe environment and implementation of the smoking policy and supervision for resident safety remains in place and are functioning properly. The review will be complete, as indicated by initiating the audit tool, for four weeks to ensure adequate supervision and oversight of the corporate clinical director and vice president of operations weekly until the quality assurance team review committee determines the facility has achieved substantial compliance and corporate oversight is no longer indicated.</p> <p>The quality improvement nurse or minimum data set nurse (MDS) will present the finding of the Accident Hazards/Supervision Audit Tool at the monthly Quality Improvement Committee Meeting. The Quality Improvement Committee or MDS nurse will review the results of the audits monthly X 6 months, identify trends, and utilize the five why root cause analysis and make recommendation for follow-up as needed.</p> <p>The quality improvement and or MDS nurse will present the findings of accident hazard/supervision audit tool to the Quality Assessment and Assurance (QAA) Committee quarterly meeting to equal six months. The quarterly QAA Committee will review the quality improvement recommendation and facilities</p>	F 323			



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F 323	<p>Continued From page 24</p> <p>follow-up to the recommendations. The quarterly QAA committee will perform additional root cause analysis as needed, make an additional recommendation, and provide oversight. The administrator will be responsible for ensuring the QAA Committee concerns, and recommendations are addressed through further training or other interventions are sustained to maintain regulatory compliance in the area of Free of Accidents Hazards/Supervision.</p> <p>The title of the person responsible for implementing the acceptable plan of correction.</p> <p>The administrator and Director of Nursing will be responsible for the implementation of the revised smoking policy, assessment of the resident who smoke and systematic changed for the prevention of incidents and accident. Corporate oversight will be provided by the corporate clinical director and vice president of operations to ensure the administrator and Director of Nursing implements and monitors the plan of correction.</p> <p>The credible allegation was verified on 09/22/17 at 4:55 PM when interviews with residents, nursing staff, administrative staff and non-nursing staff confirmed they had received in-service training on the facility's revised smoking policy to remove all oxygen tanks and tubing prior to going into the new designated smoking area, the new storage system for smoking materials, the available smoking equipment including smoking aprons, cigarette butt cans, fire extinguisher and fire blankets. Interviews were conducted on the 1st and 2nd shifts on 09/22/17. Observations revealed residents were smoking safely, and interviews revealed residents were to be evaluated for safe smoking upon admission.</p>	F 323			

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F 323	<p>Continued From page 25</p> <p>2. Resident #16 was admitted to the facility on 06/17/16 with multiple diagnoses including type 2 diabetes mellitus, congestive heart failure, hypertension, chronic obstructive pulmonary disease, asthma, peripheral vascular disease and cognitive communication deficit. The Annual MDS assessment dated on 08/14/17 indicated that Resident #16 had no short or long term memory problems and was cognitively intact and needed extensive assistance with activities of daily living. The resident was coded as using a wheelchair.</p> <p>Resident #16 was assessed (MDS) for smoking upon admission based only on his cognitive status of being intact per information from MDS and Resident #16 could get to the smoking area independently. With this information, the resident was added to the smokers list (per Director of Nursing interview on 9/21/17 at 9:40 AM.)</p> <p>Resident #16 was not assessed for safe smoking until 09/20/17 per DON and record review.</p> <p>Resident #16's care plan dated on 08/14/17 was reviewed on 09/19/17 and the resident was not care planned for smoking. Resident #16 care plan was revised on 09/20/17 for safe and independent smoking.</p> <p>Resident #16 was listed on the "smokers list" that was provided by the facility.</p> <p>Observation was made of Resident #16 on 09/20/17 at 9:15 AM leaving his room and heading towards the exit door without getting smoking materials from the nurse or signing out.</p>	F 323			

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F 323	<p>Continued From page 26</p> <p>Observation was made of the Resident #16 on 09/20/17 at 9:20 AM to 9:53 AM in the designated smoking area safely smoking.</p> <p>Review of Resident #16 smoking evaluation dated on 09/20/17 revealed that the resident was a safe smoker and may smoke independently now and care plan was updated.</p> <p>On 09/20/17 at 9:55 AM, Resident #16 was interviewed. Resident #16 stated that he kept his cigarettes and lighter in his room and sometimes signed himself out and sometimes the nurse would sign him out.</p> <p>On 09/22/17 at 10:30 AM, Nurse #2 was interviewed. Nurse #2 stated that the resident goes out to smoke independently. Nurse #2 further stated that cigarettes and lighters for Resident #16 were kept on the medication carts.</p> <p>On 09/22/17 at 10:40 AM, NA #1 was interviewed. NA #1 stated that the resident goes out to smoke independently in the designated smoking area.</p> <p>On 09/22/17 at 4:14 PM, the Director of Nurses (DON) was interviewed. DON stated that it is her expectation that the staff and residents that smoke follow the facility's policy on smoking. The DON further stated Resident #16 would be assessed and care planned, and that she expected all incident reports to be thoroughly investigated and completed accurately. The DON further stated that in the past the facility considered themselves as being smoke free since the residents were smoking at the end of the parking lot. The DON stated that all residents on the smokers list had to be cognitively intact and get to the designated smoke area without</p>	F 323			

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F 323	<p>Continued From page 27</p> <p>assistance from staff. DON further stated that all residents on the current smokers list were educated on the revised facility policy on smoking and if the residents were still smoking they were observed and assessed for safe smoking on 09/20/17.</p> <p>On 09/22/17 at 5:25 PM, the Administrator was interviewed. The Administrator stated that the facility has revised the facility's smoking policy on 09/20/17 and it was his expectation that staff and residents follow the smoking policy and assessments for safe smoking be completed.</p> <p>3. Resident #125 was admitted to the facility on 12/05/12 with multiple diagnoses including personal history of transient ischemic attack, chronic kidney disease stage 3, hypertension, anxiety disorder, type 2 diabetes mellitus, chronic obstructive pulmonary disease and muscle weakness. The 5 day MDS assessment dated on 06/27/17 indicated had no short or long term memory problems and was cognitively intact and needed supervision for activities of daily living. The Resident was coded as using a wheelchair.</p> <p>Resident #125 was assessed (MDS) for smoking upon admission based only on her cognitive status of being intact per information from MDS and Resident #125 could get to the smoking area independently. With this information, the resident was added to the smokers list per Director of Nursing interview on 9/21/17 at 9:40 AM.</p> <p>Resident #125's revised care plan dated on 06/27/17 was reviewed and the resident was not care planned for smoking.</p> <p>Resident #125 was listed on the "smokers list" that was provided by the facility.</p>	F 323			

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F 323	<p>Continued From page 28</p> <p>On 09/20/17 at 9:15 AM, Resident #125 was interviewed. Resident #125 stated that she had not been out to smoke for two months. Resident #125 stated that she kept her own cigarettes and lighter in her room. Resident #125 stated that she has had a hard time getting to the smoking area. Resident #125 further said she was not going to say where she keeps her cigarettes.</p> <p>On 09/20/17 at 10:30 AM, NA#1 was interviewed. NA #1 said she had not observed the resident go out to smoke in the last couple of months.</p> <p>No observations were made of Resident #125 smoking during the four-day survey period.</p> <p>Review of Resident #125 smoking evaluation dated on 09/20/17 revealed that the resident was a safe smoker and may smoke independently now and care plan was updated.</p> <p>On 09/22/17 at 3:30 PM, Nurse #2 was interviewed. Nurse #2 said she had not observed the resident go out to smoke in a few months and was storing Resident #125 cigarettes and lighter on the medication cart. Nurse #2 further stated that she was not aware that Resident #125 was storing cigarettes and a lighter in her room.</p> <p>On 09/22/17 at 4:14 PM, the Director of Nurses (DON) was interviewed. DON stated that it is her expectation that the staff and residents that smoke follow the facility's policy on smoking. The DON further stated Resident #125 would be assessed and care planned, and that she expected all incident reports to be thoroughly investigated and completed accurately. The DON</p>	F 323			

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F 323	<p>Continued From page 29</p> <p>further stated that in the past the facility considered themselves as being smoke free since the residents were smoking at the end of the parking lot. The DON stated that all residents on the smokers list had to be cognitively intact and get to the designated smoke area without assistance from staff. DON further stated that all residents on the current smokers list were educated on the revised facility policy on smoking and if the residents were still smoking they were observed and assessed for safe smoking on 09/20/17.</p> <p>On 09/22/17 at 5:25 PM, the Administrator was interviewed. The Administrator stated that the facility has revised the facility's smoking policy on 09/20/17 and it was his expectation that staff and residents follow the smoking policy and assessments for safe smoking be completed.</p> <p>4. Resident #182 was admitted to the facility on 04/21/15 with multiple diagnoses including vascular dementia, major depressive disorder, bipolar disorder, alcohol abuse and type 2 diabetes mellitus. The Annual MDS assessment dated on 07/11/17 indicated that Resident #182 had no short or long term memory problems and was cognitively intact and needed extensive assistance with activities of daily living. The Resident was coded as using a wheelchair.</p> <p>Resident #182 was assessed (MDS) for smoking upon admission based only on her cognitive status of being intact per information from MDS and Resident #182 could get to the smoking area independently. With this information, the resident was added to the smokers list per Director of Nursing interview on 9/21/17 at 9:40 AM.</p>	F 323			

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F 323	<p>Continued From page 30</p> <p>Resident #182's revised care plan dated on 07/11/17 was reviewed and the resident was not care planned for smoking.</p> <p>Resident #182 was listed on the "smokers list" that was provided by the facility.</p> <p>On 09/20/17 at 9:35 AM, Resident #182 was interviewed. Resident #182 stated that she no longer smokes. The resident states she has not been out to smoke for 6 or 7 months. She further stated that the nurse on the hall kept her cigarettes and lighter and she got permission from the nurse to go out to smoke.</p> <p>On 09/20/17 at 11:00 AM, NA #1 was interviewed. NA #1 stated that she has never seen the resident go out to smoke.</p> <p>Review of Resident #182 smoking evaluation dated on 09/20/17 revealed that the resident was a safe smoker and may smoke independently now and care plan was revised.</p> <p>On 09/22/17 at 11:05 AM, Nurse #2 was interviewed. Nurse #2 stated that she has not seen the resident go out and smoke in a long time until 09/20/17 when she assessed for safe smoking.</p> <p>On 09/22/17 at 4:14 PM, the Director of Nurses (DON) was interviewed. DON stated that it is her expectation that the staff and residents that smoke follow the facility's policy on smoking. The DON further stated Resident #182 would be assessed and care planned, and that she expected all incident reports to be thoroughly investigated and completed accurately. The DON further stated that in the past the facility</p>	F 323			

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F 323	<p>Continued From page 31</p> <p>considered themselves as being smoke free since the residents were smoking at the end of the parking lot. The DON stated that all residents on the smokers list had to be cognitively intact and get to the designated smoke area without assistance from staff. DON further stated that all residents on the current smokers list were educated on the revised facility policy on smoking and if the residents were still smoking they were observed and assessed for safe smoking on 09/20/17.</p> <p>On 09/22/17 at 5:25 PM, the Administrator was interviewed. The Administrator stated that the facility has revised the facility's smoking policy on 09/20/17 and it was his expectation that staff and residents follow the smoking policy and assessments for safe smoking be completed.</p> <p>5. Resident # 85 was admitted to the facility on 8/24/2017 with diagnosis of cerebral infarction, myocardial infarction, chronic obstruction pulmonary disease, and hypertension. The resident's Minimum Data Set (MDS) dated 9/7/2017 indicated the resident's cognition was intact and had no impairment with her upper extremity.</p> <p>Review of Resident # 85 care plan dated 9/7/2017 revealed the resident was not care planned for smoking.</p> <p>Review of the facility's smoking list revealed Resident # 85 was identified as a smoker.</p> <p>Review of Resident # 85's medical records beginning 8//24/2017 through 9/21/2017 revealed there was no smoking assessment completed.</p> <p>During an interview on 9/20/2017 at 3:00 PM, Nurse Aide (NA) # 1, who was assigned to the</p>	F 323			



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F 323	<p>Continued From page 32</p> <p>resident, reported that Resident # 85 had a private sitter who sat with the resident throughout the day. She also indicated the resident was an independent smoker and her sitter usually takes the resident outside the facility to smoke.</p> <p>During the observation of the resident on 9/21/2017 at 11:00 AM, the resident was observed smoking cigarette outside the facility and was being supervised by her private sitter. The resident was wearing a smoking apron. During the interview with the private sitter she indicated the Nurses at the facility were keeping the cigarettes in the medication cart and they were providing the cigarettes to the resident.</p> <p>During an interview with Director of Nursing (DON) on 9/20/2017 at 10:30 AM, she reported even though Resident b# 85 was identified as a smoker, the staff did not complete the smoking assessment. She added her expectation of the staff was to complete the smoking assessment after the resident was identified as a smoker. She further added if the resident was not a safe smoker then they were to be supervised by staff members.</p> <p>During an interview with the Administrator, on 9/20/2017, at 3:50 PM, he stated he expected the residents who were identified as smokers to be assessed and if they were not safe to smoke independently they were to be supervised by staff when they went outside to smoke a cigarette.</p> <p>6. Resident # 59 was admitted to the facility on 4/13/2017 with diagnosis of acute and chronic respiratory failure with hypercapnia, chronic obstructive pulmonary disease, chest pain and</p>	F 323			

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F 323	<p>Continued From page 33</p> <p>anemia. The resident's Minimum Data Set (MDS) dated 8/28/2017 indicated the resident's cognition was intact and had no impairment with her upper extremity.</p> <p>Review of the care plan dated 8/30/2017 revealed Resident # 59 was not care planned for smoking.</p> <p>Review of the facility's smoking list revealed Resident # 85 was identified as a smoker.</p> <p>Review of Resident # 59's medical records 4/13/2017 through 9/21/2017 revealed there was no smoking assessment completed.</p> <p>During the interview on 9/20/2017 at 3:15 PM, Nurse Aide (NA) # 1 who was assigned to the resident reported that the resident regularly went outside the facility to smoke independently after signing herself out.</p> <p>During the observation of the resident on 9/21/2017 at 11:00 AM, the resident was observed smoking cigarette outside the facility. The resident was independently smoking the cigarette.</p> <p>During an interview with Director of Nursing (DON) on 9/20/2017 at 10:30 AM, she reported that the staff did not complete the smoking assessment for Resident # 59 even though she was identified as a smoker. She added her expectation of the staff was to complete the smoking assessment after identifying a resident as a smoker. She added if the resident was not a safe smoker then they were to be supervised by the staff members.</p> <p>During an interview with the Administrator, on</p>	F 323			

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F 323	<p>Continued From page 34</p> <p>9/20/2017, at 3:50 PM, he stated he expected the residents who were identified as smokers to be assessed and if they were not safe to smoke independently they were to be supervised by staff when they went outside to smoke a cigarette.</p> <p>7. Resident # 212 was admitted to the facility on 5/24/2016 with diagnosis of acute kidney failure, hypotension, hypokalemia and osteoarthritis. The resident's Minimum Data Set (MDS) dated 8/28/2017 indicated the resident's cognition was intact and had no impairment with her upper extremity.</p> <p>Review of the care plan dated 8/28/2017 revealed Resident # 212 was not care planned for smoking.</p> <p>Review of the facility's smoking list revealed Resident # 212 was identified as a smoker.</p> <p>Review of Resident # 212's medical records 6/1/2017 through 9/20/2017 revealed there was no smoking assessment completed.</p> <p>During the interview on 9/20/2017 at 3:20 PM, Nurse Aide (NA) # 1 who was assigned to the resident reported that the resident went outside independently to smoke after signing out herself.</p> <p>During the observation of the resident on 9/21/2017 at 11:00 AM, the resident was observed smoking cigarette outside the facility. The resident was independently smoking the cigarette.</p> <p>During an interview with Director of Nursing</p>	F 323			

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

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F 323	Continued From page 35 (DON) on 9/20/2017 at 10:30 AM, she reported that the staff did not complete the smoking assessment for Resident # 212 even though she was identified as a smoker. She added her expectation of the staff was to complete the smoking assessment when they identified a resident as a smoker. She added if the resident was not a safe smoker then they were to be supervised by the staff.  During an interview with the Administrator, on 9/20/2017, at 3:50 PM, he stated he expected the residents who were identified as smokers to be assessed and if they were not safe to smoke independently they were to be supervised by staff when they went outside to smoke a cigarette.	F 323		