

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

PRINTED: 04/05/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2016
NAME OF PROVIDER OR SUPPLIER HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H			STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC 27401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey of 2/25/16. Event ID# ZVQW11.	F 000			
F 253 SS=E	HOUSEKEEPING & MAINTENANCE SERVICES CFR(s): 483.15(h)(2) 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, record review and staff interviews the facility failed to maintain clean floors and carpet. The facility failed to maintain walls and floor tile in good repair. This was evident in 3 of 4 resident units. (Unit 100, 200 and 300) Findings included: 1.A. Observation on 2/23/16 at 9:43 AM revealed an accumulation of a brown/black colored substance in the floor corners at the entrance to Room #311. B. Observation on 2/23/16 at 9:33 AM revealed brown colored stained ceiling tile in Room # 310. The bathroom floor tiles were stained with a brown and red colored substance. C. Observation on 02/24/2016 at 8:58 AM in Room #203 revealed heavily stained black colored bathroom floor tile. The corners in the room had an accumulation of dust and brown colored substance under the cork board. Observation on 02/25/2016 9:33AM revealed the stained black colored marks remained. D. Observation on 02/25/2016 at 9:41AM	F 253		3/24/16	

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

TITLE

(X6) DATE

03/18/2016

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 253	<p>Continued From page 1</p> <p>revealed the bathroom floor tile was stained around the base of the toilet bowl in Room #217.</p> <p>E. Observation on 02/24/2016 at 8:08 AM revealed in Room #130 the bathroom floor tile was stained with a brown colored substance. The corners of the floor under the sink had an accumulation of a brown colored substance.</p> <p>F. Observation on 02/24/2016 at 8:27AM revealed a heavy stained carpet outside of Room #101.</p> <p>G. Observation on 02/24/2016 at 8:28 AM revealed the hallway carpet was soiled with an accumulation of a brown colored substance near the entrance to Room #103.</p> <p>H. Observation on 02/24/2016 at 8:28 AM revealed the carpet was soiled with an accumulation of a brown colored substance at the entrance to Room #104.</p> <p>I. Observation on 02/24/2016 at 8:31AM revealed the carpet at the entrance to Room #105 had a dried white substance with an accumulation of a brown colored substance.</p> <p>J. Observation on 02/24/2016 at 8:36 AM revealed the floor corners under the sink in Room #202 had an accumulation of a brown colored substance.</p> <p>K. Observation on 02/24/2016 at 8:47AM revealed the hallway carpet was soiled with an accumulation of a brown colored substance at the entrance to Room #204.</p> <p>Interview on 02/24/2016 at 5:00 PM with the Regional Vice President revealed housekeeping and maintenance services were a contracted service as far back as 2011 and he had identified a week or 2 ago (from 2/24/16 but no specific date provided) that floors needed cleaning. The Regional Vice President indicated that a training session was held on 2/22/16. Record review of</p>	F 253			

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F 253	<p>Continued From page 2</p> <p>the training session with the Regional Vice President revealed on 2/22/16 a training session was held regarding the weekly housekeeping procedure and safety reminders. An inquiry was made about what floors had been cleaned and the response was he does not keep track but would start.</p> <p>Interview on 02/25/2016 at 8:13 AM with the administrator revealed on 10/19/15 housekeeping and maintenance was identified with dirty floors on the 100 hall (South). As a result a plan was in place to strip all the floors on the 100 hall and staff training. The completion date for all floors clean was 11/16/15. Additionally, the administrator indicated that the housekeeping supervisor was replaced in December 2015 (no specific date provided) and the Regional vice president was monitoring in the facility twice a week.</p> <p>Interview on 02/25/2016 at 4:03 PM with the administrator revealed her expectation was to have clean resident rooms.</p> <p>2. A. Observation on 2/23/16 at 8:48 AM revealed the molding on the wall near the bathroom was partially intact with metal exposed in Room #107</p> <p>B. Observation on 2/23/16 at 9:33 AM revealed rough and unfinished plaster repair on the wall near Room #310 B bed.</p> <p>C. Observation on 02/24/2016 at 9:32 AM foot of bed has cracked floor tile and the cove molding was partially separated from the wall. Room #229. Observation on 02/25/2016 at 9:39 AM revealed the cove molding continued to be partially detached from the wall in the bathroom</p>	F 253			

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F 253	Continued From page 3 of Room #229. D. Observation on 02/25/2016 at 9:35 AM revealed cracked floor tile at the entrance to Room #206.	F 253			
F 278 SS=D	ASSESSMENT ACCURACY/COORDINATION/CERTIFIED CFR(s): 483.20(g) - (j) The assessment must accurately reflect the resident's status. 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	F 278		3/24/16	

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F 278	<p>Continued From page 4</p> <p>by: Based on observation, interview with staff and record review the facility failed to accurately assess the eating status of 1 of 3 resident's reviewed for activities of daily living. (Resident #87) 2. The facility failed to accurately assess the urinary incontinence of 1 of 3 residents in the sample reviewed for urinary incontinence (Resident #35). 3. The facility failed to code the assessment for constipation for 1 of 1 resident reviewed for constipation. (Resident #85)</p> <p>Findings included:</p> <p>1. Review of Resident #87 quarterly Minimum Data Set (MDS) assessment tools dated 10/21/16 and 1/15/16 quarterly revealed Resident #87 had a decline in eating from being independent to requiring supervision from staff.</p> <p>Interview on 02/24/2016 at 12:54 PM with the MDS nurse #2 revealed the coding on the activities of daily living (ADL) form documented by the nursing assistant (NA) maybe inaccurate. They (referring to NA) are documenting so fast or maybe he needed assistance that day. MDS nurse #2 also indicated Resident #87 was independent in eating as of this survey.</p> <p>Observation on 02/24/2016 at 1:49 PM revealed Resident #87 had his lunch tray in front of him and eating without staff assistance.</p> <p>Interview on 02/24/2016 at 3:19 PM with NA #14 revealed it was an error in documentation and coding on the ADL form. NA #14 indicated Resident #87 can fed himself and does not need cueing during meals.</p>	F 278			

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F 278	Continued From page 5 2. Resident #35 was admitted on 08/27/15, with the diagnosis in part of vascular dementia. The most recent minimum data set (MDS) revealed severe impairment and always incontinent of bowel and bladder. Review of - Admission assessment dated 09/03/2015 revealed, frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding). Compared To: 90-Day MDS Assessment: dated 11/22/2015, always incontinent (no episodes of continent voiding). Review of the bowel and bladder data collection data form for the assessment period revealed on 8/28/15 at 1:55 PM Resident #35 was continent of urine. During an interview on 02/24/2016 1:39:38PM, MDS Nurse #2 indicated Resident#35 had always been incontinent. She indicated it was a coding error. The C.N.A #2 documentation was wrong. She indicated she reviewed the bowel and bladder data form and interviewed the staff to obtain an assessment. MDS Nurse #2 indicated any errors made by the aides were corrected on the MDS assessment. During interview on 02/24/2016 2:41:45PM, C.N.A. #1 indicated Resident #35 was on a check and change program for incontinence at least every two hours. She was never able to communicate her needs and was always incontinent. During an interview on 02/25/2016 11:57:46 AM, C.N.A #1 indicated she remembered Resident#35 when she had first arrived. She indicted she had documented Resident#35 as incontinent. If she had documented her as continent it was an error.	F 278			

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F 278	Continued From page 6 During an interview on 02/25/2016 1:58:09 PM, MDS Nurse #1 indicated when the C.N.A incorrectly documented. The C.N.A. was asked if it was accurate. Once it is documented it cannot be changed, but it was coded accurately on the MDS. 3. Resident #85 was admitted to the facility on 4/30/15. The medical record revealed that she was prescribed , Amitiza 24 mcg (micrograms) by mouth twice daily on 7/3/15, Senokot with Senna 1 by mouth daily on 12/31/15, Lactulose 15 ml by mouth daily on 1/22/16, and Miralax 17 g (grams) by mouth twice daily on 1/30/16. All of these medications are used to treat constipation and/or bowel irregularities, and all used together indicated that the resident had a severe issue with bowel movements. The Minimum Data Sets (MDS) since 7/2015 were reviewed and none indicated that Resident #85 had any issues with constipation or any sort of bowel irregularities. The resident was interviewed on 2/25/16 at 12:30 PM and confirmed that she has had a long standing issue with her bowel movements. The MDS #1 nurse was interviewed on 2/25/16 at 3:00 PM about coding for constipation and/or bowel irregularities on Resident #85's MDS. She replied "It isn't on the MDS because 'as needed' Milk of Magnesia was only used once during the look back period. I did not look at the scheduled medications."	F 278			
F 332 SS=D	FREE OF MEDICATION ERROR RATES OF 5% OR MORE CFR(s): 483.25(m)(1)	F 332		3/24/16	

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F 332	<p>Continued From page 7</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, medical record review, and staff interview, the facility failed to maintain a medication administration rate below 5% (error rate 12%, 3 errors out of 25 opportunities, Residents #41, 145, and 193). Findings included: 1. Resident #41 was admitted to the facility on 1/25/13 with Calcium/Vitamin D deficiency. The medical record revealed that the physician had ordered Oscar 500 mg (milligram) with Vitamin D, Give 1 tablet daily as a supplement, on 3/23/15.</p> <p>Medication administration observations was conducted on 2/24/16 at 8:00 AM. Medication Aide #1 was observed administering 1 tablet of Calcium 500 mg to Resident #41.</p> <p>Upon interview on 2/24/16 at 11:20 AM, Medication Aide #1 confirmed that she administered Calcium only to Resident #41 and stated "I have stock bottles of Calcium only in my (medication) cart. I don't have stock bottles of Calcium with Vitamin D tablets in my cart. I will notify administration."</p> <p>The Director of Nursing was interviewed on 2/24/16 at 5:00 PM. She stated "My expectation is that the medications are given according to the 3 rights of medication administration; the right medication, the right dose, the right route."</p> <p>2. Resident #145 was admitted to the facility on</p>	F 332			

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F 332	<p>Continued From page 8</p> <p>12/15/14 with an order for Potassium Chloride (KCl) 20 meq (milliequivalents) to prevent hypokalemia complications as a result of concurrent long standing use of a diuretic medication for the treatment of congestive heart failure.</p> <p>Medication administration observation was conducted on 2/24/16 at 8:00 AM. Medication Aide #2 was observed administering 20 meq of KCl, throwing away the empty blister pack of potassium, and then requesting the nurse to obtain more KCl 10 meq from the pharmacy to give to Resident #145.</p> <p>Upon questioning Medication Aide #2 on 2/24/16 at 11:00 AM, she revealed that she thought that she had given only KCl 10 meq to Resident #145 and needed more of the KCl 10 meq to make a total of 20 meq KCl. The Medication Aide #2 was requested to obtain the empty blister pack from the recycle bin and confirm the dose given to Resident #145. Medication Aide #145 obtained the empty blister pack, confirmed that it was the total prescribed dose of KCl 20 meq, as was prescribed, and confirmed that there was no need to order or administer any more KCl to Resident #145, as the total dose for the day had been administered.</p> <p>The Director of Nursing was interviewed on 2/24/16 at 5:00 PM. She stated "We have recently changed pharmacies. We used to get KCl 10 meq and administer two tablets to Resident #145, but now we are supposed to only administer one tablet of the full 20 meq KCl dose. My expectation is that the medications are given according to the 3 rights of medication administration; the right medication, the right</p>	F 332			

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F 332	Continued From page 9 dose, the right route." 3. Resident #193 was admitted to the facility on 2/5/16 with orders to Take Aspirin 325 mg by mouth daily as preventative treatment for a cerebral vascular accident. Resident #193 also had orders, from admission, to crush medications that could be crushed for easy administration. Medication Administration observations was conducted on 2/24/16 at 8:00 AM. Medication Aide #2 was observed taking one Enteric Coated Aspirin 325 mg from a stock bottle and crushing the medication prior to administering it to Resident #193 by mouth. Upon interviewing Medication Aide #2, she stated "I did not know that enteric coated aspirin could not be crushed." She was readily able to provide a copy of Do Not Crush Medication list and realized that enteric coated items were listed on it. The Director of Nursing was interviewed on 2/24/16 at 5:00 PM. She stated "My expectation is that the medications are given according to the 3 rights of medication administration; the right medication, the right dose, the right route."	F 332			
F 371 SS=E	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.35(i) The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371		3/24/16	

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F 371	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to label and date food items. The facility failed to store food items off the floor. The facility failed to have floors, carpets and walls in the kitchen, dining room and dry storage area that were clean, free from cracks and free from an accumulation of dark brown colored substance. Findings included: Observation with the Food Service Manager (FSM) during the initial kitchen tour on 2/22/16 at 10:35 AM revealed: Walk in refrigerator: · There was 1 (5 pounds) opened containers of pimento cheese spread that was undated. 32 ounce container of liquid whole eggs that were opened and undated. An open package of pre-boiled eggs that were not dated when opened. There was a plastic bag that had a labeled to use by 2/2/16. There was no label of the contents. The FSM indicated the contents in the plastic bag was sliced corn beef. The corn beef was brown in color. Further interview with the FSM indicated that the corn beef needed to be throw away. There was a plastic bag with sliced meat out of the original container that was not labeled or dated. There was a plastic bag labeled American cheese. The actual contents was sliced turkey per FSM.	F 371			

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F 371	<p>Continued From page 11</p> <p>There was a plastic bag with slices of meat that was undated and not labeled. FSM indicated the slices of meat was ham.</p> <p>In the walk in freezer:</p> <ul style="list-style-type: none"> · There was a pan of cheese cake (identified by FSM) prepared by the facility staff that was not labeled or dated. <p>In the dry storage:</p> <ul style="list-style-type: none"> · There was a case of 12 (93 pounds 2 ounces) tomato soup cans stored on the floor. · A container of peanut butter that had been opened was sticky. The lid and the lip of the container had peanut butter spilled and dried on the outside. · There was dry cereal out of the original package stored in a plastic bag that was unlabeled and not dated. The FSM identified the cereal as uncooked oatmeal. · There was an unsealed 10 pound plastic bag of uncooked pasta. · There was plastic food wrapping on the floor. <p>Interview on 2/24/16 at 12:30 PM with Dietary aide #1 (DA) revealed once a food package was opened the package should be labeled and dated.</p> <p>Interview on 2/24/16 at 12:35 PM with DA #2 revealed the dietary staff was responsible for labeling and dating the package once a food item was opened then placed in a plastic bag.</p> <p>Continued observation on 2/22/16 during the initial tour at 10:30 AM revealed the following environmental issues:</p> <ul style="list-style-type: none"> · In the walk in freezer there were 4 (4 ounce size) cups of ice cream on the floor. · In the walk in freezer there were 3 white plastic strips from a food box packaging laying on the floor. · The floor tile under the bread shelf was heavily stained with a red colored substance. 	F 371			

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F 371	<p>Continued From page 12</p> <ul style="list-style-type: none"> · The water supply to the tilt skillet was leaking water down onto the floor creating a puddle. · The front panel of the stove was partially detached from base of the stove. Observation on 2/24/16 at 11:20 AM the front panel of the stove was still partially detached. · The floor tile at the entrance to the kitchen had an accumulation of a black substance in the corners. Observation on 2/24/16 at 12:30 PM continued to reveal the floor tile at the entrance to the kitchen had an accumulation of a black substance in the corners. · Observation on 2/22/16 at 10:45 AM revealed the perimeter of the kitchen floor in the corners of the floor had an accumulation of a black colored substance. Observation on 2/24/16 at 12:35 PM revealed the perimeter of the kitchen floor remained with an accumulation of a black colored substance. · Observations on 2/22/16 at 11:45 AM during the lunch meal revealed the drinking glasses were stored on a red tray which had permanent black stains. · Observation on 2/24/16 at 11:42 AM continued to reveal drinking glasses were stored on a red tray which had permanent black stains. · Observation on 2/22/16 at 11:50 AM of the dining room revealed the corners of the floor had cove molding missing with broken plaster. The floor tile was cracked with multiple areas of black colored stains. The metal strip between the floor tile and carpet had an accumulation of a black colored substance within the grooves. The multiple colored carpet at the metal strip was black colored. · Observations on 2/22/16 at 11:45 AM revealed the food in the dining Room was served from a portable steam table. This table was moved so that the cook could plate the food. In 	F 371			

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F 371	<p>Continued From page 13</p> <p>the corner where the steam table was stored an accumulation of a black substance and a dead crawling insect was embedded in dust. After the dining service the steam table was placed in the corner were the accumulation of the black substance and dead insect were observed.</p> <p>· Observation on 2/22/16 at 11:55 AM revealed in the cabinet under the ice machine in the dining room had a white colored cloth that had dried to a brown/orange color. There was an offensive odor. The base of the cabinet was crumbling. Continued observation on 2/23/16 at 11 AM and 5:35 PM revealed the status under the cabinet continued. By 2/23/16 at 5:45 PM the administrator observed the condition under the cabinet. Interview on 2/24/16 at 11:41 AM with the FSM revealed she noticed the white cloth in December 2015 (no specific date) because the ice machine in the dining area was leaking with dripping from the tea container. Interview on 2/24/16 at 12:15 PM with the director of housekeeping revealed he noticed the cloth in the cabinet when he arrived 3 weeks ago (from 2/24/16 no specific date provided). " The cloth was there to catch what was leaking. "</p> <p>Continued interview revealed the administrator requested the area be cleaned and repaired on 2/23/16. The director of housekeeping services indicated the leak from the ice machine was fixed on 2/23/16. Further interview revealed drippings of tea occurs when the staff obtained liquids during meals.</p> <p>Observation on 2/24/16 at 11:15 AM with the FSM revealed:</p> <p>· Observation of the dry storage area revealed the accumulation of brown colored substance in the corners and perimeter of the floor. Under 8 shelves in the dry storage area was an accumulation of dust. Interview with the FSM on</p>	F 371			

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F 371	Continued From page 14 2/24/16 at 11:20 AM indicated she was not sure when the area was thoroughly cleaned but was aware that mopping was done on the visible areas in front of the shelves. · Observation on 2/24/16 at 12:30 PM continued to reveal the two doors when entering and exiting the kitchen were chipped and scratched. The frame of the doors had peeling and chipped paint. The floor tile at the entrance to the kitchen had an accumulation of a black substance in the corners. Interview on 2/24/16 at 2:08 PM with FSM and the Area Support Manager for Nutrition Services was held. The FSM revealed she conducted a five minute sanitation /compliance walk through audits starting 12/30/15. As a result a training session was done on 1/27/16. Further interview on 2/24/16 at 2:28 PM with the FSM indicated her expectations for staff were to label and date food items once opened and any staff who see out of date food items should be thrown away. Additionally, the Cook was responsible for the floor being cleaned in the production area, the storage stock position was responsible for the dry storage floor being clean and dietary aides were responsible for the dishwashing area. Continued interview revealed the staff should make sure the floors are cleaned daily. Record review revealed a training session was conducted on 1/27/16 which included " all food is covered and properly labeled (double check walk-in) " Interview with the administrator on 2/25/16 at 8:57 AM revealed her expectations were that open items should be labeled and dated and the kitchen be kept clean.	F 371			
F 372 SS=E	DISPOSE GARBAGE & REFUSE PROPERLY CFR(s): 483.35(i)(3)	F 372		3/24/16	

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F 372	Continued From page 15 The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to maintain a clean area around the dumpster areas. Findings included: Observation on 2/24/16 at 11:30 AM of the dumpster area with the Food Service Manager (FSM) revealed trash, plastic bags, disposable white spoons, plastic gloves, clear plastic trash bags, napkins, disposable cups, and banana peels were noted behind the dumpster area, in front of the dumpster s and in the bushes behind the dumpster. There was a metal cart next to the dumpster with trash and banana peel in the cart. During the observation of the dumpster area the FSM revealed housekeeping staff were responsible for cleaning the dumpster area. Interview on 2/24/16 at 11:45 AM with the Director of housekeeping, laundry and maintenance services) [DHLM] revealed the floor tech (FT) was responsible for the maintenance and cleanliness of the dumpster area. FT joined the interview and indicated he was responsible for the dumpster area but had not had a chance to clean the area. Observation of the condition of the dumpster area on 2/24/16 at 11:50 AM with the DHLM and FT was done. The director indicated that the trash on the ground and in the bushes needed to be addressed. Interview with the administrator 2/25/16 at 8:40 AM revealed expectation that the dumpster area be kept clean.	F 372			

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F 520 SS=E	<p>QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS CFR(s): 483.75(o)(1)</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility's Quality Assurance and Assessment Committee failed to maintain effective monitoring processes that the facility had put into place on 6/26/15 to ensure that the general environment of the facility remained clean and orderly. This was for one recited deficiency that was originally cited on an annual recertification survey conducted on 5/29/15, and again on the current recertification</p>	F 520		3/24/16	

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F 520	<p>Continued From page 17</p> <p>survey. The deficiency was in the area of housekeeping and maintenance. The continued failure of the facility during the two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance Program. Findings included:</p> <p>Cross refer this citation to F253: Based on observations, record review and staff interviews the facility failed to maintain clean floors and carpet. The facility failed to maintain walls and floor tile in good repair. This was evident in 3 of 4 resident units (Units 100, 200, and 300).</p> <p>The facility was recited for F253 when they failed to develop and implement procedures and monitor these interventions to ensure the housekeeping and maintenance maintained a clean and orderly environment, as it related to the maintenance of the general environment.</p> <p>During an interview with the Administrator on 2/25/16 at 4:00 PM, she indicated that the facility's QA Committee consisted of herself, the Director of Nursing, the Medical Director, the pharmacist, and all of the facility's department heads, including maintenance and housekeeping. The Administrator indicated that the QA Committee met on a quarterly basis and more often if necessary. For the citation dated 6/26/15, the Administrator stated that the committee "focused on monitoring and fixing things in relation to shower heads only."</p>	F 520			