

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

PRINTED: 01/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/10/2013
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT			STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVE PLACE NW HICKORY, NC 28601	
(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 281 SS=E	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to administer a medication twice per day as ordered by the physician for 1 of 10 sampled residents (Resident #36) reviewed for unnecessary medications and failed to obtain laboratory testing as ordered by the physician for 1 of 10 sampled residents (Resident #108) reviewed for laboratory orders.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>Resident #36 was admitted to the facility with diagnoses including dementia, Alzheimer's Disease, agitation and combativeness.</li> </ol> <p>Since 07/11/12, the physician ordered Namenda (a medication used for moderate to severe dementia of Alzheimer's type) 10 milligrams (mg) to be given twice per day.</p> <p>Review of the Medication Administration Record (MAR) for January 2013 revealed the evening dose (9 PM) was not initialed as being given from 01/01/13 through 01/09/13. The MAR revealed that each time listed on the MAR for each medication was highlighted in a color signifying the shift the medication was to be administered. The Namenda's evening dosage was not highlighted.</p>	F 281	<p>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p> <p>F 281 - 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>Criteria 1</p> <p>A Medication Variance Report was completed for resident #36 on January 14, 2013. The Director of Nursing has notified the Physician and the Responsible Party.</p> <p>Criteria 2</p> <p>The Director of Nursing or designee will complete a 100% audit of Medication Administration Records for missing signatures for the last 30 days. The Medication Variance Report will be completed as required with notifications to the Physician and responsible party as required. These audits will be completed by February 7, 2013</p> <p>Criteria 3</p> <p>The Director of Nursing or designee will re-educate all Licensed Nurses and Medications Aides on Medication Management to include the process for medication administration and documentation by February 7, 2013. The Director of Nursing or designee will perform random audits of 10 Medication Administration Records 4 times per week for 4 weeks, then weekly for 8 weeks. Opportunities identified as a result of these audits will be corrected by the Director of Nursing or designee.</p>	Feb 7, 2013

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

*Jeffrey R Bards*

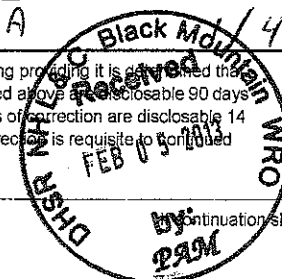
TITLE

LNHA

(X6) DATE

1/4/2013

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is established 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 281	<p>Continued From page 1</p> <p>An interview on 01/10/13 at 2:07 PM with Medication Aide (MA) #1 revealed she worked as the medication aide on 01/01/13, 01/02/13, and 01/08/13. She stated she gave the Namenda but did not document it. When asked how she remembered, she stated she just remembered. Regarding 01/08/13, she related that Nurse #2 actually gave the medications later in the shift and she just did the earlier ones.</p> <p>Interview with Nurse #2 on 01/10/13 at 3:58 PM revealed that the late medications given on 01/09/13 were administered by MA #1. Nurse #2 further stated that at 8 PM she gave MA #1 the keys to the medication cart.</p> <p>A follow up interview with MA #1 on 01/10/13 at 4:10 PM revealed she gave Namenda in the evening but forgot to sign it as being given.</p> <p>On 01/10/13 at 4:15 PM interview with the Director of Nursing (DON) and corporate nurse revealed that in reviewing the MAR, it appeared that the lack of highlighting the 9 PM dose of Namenda caused the staff to overlook giving the medication. The DON stated she expected staff to read the MAR and not just rely on the highlighted times.</p> <p>Phone interview with MA #2 on 01/10/13 at 4:45 PM revealed that she may have forgotten to give the Namenda or forgotten to sign it as being given. She further stated that if the time was not highlighted and she did not see anyone else sign the medication off she normally asked the nurse for clarification. Review of the MAR revealed she administered the other evening medications to Resident #36 the night of 01/05/13.</p>	F 281	<p>Criteria 4</p> <p>The results of the audits will be reported by the Director of Nursing in the monthly Quality Assurance Performance improvement meeting for 3 months then quarterly. The committee will evaluate and make further recommendations as indicated. Date of compliance will be February 7, 2013</p>	

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F 281	Continued From page 2  Phone interview with MA #3 on 01/10/13 at 4:51 PM revealed she may have forgotten to sign the Namenda as being given or may have forgotten to give it. She stated the times are highlighted to signify the times the medication was to be given. She further stated she tried to read the MAR but may have missed the Namenda since it was not highlighted. The MAR revealed MA #3 administered the other evening medications to Resident #36 on 01/04/13 and 01/07/13.  Phone interview with Nurse #3 on 01/10/13 at 6:15 PM revealed she could not recall if she gave Resident #36 the evening dose of Namenda. She stated she may have missed giving the Namenda if the time was not highlighted on the MAR.	F 281	F 309 – 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Criteria 1  The physician was notified on January 11, 2013 of missing lab for resident #1 and did not order follow up lab.  Criteria 2  The Director of Nursing or designee will perform a 100% audit of residents with an acute change of condition during the last 30 days to verify all interventions have been completed as ordered by February 7, 2013  Criteria 3  The Director of Nursing or designee will re-educate all Licensed Nurses regarding assessment, documentation and completion of ordered interventions as related to acute change of condition by February 13, 2013. The Director of Nursing or designee will review the 24 hour report for residents with an acute change of conditions and verify ordered interventions have been completed 4 times per week for 12 weeks. Opportunities identified as a result of these audits will be corrected by the Director of Nursing or designee.  Criteria 4  The results of the audits will be reported in the monthly Quality Assurance Performance Improvement meeting for 3 months then quarterly. The committee will evaluate and make further recommendations as indicated. Date of compliance February 7, 2013	Feb 7, 2013
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to order and obtain laboratory tests for a resident with a change in condition for 1 of 10 sampled residents reviewed for unnecessary medications (Resident #1).	F 309		

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F 309	<p>Continued From page 3</p> <p>The findings are:</p> <p>Resident #1 was admitted on 05/09/03 with diagnoses including diabetes mellitus, anemia, vitamin B12 deficiency, dementia with behaviors, and arthritis.</p> <p>Further review of the medical record revealed Resident #1 was evaluated by the Nurse Practitioner (NP) on 11/15/12 due to decreased intake for three days. In addition, Resident #1 had refused some of her medications. The NP noted Resident #1 was recently treated for a urinary tract infection and received an antibiotic for 7 days beginning on 10/29/12. The NP documented her plan was to obtain a CBC (complete blood count), BMP (basic metabolic profile), and repeat a urinalysis culture and sensitivity.</p> <p>Review of nurse's notes revealed nursing staffs attempts to collect a urine sample on 11/16/12 and 11/17/12 were unsuccessful because the resident was resistant to care and combative.</p> <p>Review of Resident #1's laboratory test results revealed no laboratory results for the CBC, BMP, or urinalysis culture and sensitivity ordered on 11/15/12.</p> <p>During an interview on 01/10/13 at 5:10 PM the Director of Nursing (DON) stated she had served as the facility's Assistant DON until mid November of 2012 when she assumed the role of the DON. The interview revealed the previous DON was responsible for entering orders for laboratory tests in the computer on 11/15/12 and there was no system in place at the time to</p>	F 309		

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F 309	Continued From page 4 assure laboratory tests were entered into the computer accurately. The DON stated she expected laboratory tests to be obtained as ordered by the Physician or NP.	F 309	F 312 - 483.25(A)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  Criteria 1  Residents #55, #98 and #73 received mouth and facial hair removal as required on January 11, 2013.	Feb 7, 2013	
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.  This REQUIREMENT is not met as evidenced by: Based on observations, medical record review, and staff and resident interviews the facility staff failed to provide mouth care/denture care for 1 resident and failed to trim chin hairs for 2 female residents, for 3 of 4 residents observed for activities of daily living (Residents #55, #98, and #73).  The findings are:  1. A facility policy entitled "Routine Resident Care" dated September 2011 read in part: "Residents are encouraged and assisted to perform mouth care morning and night."  Resident #55 was admitted to the facility with the diagnoses of diabetes, cerebral vascular accident with left hemi-paresis, and depression. Review of Resident #55's most recent Quarterly Minimum Data Set (MDS) revealed she had mild cognitive impairment. Further review of the MDS she needed extensive assistance with activities of	F 312	Criteria 2  The Director of Nursing or designee will complete an audit of all residents who require assistance with Activities of Daily Living to verify cleanliness and grooming to include mouth care and facial hair removal by February 7, 2013. Opportunities will be corrected as identified as result of these audits by the Director of Nursing or designee.  Criteria 3  All nursing staff will be re-educated by the Director of Nursing on providing assistance with Activities of Daily Living to include mouth care and removal of facial hair during bathing and showers by February 7, 2013. The Director of Nursing or designee will randomly observe 10 residents weekly for 12 weeks to verify residents are receiving required assistance with Activities of Daily Living including mouth care and removal of facial hair. Opportunities identified as a result of these audits will be corrected by the Director of Nursing or designee.  Criteria 4  The results of the audits and observations will be reported by the Director of Nursing in the monthly Quality Assurance Performance Improvement meeting for 3 months then quarterly. The committee will evaluate and make further recommendations as indicated. Date of compliance February 7, 2013		

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F 312	<p>Continued From page 5 daily living.</p> <p>Review of Resident #55's care plan revealed she was not care planned for activities of daily living although she needed extensive assistance due to her left hemiplegia.</p> <p>An observation was made on 01/07/13 at 11:37 AM of Resident #55 in bed wearing a hospital gown. Resident #55's dentures were noted to have a white coating and food debris.</p> <p>An interview was conducted on 01/08/13 at 3:44 PM with Resident #55. She stated staff did not assist her to clean her dentures last night or this morning. She stated she slept with her dentures in her mouth last night.</p> <p>During an interview on 01/09/13 at 11:14 AM Nursing Assistant (NA) #1 stated she assisted Resident #55 with morning care that morning. She stated she provided incontinence care, washed under her arms, dressed her, and assisted her to get up into her wheel chair. She stated she did not provide mouth care for Resident #55 that morning because the resident usually liked to have her teeth brushed after lunch. NA #1 stated she thought Resident #55 had her own teeth and was unaware she had dentures.</p> <p>An interview was conducted on 01/09/13 at 12:10 PM with Resident #55. Resident #55 stated she felt better now that she was cleaned up but that staff does not usually clean her mouth after lunch.</p> <p>On 01/09/12 at 3:00 PM an interview was conducted with NA #2 who had also worked with</p>	F 312		

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F 312	<p>Continued From page 6</p> <p>Resident #55 that day. She stated she provided incontinence care for Resident #55 after lunch and assisted her to bed. She stated she did not provide mouth care for Resident #55 because she did not have time.</p> <p>An interview was conducted on 01/09/13 at 5:30 PM with NA #3 who worked with Resident #55 on 2nd shift. She stated when she assists Resident #55 to bed she would change her into a hospital gown and provide incontinence care. She stated she had never provided mouth care or denture care for Resident #55.</p> <p>An interview was conducted on 01/09/13 at 5:37 PM with NA #4 who also worked with Resident #55, 2nd shift on a routine basis. She stated she had never provided mouth care or denture care for Resident #55.</p> <p>An interview was conducted with the Director of Nurses (DON) on 01/09/13 at 5:39 PM. The DON stated it was her expectation for NAs to provide mouth care twice per day and as needed for residents. She stated this would include denture care for residents as well. She stated she expected NAs to offer and provide mouth care and if care was refused to continue to offer to provide mouth care for those residents.</p> <p>2. Resident #98 was admitted to the facility with diagnoses which included diabetes, depression, and dementia.</p> <p>Review of Resident #98's most recent Quarterly Minimum Data Set (MDS), dated 12/28/12 revealed she had long and short term memory loss and was impaired for daily decision making.</p>	F 312			

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F 312	<p>Continued From page 7</p> <p>The MDS further revealed Resident #98 needed extensive assistance with all activities of daily living. The MDS further noted rejection of care was not exhibited by this resident.</p> <p>An observation was made on 01/09/13 at 12:34 PM of Resident #98 in the dining room eating lunch. She was observed to have two patches of course white hairs approximately 3/8 of an inch long. Staff was feeding Resident #98 and wiping her chin as she ate.</p> <p>An observation was made on 01/10/13 at 9:06 AM of Resident #98 sitting in the hall near the nurses' station. Resident #98 continued to have two patches of white course chin hair approximately 3/8 of an inch long.</p> <p>An interview was conducted on 01/10/13 at 9:09 AM with Nursing Assistant (NA) #1. NA #1 stated she was caring for Resident #98 and that she gave her a shower on 01/09/13. She stated she normally does shave female resident's chin hairs on shower days. NA #1 further stated she must have missed Resident #98's chin hairs yesterday.</p> <p>An interview was conducted on 01/10/13 at 9:30 AM with the Director of Nurses (DON). The DON stated it was her expectation that staff shave female residents' chin hair during their showers.</p> <p>3. Resident #73 was admitted on 01/30/09 with diagnoses including Alzheimer's Disease and</p>	F 312			



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F 312	<p>Continued From page 8</p> <p>anxiety. The annual Minimum Data Set (MDS) completed on 10/18/12 revealed Resident #73 had short and long-term memory problems and moderately impaired cognitive skills for daily decision making. The annual MDS further revealed Resident #73 required extensive assistance with personal hygiene and rejection of care was not exhibited.</p> <p>Review of a care plan dated 11/18/12 revealed Resident #73 required extensive assistance to total care for the completion of activities of daily living (ADL). The stated goal was for Resident #73 to have her ADL needs identified and met with staff assistance and intervention daily through the next review in three months.</p> <p>On 01/09/13 at 10:25 AM Resident #73 was observed with at least ten total facial hairs approximately 1/2 inch to 3/4 of an inch in length on her chin and above her upper lip. The resident was propelling herself in her wheel chair near the nurse's station at the time of the observation. A subsequent observation on 01/10/13 at 10:00 AM revealed at least ten total facial hairs approximately 1/2 inch to 3/4 of an inch in length noted on her chin and upper lip.</p> <p>Review of a resident care specialist assignment sheet printed on 01/10/13 revealed Resident #73 was showered during the 7:00 AM to 3:00 PM shift on Monday and Thursday.</p> <p>On 01/10/13 at 4:00 PM the Director of Nursing (DON) observed Resident #73 and stated Resident #73's facial hairs should have been removed on her shower day.</p>	F 312			

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F 312	Continued From page 9 During an interview on 01/10/13 at 4:37 PM Nurse Aide #5 stated she normally shaved residents every two to three days and had last removed Resident #73's facial hairs on 01/04/13.	F 312	F 329 - 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to monitor a medication as ordered by the Physician for 1 of 10 sampled residents	F 329	Criteria 1  The hepatic function panel for resident #108 was completed on January 11, 2013. The Physician and Responsible Party were notified on January 11, 2013  Criteria 2  The Director of Nursing will perform a 100% audit of labs ordered in last 30 days to ensure all labs have been collected and results received as ordered by the Physician by February 7, 2013.  Criteria 3  The Director of Nursing or designee will re-educate all Licensed Nursing Staff on the Lab Management System to include data entry into the lab vendor computer system by February 7, 2013. The Director of Nursing or designee will audit Physician orders 4 times per week for 12 weeks to verify appropriate data entry of lab orders into the lab vendor computer system. The Director of Nursing or designee will audit the lab log 4 times per week to verify labs have been collected, results received, and reported to the physician as ordered. Opportunities identified as a result of these audits will be corrected daily by the Director of Nursing or designee.  Criteria 4  The results of the audits will be reported in the monthly Quality Assurance Performance Improvement meeting for 3 months and then quarterly. The committee will evaluate and make further recommendations as indicated. Date of compliance February 7, 2013.	Feb 7, 2013	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/10/2013
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT			STREET ADDRESS, CITY, STATE, ZIP CODE 220 13TH AVE PLACE NW HICKORY, NC 28601		
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F 329	<p>Continued From page 10 reviewed for unnecessary medications (Resident #108).</p> <p>The findings are:</p> <p>Resident #108 was admitted on 05/03/12 with diagnoses including Alzheimer's Disease anxiety, and agitation. Review of Physician's orders for 01/01/13 through 01/31/13 revealed Resident #108 was started on Depakote Sprinkle (antiseizure medication) 125 mg (milligrams) taken by mouth three times a day for anxiety on 09/27/12.</p> <p>Review of the medical record revealed a pharmacy consultant report dated 11/30/12 which recommended monitoring a hepatic function panel (liver function test) on the next convenient laboratory day and every six months thereafter due to the daily use of Depakote Sprinkle. The rationale for the recommendation was due to the potential increased risk for liver damage and/or inflammation of the pancreas associated with the medication. The Physician's response was signed on 12/18/12 and stated the above recommendations were accepted and requested they be implemented as written.</p> <p>Continued review of the medical record revealed a Physician's order dated 12/18/12 for a hepatic function panel on the next laboratory day. Review of Resident #108's laboratory test results revealed no laboratory results for the hepatic function panel ordered on 12/18/12.</p> <p>During an interview on 01/10/13 at 11:00 AM the Director of Nursing (DON) confirmed she was solely responsible for entering orders for</p>	F 329			

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F 329	Continued From page 11 laboratory tests in the computer on 12/18/12 when the Physician's order for Resident #108's hepatic function panel to be drawn on the next laboratory day was received. The DON recalled she reviewed the order for the hepatic function panel and could not explain why she neglected to enter the order into the computer to notify the laboratory of the request. The DON stated currently there was no system in place for assuring laboratory tests were entered into the computer, but she expected laboratory tests to be obtained as ordered by the Physician.	F 329	F 371 - 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  Criteria 1  Corrective action for alleged deficient finding was completed on 01/07/13. All noted yogurts were disposed of to assure no resident would be presented with outdated foods. Additionally on same day all storage areas were validated to assure no products were outdated and available for resident service.  Criteria 2  In order to assure that no resident would be affected by service of outdated food products, the steps completed in "Criteria 1" were implemented and sustained with new daily kitchen audits put in place as a part of our plan of correction (see criteria 3 and 4). The initial review and ongoing review for outdated products assures no potential for any resident to receive.  Criteria 3  All dietary staff have been educated on the importance of assuring foods served to residents are in compliance with recommended expiration dates. Additionally dietary staff educated on new daily audit tools used to assure compliance. Staff made aware of responsible party for completion. Persons responsible for would include the dietary aide with oversight from the FSD.	Feb 7, 2013
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to discard out of date yogurt in one of one reach in cooler.  The findings are:  During initial tour of the kitchen on 01/07/13 at 9:10 AM, the reach in cooler was observed with the Dietary Manager. She stated the reach in cooler was used for items that were ready for use	F 371		

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F 371	<p>Continued From page 12</p> <p>for this date so that the staff did not have to access the larger refrigerator. In this cooler were 14 containers of yogurt with use by date of 01/01/13.</p> <p>On 01/07/13 at 9:12 AM, the Dietary Manager and Cook #1 were asked how long the yogurts were in the reach in cooler and who placed the yogurts in the reach in cooler. Both the Dietary Manger and Cook #1 stated they did not know who put the yogurts in the reach in cooler and how long they had been in the reach in cooler. The Dietary Manager discarded the yogurts at this time.</p> <p>On 01/10/13 at 3:30 PM, Cook #1 in the presence of the Dietary Manager, stated that she had removed the yogurts form the nourishment refrigerator in the corner of the dining room after breakfast on 01/07/13 due to the refrigerator being too full. She stated she placed them in the reach in cooler to use later. She further stated she failed to look at the dates at that time, but would have noticed the yogurts' best used by dates when she set up the lunch line for service. The Dietary Manager stated at this time that some yogurts are placed in the refrigerator in the dining room for residents who would like them as a snack.</p> <p>On 01/10/13 at 3:45 PM Cook #2, in the presence of the Dietary Manager, stated she worked the weekend and had checked the refrigerator in the dining room on Sunday and discarded some yogurts with the best used by date of 01/01/13. She stated she discarded those immediately, as always. The Dietary Manager was unable to explain how the yogurts got into the refrigerator in</p>	F 371	<p>Criteria 4</p> <p>To assure ongoing and continued compliance, the facility has implemented a daily audit tool which will verify no outdated products are available for service to residents. This will be for the following areas; reach in refrigerators, nourishment room refrigerators and walk in coolers. Audit tool will be ongoing daily for a minimum of 4 months. Tool will be completed by dietary aide or other designee and monitored weekly by the FSD or designee. FSD will do random audits at a minimum of 4 times per month to assist and assure in continued compliance. The results of the audits will be reported in monthly QAPI meetings for the initial 4 month daily audit period and then evaluated at the end of for modifying or continued review.</p>	

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F 371	Continued From page 13 the first place.	F 371			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to act upon a pharmacy recommendation regarding Physician ordered routine laboratory tests for 1 of 10 sampled residents reviewed for unnecessary medications (Resident #1).  The findings are:  Resident #1 was admitted on 05/09/03 with diagnoses including diabetes mellitus, anemia, vitamin B12 deficiency, dementia with behaviors, and arthritis. Review of Resident #1's current Physician's orders revealed orders for the following laboratory tests to be completed every 6 months (March/September): Vitamin B12 level, CBC (complete blood count) with differential, BMP (basic metabolic profile), and a Hemoglobin A1c (determines blood sugar control).	F 428			

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F 428	Continued From page 14 Review of Resident #1's laboratory test results revealed results for a Vitamin B12 level, CBC, BMP, and a Hemoglobin A1c dated 03/02/12. There were no laboratory results located for the Physician ordered routine tests to be completed in September 2012.  Review of a consultation report dated 09/30/12 revealed the Pharmacist noted the results of Resident #1's routine September laboratory test were not in her medical record. The Pharmacist requested the facility to follow up on the laboratory tests.  During an interview on 01/10/13 at 10:55 AM the Director of Nursing (DON) stated she had served as the facility's Assistant DON until mid November of 2012 when she assumed the role of the DON. The interview revealed the previous DON was the person responsible for entering orders for laboratory tests in the computer on 11/15/12 and there was no system in place at the time to assure laboratory tests were entered into the computer accurately. The DON stated she expected laboratory tests to be obtained as ordered by the Physician.	F 428	F 428 - 483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON  <u>Criteria 1</u>  The physician was notified of missing lab on January 11, 2013 and there were no further orders for follow up. <u>Criteria 2</u>  The Director of Nursing or designee will perform a 100% audit of Pharmacy recommendations initiated during the last 90 days to verify accurate completion of recommendations by February 7, 2013.  <u>Criteria 3</u>  The Director of Nursing or designee will re-educate all Licensed Nurses on completion of Pharmacy recommendations by February 7, 2013. The Director of Nursing or designee will review Pharmacy recommendations for timely completion weekly for 4 weeks and then monthly for 2 months. Opportunities identified as a result of these audits will be corrected by the Director of Nursing or designee.  <u>Criteria 4</u>  The results of the audits will be reported by the Director of Nursing in the monthly Quality Assurance Performance Improvement meeting for 3 months and then quarterly. The committee will evaluate and make further recommendations as indicated. Date of compliance February 7, 2013.	Feb 7, 2013	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it -	F 441		Feb 7, 2013	

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F 441	<p>Continued From page 15</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to clean scissors after being contaminated and before using them to cut a clean medicated dressing in half for 1 of 3 sampled residents observed for dressing changes. (Resident #13)</p> <p>The findings are:</p>	F 441	<p>F 441 – 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p><u>Criteria 1</u></p> <p>Resident #13 has had no adverse outcomes related to the scissors used during wound care. The scissors have been cleaned and stored appropriately.</p> <p><u>Criteria 2</u></p> <p>All residents receiving wound care requiring scissors to cut needed supplies may be affected by this alleged deficient practice.</p> <p><u>Criteria 3</u></p> <p>The Director of Nursing or designee will re-educate all Licensed Nurses on Infection Prevention techniques with wound care, to include acceptable equipment cleaning, by February 7, 2013. The Director of Nursing or designee will complete random observations of Licensed Nurses providing wound care to verify acceptable infection prevention techniques are being utilized. The Director of Nursing or designee will randomly observe 10 dressing changes weekly for 4 weeks and then monthly for 2 months. Opportunities identified as a result of these audits will be corrected by the Director of Nursing or designee.</p> <p><u>Criteria 4</u></p> <p>The results of the audits will be reported by the Director of Nursing in the monthly Quality Assurance Performance Improvement meeting for 3 months then quarterly. The committee will evaluate and make further recommendations as indicated. Date of compliance February 7, 2013</p>	



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F 441	Continued From page 16  On 01/09/13 at 2:44 PM Nurse #4 was observed providing Resident #13 a dressing change to her right heel and right above the ankle wounds. Nurse #4 gathered the items from the treatment cart, locked her cart and dropped her keys in her pocket. Once in the resident's room, Nurse #4 removed a pair of scissors from her pocket which had the keys and cut the kling dressing from Resident #13's right foot and ankle. The dressing under the kling were saturated in discolored fluid from the heel wound. She then laid the scissors on the sheets of the resident's bed. Once the areas were cleaned with sterile water, Nurse #4 picked up the scissors from the resident's sheets, cut open the dressing's package and cut the clean medicated dressing in half without cleaning the scissors. She then laid the scissors on the towel on the bedside table and proceeded to apply the dressing to the two areas on the resident's foot and ankle and wrapped the dressing with kling. Once the dressing was secured, Nurse #4 picked up the scissors, placed them in her pocket with her keys and left the room with the trash.  Interview with Nurse #4 on 01/09/13 at 3:10 PM revealed she normally wiped the scissors with antibacterial wipes she kept on the treatment cart after a treatment after using the scissors. She stated she should have cleaned the scissors after laying them on the bed and before cutting the clean medicated dressing in half. She further stated she should not have put them in her pocket with her keys.  Interview with the Director of Nursing on 01/10/13 at 2:00 PM revealed she expected the nurse to	F 441			

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F 441	Continued From page 17 clean the scissors, once used to remove a soiled dressing and placed on the resident's bed, before using them to cut a clean medicated dressing.	F 441			