

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

PRINTED: 01/22/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/31/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICH SQUARE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 NORTH MAIN STREET</b> <b>RICH SQUARE, NC 27869</b>		
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F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident, staff and family interviews the facility failed to resolve a grievance regarding a preferred activity choice based on assessments and care plans for 1 of 7 residents (Resident #5) reviewed for grievances. Findings included:</p> <p>Resident #5 was admitted 2/20/09 with cumulative diagnoses of diabetes and hypertension. Her annual MDS dated 8/1/14 indicated her favorite activities were very important to her and her quarterly MDS dated 10/31/14 indicated she was cognitively intact. Resident #5 was care planned for her preferred activities on 2/11/14 to include bingo and last updated 11/18/14. An activity progress note dated 10/31/14 indicated Resident #5 participated in bingo.</p> <p>A grievance dated 4/8/14 on behalf of Resident #5 indicated she requested more bingo and stated "I absolutely enjoy bingo and it is something I can do." The grievance was completed by Resident #5's guardian angel during an audit visit. The guardian angel suggested some craft classes where the residents could make some things. The investigation was conducted by the activity director (AD) and indicted Resident #5 did not</p>	F 166	<p>Resident #5 was interviewed on January 20, 2015 by the MDS nurse about any unresolved grievances.</p> <p>Any other resident with a grievance can be affected by this process, therefore, on January 5, 2015 grievances from the past year were reviewed by the management team for resolution of the grievance.</p> <p>The staff will be educated by the Administrator on January 23, 2015 on the current grievance process and the new grievance process (with Pendulum) that will be affective Feburary 2, 2015.</p> <p>The Director of Clinical Operations will review grievances for resolution of issues identified on a grievance until the risk company (Pendulum) assumes review of the grievance process.</p> <p>The monthly statisical report from Pendulum will be brought to the monthly QAPI committee as part of facility operations.</p>	1/27/15	

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

TITLE

(X6) DATE

Electronically Signed

01/21/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 166	<p>Continued From page 1</p> <p>understand the options given to her to include painting, bead working, making silk arrangements but she was invited to attend craft and other activities on 4/9/14. The administrator signed off the in outcome 4/9/14.</p> <p>During an observation on 12/30/14 at 2:40 PM, Resident #5 was playing cards with her family member. Resident #5 stated she was unhappy with the changes in the activity calendar and preferred to play more bingo rather than "chair dancing or throwing a balloon into a basket. It's just silly." The family member, who was the resident's responsible party (RP), confirmed she visited Resident #5 daily. The RP stated bingo was reduced to twice weekly last spring sometime. The administrator replaced bingo with other games and got a Wii computer game. Resident #5 stated she did not wish to participate in the Wii games or the exercise activities. The RP stated she had spoken with administration about the changes in the activity calendar with no resolution. She stated she was aware a grievance was completed for Resident #5 awhile back but she did not feel the facility made any effort to resolve the on-going unhappiness about the reduction of bingo.</p> <p>A review of Resident #5's activity attendance logs from March 2014 to present indicated she played bingo every time it was offered in accordance with the activity calendar except for 2 refusals in December 2014 but consistent refusals of the newly initiated activities like the chair exercise and Wii computer games.</p> <p>In an interview on 12/30/14 at 4:50 PM, the AD stated she had to initiate an activity care plan 2/11/14 to reflect Resident #5's continued</p>	F 166			

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F 166	Continued From page 2 refusals of the newly instituted activities. She recalled discussing the grievance with the family and the administrator but there was no real resolution that she could remember and Resident #5 was not interested in any of the new activity choices.  In an interview on 12/31/14 at 10:48 AM the medical records director who completed the grievance dated 4/8/14 recalled being Resident #5's guardian angel at that time. She stated Resident #5 voiced a desire for more bingo so she completed a grievance and gave it to the AD.  In an interview on 12/31/14 at 11:10 AM the administrator confirmed her signature on the grievance form dated as completed 4/9/14. The administrator stated she felt her "hands were tied" because not everyone was happy with playing bingo so much. She stated her expectation that any grievance be resolved to the best of the ability of the facility.	F 166			
F 242 SS=E	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES  The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.  This REQUIREMENT is not met as evidenced by: Based on observations, record review, resident, staff, and family, the facility failed to honor	F 242	Residents #3,4,5,6, and 7 were interviewed by the Activity Director for	1/27/15	

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F 242	<p>Continued From page 3</p> <p>activities of choice based on assessments and care plans for 5 of 7 residents (#3, #4, #5, #6 and #7) reviewed for choice. Findings included:</p> <p>A review of the activity calendar from March 2014 to present indicated bingo was played twice weekly and a review of the resident counsel minutes from 3/12/14 indicated bingo was an ongoing concerns, 8/13/14 the residents voiced they did not have any rights and again on 12/10/14, residents did not want to attend the new activities.</p> <p>1. Resident #3 was admitted 12/19/2007 with cumulative diagnoses of diabetes, anxiety and cerebral vascular accident (CVA). The annual Minimum Data Set (MDS) dated 12/8/14 indicated Resident #3 was cognitively intact and able to make own choices. The MDS also indicated activities of choice were very important to him. Resident #3 ' s most recent activity progress note dated 12/8/14 indicated he enjoyed bingo. A review of the activity care plan initiated 4/1/14 and updated 12/23/14 indicated Resident #3 preferred activities as bingo.</p> <p>In an interview on 12/30/14 at 11:00 AM, nursing assistant (NA) #3 stated she had been working at the facility for approximately 8 months. She stated residents frequently complained that their rights were violated by not letting them play bingo when they wanted too. NA #3 stated the residents frequently complained about not being able to play bingo as often as they wanted.</p> <p>In an interview 12/30/14 at 11:55 AM, Resident #3 stated the administrator allowed the activity director to add bingo to the activity calendar twice weekly and the administrator put the bingo game</p>	F 242	<p>their choice of activity, to be completed by January 23, 2015.</p> <p>Any resident attending activities could be affected by the center's activities, therefore, the Activity Director will interview those residents attending activities for their choice of activity. The Activity Director and the President of the Resident Council will make appropriate changes to the calendar based on the resident input from the resident interviews to formulate the February Activity Calendar by January 27, 2015.</p> <p>The Administrator will meet with staff on January 23, 2015 educating the staff on communicating with management concerns on resident's displeasure with their choices within the center. The Administrator met with the Guardian Angels on January 20, 2015 to review changes in the Guardian Angel rounds form to reflect question on choice of activity.</p> <p>The upcoming month's activity calendar will be discussed at resident council for content and at that time changes will be brought to the council for discussion. The Activity Director and the President of Resident Council will approve and sign off on the final calendar.</p> <p>The Activity Director will bring the results of the resident council meeting to the monthly QAPI meeting for review by the committee.</p>		

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F 242	<p>Continued From page 4</p> <p>in the activity room with instructions that if they wanted to play, they could do it themselves. Resident #3 stated activity room where the bingo game was placed could not accommodate any more than one or two wheelchairs due to its size and added the social worker's office and activity director's office also connected to the activity room. Many of the cognitively intact residents were unhappy with the new activity choices and did not wish to participate. Resident #3 recalled speaking with the administrator regarding the concerns voiced by the residents but there had been no changes in the activity calendar. Resident #3 became tearful and stated he did not feel his preferences mattered.</p> <p>In an interview on 12/30/14 at 1:45 PM, the social worker (SW) stated the administrator cut back on the amount of bingo the residents were playing and she opened up activity room for the residents to play anytime they wanted to but the residents complained that the room was too small. The SW stated the administrator told the residents they could use the main dining room for bingo if it was not in use during meals or other activities.</p> <p>Resident #3 was observed 12/30/14 at 2:00 PM sitting in his wheelchair in the hallway and sitting in his wheelchair in the lobby at 4:00 PM. On 12/31/14, Resident #3 was observed sitting in his wheelchair in his room watching television. Resident #3 was not observed in any structured activities. A review of Resident #3's activity attendance logs from March 2014 to present indicated he played bingo every time it was offered in accordance with the activity calendar but consistent refusals of the newly initiated activities like the chair exercise and Wii computer games.</p>	F 242			

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F 242	Continued From page 5  In an interview on 12/30/14 at 2:50 PM the activity director (AD) stated not long after the new administrator arrived in June and she stopped bingo altogether but added it back initially only once but at present twice weekly after the annual survey 1/12/14. The administrator placed the bingo items in the activity room with instructions to the resident during a resident council meeting that if they wanted to play additional bingo, they could play by themselves. The AD stated this intervention had not proven helpful because it was difficult for most of the residents to use the number dispenser, lack of adequate room in the activity area and all the residents wanted to play so nobody wanted to call the numbers. The AD stated the administrator was aware of the unhappiness of the residents since bingo was changed. The AD stated the care plan for Resident #3 was initiated on 4/1/14 due to his reported disinterest in activities anymore and multiple refusals to attend the newly schedule activities.  In an interview on 12/30/14 at 2:55 PM, Nurse #5 stated some of the residents were unhappy with some changes made not allowing them to play bingo as often. Nurse #5 stated administration was aware.  In an interview on 12/30/14 at 5:58 PM. the administrator stated she felt the residents were satisfied with the new structured activities as evidence by an 84% satisfaction rate from the cognitively intact residents on 2/11/14 and the guardian angel rounds that were ongoing. The administrator provided no additional evidence of any repeated satisfaction evaluations completed since February 2014.	F 242			

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F 242	<p>Continued From page 6</p> <p>In an interview on 12/31/14 at 10:33 AM NA #4 stated he had worked at the facility for 2 years and was very familiar with the residents unhappiness at the facility. NA #4 stated most of the interviewable residents had stated they do not feel like they had any say about when they could play bingo and they mentioned missing it a lot. NA #4 stated the facility was their home and they should be able to play bingo as much as they wanted.</p> <p>2. Resident #4 was admitted 12/12/10 with cumulative diagnoses of rheumatoid arthritis and depression. The annual MDS dated 11/12/14 indicated Resident #4 was cognitively intact and able to make her own choices. The MDS also indicated that her favorite activities were somewhat important to her. Resident #4's care plan was initiated 3/1/14 and last updated 11/24/14 indicated her preferred activities as bingo and beauty shop. An activity progress note dated 11/11/14 indicated Resident #4 participated in bingo.</p> <p>In an interview on 12/30/14 at 11:00 AM, nursing assistant (NA) #3 stated she had been working at the facility for approximately 8 months. She stated residents frequently complained that their rights were violated by not letting them play bingo when they wanted too. NA #3 stated the residents frequently complained about not being able to play bingo as often as they wanted.</p> <p>In an interview on 12/30/14 at 1:45 PM, the social worker (SW) stated the administrator cut back on the amount of bingo the residents were playing and she opened up activity room for the resident to play anytime they wanted too but the residents</p>	F 242			

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F 242	<p>Continued From page 7</p> <p>complained that the room was too small. The SW stated the administrator told the resident they could use the main dining room for bingo if it was not in use during meals or other activities.</p> <p>A review of Resident #4's activity attendance logs from March 2014 to present indicated she played bingo every time it was offered in accordance with the activity calendar except for 2 refusals in August 2014 and 1 refusal in October but consistent refusals of the newly initiated activities indicated as "active games" and Wii computer games.</p> <p>In an interview on 12/30/14 at 2:50 PM the activity director (AD) stated not long after the new administrator arrived in June 2013 she stopped bingo altogether but added it back initially only once but at present twice weekly after the annual survey 1/12/14. The administrator placed the bingo items in the activity room with instructions to the resident during a resident council meeting that if they wanted to play additional bingo, they could play by themselves. The AD stated this intervention had not proven helpful because it was difficult for most of the residents to use the number dispenser, lack of adequate room in the activity area and all the residents wanted to play so nobody wanted to call the numbers. The AD stated the administrator was aware of the unhappiness of the residents since bingo was changed.</p> <p>In an interview on 12/30/14 at 2:55 PM, Nurse #5 stated some of the residents were unhappy with some changes made not allowing them to play bingo as often. Nurse #5 stated administration was aware.</p>	F 242			



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F 242	<p>Continued From page 8</p> <p>In another interview on 12/30/14 at 4:50 PM, the AD stated she had to initiate activity care plan on 3/1/14 for Resident #4 to reflect her continued refusals of the newly instituted activities.</p> <p>In an interview on 12/30/14 at 5:58 PM. the administrator stated she felt the residents were satisfied with the new structured activities as evidence by an 84% satisfaction rate from the cognitively intact residents and guardian angel rounds. The administrator provided no additional evidence of any repeated satisfaction evaluations completed since February 2014.</p> <p>In an interview on 12/31/14 at 10:33 AM NA #4 stated he had worked at the facility for 2 years and was very familiar with the residents unhappiness at the facility. NA #4 stated most of the cognitively intact residents had stated they do not feel like they had any say about when they could play bingo and they mentioned missing it a lot. NA #4 stated the facility was their home and they should be able to play bingo as much as they wanted.</p> <p>In an interview on 12/31/14 at 3:00 PM, Resident #4 stated she was very disappointed when bingo got cut back. "We used to be able to play when we wanted to. Now we only get to play twice a week and on resident choice days." Resident #4 stated the administrator told the resident council awhile back that "we can do play it ourselves in the activity room but that room is too small and puzzles were out on the tables in there." Resident #4 stated she started spending more time in her room reading her bible. Resident #4 stated she felt there was not enough socialization to keep her mind sharp.</p>	F 242			

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F 242	<p>Continued From page 9</p> <p>3. Resident #5 was admitted 2/20/09 with cumulative diagnoses of diabetes and hypertension. Her annual MDS dated 8/1/14 indicated her favorite activities were very important to her and her quarterly MDS dated 10/31/14 indicated she was cognitively intact. Resident #5 was care planned for her preferred activities on 2/11/14 and last updated 11/18/14 to include word search, puzzles and bingo. An activity progress note dated 10/31/14 indicated Resident #5 participated in bingo.</p> <p>In an interview on 12/30/14 at 11:00 AM, nursing assistant (NA) #3 stated she had been working at the facility for approximately 8 months. She stated residents frequently complained that their rights were violated by not letting them play bingo when they wanted too. NA #3 stated the residents frequently complained about not being able to play bingo as often as they wanted.</p> <p>In an interview on 12/30/14 at 1:45 PM, the social worker (SW) stated the administrator cut back on the amount of bingo the residents were playing and she opened up activity room for the resident to play anytime they wanted too but the residents complained that the room was too small. The SW stated the administrator told the resident they could use the main dining room for bingo if it was not in use during meals or other activities.</p> <p>In an observation on 12/30/14 at 2:40 PM, Resident #5 was playing card with her family. Resident #5 stated she was unhappy with the changes in the activity calendar and preferred to play more bingo rather than "chair dancing or throwing a balloon into a basket. It ' s just silly." The family member confirmed she visited Resident #5 daily and volunteered at the facility.</p>	F 242			

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F 242	<p>Continued From page 10</p> <p>The family member stated the administrator told the resident that playing for money was gambling and she did not want gambling at "her" facility. She replaced bingo with other games and got a Wii computer game but the residents did not seem to enjoy using it. Resident #5 stated she did not wish to participate in the Wii games or the exercise activities.</p> <p>A review of Resident #5's activity attendance logs from March 2014 to present indicated she played bingo every time it was offered in accordance with the activity calendar except for 2 refusals in December 2014 but consistent refusals of the newly initiated activities like the chair exercise and Wii computer games.</p> <p>In an interview on 12/30/14 at 2:50 PM the activity director (AD) stated not long after the new administrator arrived in June 2013 she stopped bingo altogether but added it back initially only once but at present twice weekly after the annual survey 1/12/14. The administrator placed the bingo items in the activity room with instructions to the resident's during a resident council meeting that if they wanted to play additional bingo, they could play by themselves. The AD stated this intervention had not proven helpful because it was difficult for most of the residents to use the number dispenser, lack of adequate room in the activity area and all the residents wanted to play so nobody wanted to call the numbers. The AD stated the administrator was aware of the unhappiness of the residents since bingo was changed.</p> <p>In an interview on 12/30/14 at 2:55 PM, Nurse #5 stated some of the residents were unhappy with some changes made not allowing them to play</p>	F 242			

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F 242	<p>Continued From page 11</p> <p>bingo as often. Nurse #5 stated administration was aware.</p> <p>In another interview on 12/30/14 at 4:50 PM, the AD stated she had to initiate an activity care plan 2/11/14 to reflect Resident #5 ' s continued refusals of the newly instituted activities.</p> <p>In an interview on 12/30/14 at 5:58 PM. the administrator stated she felt the residents were satisfied with the new structured activities as evidence by an 84% satisfaction rate from the cognitively intact residents and guardian angel rounds. The administrator provided no additional evidence of any repeated satisfaction evaluations completed since February 2014.</p> <p>In an interview on 12/31/14 at 10:33 AM NA #4 stated he had worked at the facility for 2 years and was very familiar with the resident's unhappiness at the facility. NA #4 stated the resident had stated to him that they do not feel like they have say no about when they could play bingo and that the residents mentioned missing it a lot. NA #4 stated the facility was their home and they should be able to play bingo as much as they wanted since it was their home.</p> <p>4. Resident #6 was admitted 1/26/10 with cumulative diagnoses of diabetes and kidney disease. A significant change MDS dated 12/11/14 indicated Resident #6 was cognitively intact and the favorite activities were very important to her. An activity care plan was initiated 2/18/14 and indicated staff was to escort Resident #6 to her desired activities as needed. An activity progress note dated 10/22/14 indicated Resident #6 actively participated in bingo when not out of the facility with family.</p>	F 242			

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F 242	Continued From page 12  In an interview on 12/30/14 at 11:00 AM, nursing assistant (NA) #3 stated she had been working at the facility for approximately 8 months. She stated residents frequently complained that their rights were violated by not letting them play bingo when they wanted too. NA #3 stated the residents frequently complained about not being able to play bingo as often as they wanted.  In an interview on 12/30/14 at 1:45 PM, the social worker (SW) stated the administrator cut back on the amount of bingo the residents were playing and she opened up activity room for the resident to play anytime they wanted too but the residents complained that the room was too small. The SW stated the administrator told the resident they could use the main dining room for bingo if it was not in use during meals or other activities  In an interview on 12/30/14 at 2:50 PM the activity director (AD) stated not long after the new administrator arrived in June 2013 she stopped bingo altogether but added it back initially only once but at present twice weekly after the annual survey 1/12/14. The administrator placed the bingo items in the activity room with instructions to the resident during a resident council meeting that if they wanted to play additional bingo, they could play by themselves. The AD stated this intervention had not proven helpful because it was difficult for most of the residents to use the number dispenser, lack of adequate room in the activity area and all the residents wanted to play so nobody wanted to call the numbers. The AD stated the administrator was aware of the unhappiness of the residents since bingo was changed.	F 242			

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F 242	<p>Continued From page 13</p> <p>A review of Resident #6's activity attendance logs from March 2014 to present indicated she played bingo every time it was offered in accordance with the activity calendar except for 7 refusals of bingo in October, in the hospital from 11/2/14 until 12/4/14 and refusals for the whole month of December 2014 and multiple refusals of the Wii computer games.</p> <p>In an interview on 12/30/14 at 2:55 PM, Nurse #5 stated some of the residents were unhappy with some changes made not allowing them to play bingo as often. Nurse #5 stated administration was aware.</p> <p>In an interview on 12/30/14 at 5:58 PM. the administrator stated she felt the residents were satisfied with the new structured activities as evidence by an 84% satisfaction rate from the cognitively intact residents and guardian angel rounds. The administrator provided no additional evidence of any repeated satisfaction evaluations completed since February 2014.</p> <p>In an interview on 12/31/14 at 9:40 AM Resident #6 and her daughter, she stated she had been sick recently but she loved to play bingo and missed playing it. Her daughter stated before the new administrator started they did not worry about Resident #6 because they always knew she was being kept busy playing bingo. Resident #6 was not observed outside her room during the course of the complaint investigation survey.</p> <p>In an interview on 12/31/14 at 10:33 AM NA #4 stated he had worked at the facility for 2 years and was very familiar with the resident's unhappiness at the facility. NA #4 stated the resident had stated to him that they do not feel</p>	F 242			

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F 242	<p>Continued From page 14</p> <p>like they have say no about when they could play bingo and that the residents mentioned missing it a lot. NA #4 stated the facility was their home and they should be able to play bingo as much as they wanted since it was their home.</p> <p>5. Resident #7 was admitted 3/11/13 with cumulative diagnoses of diabetes and atrial fibrillation. The quarterly MDS dated 11/26/14 indicated Resident #7 was cognitively intact and her annual MDS dated 5/27/14 indicated her favorite activities were very important. There was no care plan for activities. The last documented activity progress note dated 8/25/14 indicated Resident #7 enjoyed playing bingo.</p> <p>In an interview on 12/30/14 at 11:00 AM, nursing assistant (NA) #3 stated she had been working at the facility for approximately 8 months. She stated residents frequently complained that their rights were violated by not letting them play bingo when they wanted too. NA #3 stated the residents frequently complained about not being able to play bingo as often as they wanted.</p> <p>In an interview on 12/30/14 at 1:45 PM, the social worker (SW) stated the administrator cut back on the amount of bingo the residents were playing and she opened up activity room for the resident to play anytime they wanted too but the residents complained that the room was too small. The SW stated the administrator told the resident they could use the main dining room for bingo if it was not in use during meals or other activities.</p> <p>A review of Resident #7's activity attendance logs from March 2014 to present indicated she played bingo every time it was offered in accordance with the activity calendar except for 1 refusal in</p>	F 242			

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F 242	<p>Continued From page 15</p> <p>December 2014 but consistent refusals of the newly initiated activities indicated as "active games" and Wii computer games.</p> <p>In an interview on 12/30/14 at 2:50 PM the activity director (AD) stated not long after the new administrator arrived in June 2013 she stopped bingo altogether but added it back initially only once but at present twice weekly after the annual survey 1/12/14. The administrator placed the bingo items in the activity room with instructions to the resident during a resident council meeting that if they wanted to play additional bingo, they could play by themselves. The AD stated this intervention had not proven helpful because it was difficult for most of the residents to use the number dispenser, lack of adequate room in the activity area and all the residents wanted to play so nobody wanted to call the numbers. The AD stated the administrator was aware of the unhappiness of the residents since bingo was changed.</p> <p>In an interview on 12/30/14 at 2:55 PM, Nurse #5 stated some of the residents were unhappy with some changes made not allowing them to play bingo as often. Nurse #5 stated administration was aware.</p> <p>In an interview on 12/30/14 at 5:58 PM. the administrator stated she felt the residents were satisfied with the new structured activities as evidence by an 84% satisfaction rate from the cognitively intact residents and guardian angel rounds. The administrator provided no additional evidence of any repeated satisfaction evaluations completed since February 2014.</p> <p>-----</p> <p>In an interview on 12/31/14 at 10:00 AM Resident</p>	F 242			



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F 242	Continued From page 16 #7 stated she felt like her choices were not honored. She stated she felt "beat down" by the new administration at the facility. She stated the resident council and residents had voiced that they felt they were treated like cattle. "You do what they say and go where they tell you. We do not have choices like we used to." Resident #7 stated the administrator stated if bingo was added another day each week, the prizes would have to go. The administrator stated no more playing for money for she had her family buy some snack cakes to give out as prizes on the days they got to play. Resident #7 stated throwing a balloon in a bucket or chair dancing did not interest her. Resident #7 stated she felt like she was in prison since the new administrator took over. " I have a history of depression and doing activities I enjoy helped me feel better. " Resident #7 was not observed outside her room on 12/31/14 but was out of the facility the previous day with family.  In an interview on 12/31/14 at 10:33 AM NA #4 stated he had worked at the facility for 2 years and was very familiar with the resident's unhappiness at the facility. NA #4 stated the resident had stated to him that they do not feel like they have say no about when they could play bingo and that the residents mentioned missing it a lot. NA #4 stated the facility was their home and they should be able to play bingo as much as they wanted since it was their home.	F 242			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or	F 280		1/27/15	

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F 280	<p>Continued From page 17 changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interviews, the facility failed to update the care plan for 1 of 2 residents' care plans reviewed (Resident #2). Findings included:</p> <p>Resident #2 was admitted into the facility on 10/10/08. Diagnoses per the face sheet included Alzheimer's disease, Depressive Disorder, Lack of Coordination, Senile Dementia, Facial Weakness and Peripheral Vascular Disease.</p> <p>The significant change Minimum Data Set (MDS) completed on 1/18/14 indicated Resident #2's mental status was severely impaired. Extensive assistance of one personal physical assist was required with bed mobility, transfers, walk in room and corridor. Balance was listed during transition and walking as not steady and only able to stabilize with staff assistance with walking and</p>	F 280	<p>The Care Plan for resident #2 was update to reflect unsteady gait on January 19, 2015 by the MDS nurse.</p> <p>Any resident with gait changes could be affected by this practice, therefore, the IDT and therapy department met on January 21, 2015 to review resident's gait status and care plans and CNA Care Kardex were updated as indicated.</p> <p>The Director of Nursing and Staff Development Coordinator educated the nursing and therapy staff on January 15, 2015 on the updates to the care plan and CNA Care Kardex regarding assistance needed if the resident has an unsteady gait and the location of the information regarding "not steady during</p>		

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F 280	<p>Continued From page 18</p> <p>turning around. Mobility devices included a wheelchair. No prior falls or fractures were indicated.</p> <p>The Care Area Assessment completed on 1/31/14 listed falls. The resident was indicated at risk for falls due to impaired mobility, Dementia and unaware of own safety. Physical performance limitations included difficulty maintaining sitting balance and impaired balance during transitions.</p> <p>A review of the physical therapy discharge summary dated 2/17/14 in part read "Endurance good, awareness fair, standing balance fair +, gait 500 feet utilizing no assistive device with supervision." The discharge summary indicated at the time of discharge Resident #2 had decreased safety awareness during ambulation, education was provided by the physical therapist during ambulation on safety awareness and risk factors, decreased safety with room mobility and decreased functional lower extremity causing decreased motor control. It was concluded Resident #2 was discharged due to achieving current max functional potential and was to receive RNP (Restorative Nursing program) to allow for maintenance of gains made with therapy.</p> <p>A review of the care plan revealed no specific updates from 2/17/14 to 3/21/14 related to Resident #2 having an unsteady gait.</p> <p>On 12/30/14 at 2:52 pm, in an interview, the Rehab Manager accompanied by the Physical Therapist (PT), the Rehab Manager stated "Resident #2 had met functional goals on 2/17/14 and was turned over to restorative to be provided</p>	F 280	<p>transitions/walking".</p> <p>An audit will be done by the Director of Nursing, Staff Development Coordinator and MDS nurse using the Care Plan Audit tool to identify residents with gait issues five (5) times a week for three (3) months.</p> <p>Results of these audits will be presented by the Director of Nursing to the monthly QAPI meeting for three (3) months.</p>		

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F 280	<p>Continued From page 19</p> <p>by nursing; to continue to work with ambulation." The PT stated "Resident #2 was independent with walking with supervision provided by the nursing staff." He stated fair + is indicative the resident is able to manage herself with standing balance, with supervision by the nursing staff, provided someone who would provide direct supervision or oversight; meaning if the resident wanted to go to bathroom or walking, the staff was required to provided direct oversight/supervision.</p> <p>On 12/30/14 at 3:38 pm, in an interview, the Staff Development Coordinator (SDC) stated after Resident #2 was discharged from therapy on 2/17/14, due to Resident #2's Dementia, the resident had gotten to the point she could not ambulate safety and was wheelchair bound and required staff assistant for transfers and walking due to the resident could only walk short distances safely independently. The SDC stated the resident would get short of breathe while walking and required staff assistance for safety reasons. The SDC stated she did not personally recommend any therapy referrals or consultations. The SDC explained the NA care guide is updated by the MDS nurse and NAs have access every day, to the care guide.</p> <p>On 12/30/14 at 3:53 pm, in an interview, the DON stated she was not made aware by the nursing staff or NAs; Resident #2 was having problems with her gait being unsteady or safety concerns after she was discharged from therapy on 2/17/14.</p> <p>On 12/30/14 at 4:15 pm, in an interview, the SDC, Medical Record Coordinator and the MDS Coordinator revealed the NA care guide for</p>	F 280			

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F 280	<p>Continued From page 20</p> <p>Resident #2, for March 2014, was unable to be located inside the facility for review of the resident's physical condition documented on the care guide.</p> <p>On 12/30/14 at 4:25 pm, in an interview, NA #1 accompanied by the DON, NA #1 indicated any questions she had about the care of a resident she would refer to the resident care guide for guidance. She stated she recalled the care guide directed Resident #2 was to ambulate with one assist. NA #1 stated the resident had no problems with ambulating.</p> <p>On 12/30/14 at 5:15 pm, in an interview, Nurse #1 stated Resident #2 attempted to walk by herself and her gait was unsteady but was ambulating. Nurse #1 indicated she encouraged the nursing staff not to allow the resident to walk by herself.</p> <p>On 12/30/14 at 5:48 pm, in an interview, the Physical Therapist, stated after Resident #2 was discharged from physical therapy on 2/17/14, if the staff noticed a decline in the resident's physical condition from "fair" in which there was mobility or safety concerns with ambulation that placed the resident at risk for falls; he expected the resident to have been referred back to physical therapy, for an evaluation for strength and endurance training.</p> <p>On 12/31/14 at 9:24 am, in an interview, the DON stated if nursing staff observed the resident having to be physically guided with the support of the facility staff when walking due to an unsteady gait; she expected such concerns to have been communicated to her or nursing administration, so that a fall risk assessment could have been completed, and the NA care guide updated and</p>	F 280			

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F 280	Continued From page 21 any needed therapy referral or consultation completed. The DON indicated she expected the NA care guide to be available for the month of March 2014; however the facility was unable to locate the care guide document for review.  On 12/31/14 at 11:57 am, in an interview, Nurse #3 (responsible for the MDS), accompanied by Nurse #4 (responsible for care plans), Nurse #3 stated she completed a significant change MDS on 1/18/14 because there was a decline in Resident #2 activities of daily living. She stated the resident gait was unsteady and the resident was referred to therapy services, as a result. Nurse #3 described Resident #2's gait as "Wobbly when standing, not able to stabilize self independently, unable to follow command" on the initial referral to therapy. Nurse #3 indicated since completion of therapy on 2/17/14, no one updated or made her aware, Resident #2 continued with an unsteady gait or safety concerns.	F 280			
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS  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.  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.	F 520		1/27/15	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/31/2014</b>
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F 520	<p>Continued From page 22</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 record reviews and resident and staff interviews the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place in February 2014. This cited deficiency in the area of choice was originally cited 1/24/14 during a recertification survey. The continued failure of the facility during two federal surveys of record shows a pattern of the facilities inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referenced to F242-E:</p> <p>F242-E: Self-Determination and Participation: Based on observations, record review, resident, staff, and family, the facility failed to honor activities of choice based on assessments and care plans for 5 of 7 residents (#3, #4, #5, #6 and #7) reviewed for choice.</p> <p>The facility was cited F242-E for failing to allow interviewable resident play bingo as often as they</p>	F 520	<p>Residents #3,4,5,6,and 7 will be interviewed by Activity Director for their choice of activity by January 23, 2015.</p> <p>Any resident attending activities could be affected by thie center's activities' therefore, the Activity Director will interview those residents attending activities for their choice of activity. The Activity Director and the President of Resident Council will make appropriate chagnes to the calendar based on the resident input from the resident interviews to formulate the February Activity Calendar by January 27, 2015.</p> <p>The Administrator will meet with staff on January 23, 2015 educating staff on communicating with management concerns on resident's displeasure with their choices within the center. The Adminstrator met with the Guardian Angels on January 20, 2015 to review the change in the Guardian Angel form to reflect question on choice of activity.</p>		

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F 520	<p>Continued From page 23 desired during the recertification survey of 1/24/14.</p> <p>A review of the facility plan of correction indicated compliance 2/14/14 and indicated a resident satisfaction form that was specific to the concern related to activities as it related to bingo was to be utilized. A review of the actual completed audits from 3/1/14 to present indicated the following the staff were completing a Guardian Angel Round which did not address any concerns related to activities. The other form used consistently since 3/1/14 to present was the Resident Rounds Audit. This form also did not include any audit information regarding activities.</p> <p>In an interview on 12/31/14 at 11:10 AM the administrator confirmed she was the Quality Assurance (QA) officer and she provided no additional evidence of on-going monitoring or revisions as it related to the residents choice of activities. The administrator provided no additional evidence of any repeat satisfaction evaluations completed since February 2014. The administrator stated the staff used the wrong forms which did not capture resident activity concerns. She offered no explanation as to how the wrong form was utilized if on-going monitoring was being completed. The administrator stated that activities had not been brought forth for the QA to develop a corrective action plan.</p>	F 520	<p>The upcoming month's Activity Calendar will be discussed in Resident Council for content and at that time changes will be brought to the council for discussion. The Activity Director and the President of Resident Council will approve and sign off on the final calendar.</p> <p>The Activity Director will bring the results of the resident council meeting to the monthly QAPI meeting for review by the committee.</p>		