

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2015
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/SPRUC			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777	
(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 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to maintain dignity for 1 resident observed during dining on 1 of 4 halls (Resident #20).</p> <p>The findings included:</p> <p>Resident #20 was admitted to the facility on 08/09/06. His diagnoses included blindness, Alzheimer's Disease, and depression.</p> <p>His quarterly Minimum Data Set dated 11/16/15 coded him with severely impaired cognitive skills, and requiring extensive assistance with most activities of daily living skills including eating.</p> <p>On 11/16/15 at 5:20 PM Nurse Aide (NA) #3 prepared Resident #20 for his evening meal. Once the items were opened and condiments applied, NA #3 began to feed Resident #20. As she fed Resident #20 the soup, she was observed to scoop up a spoonful and blow onto it and then feed it to the resident. She proceeded to blow on his spoonfuls of soup three times.</p> <p>On 11/16/15 at 5:32 PM NA #3 was asked about blowing directly on Resident #20's food. NA #3 stated it was "just habit." When asked how she was taught, she stated that she did not blow on</p>	F 241	<p>1. Corrective action has been accomplished with regards to resident #20 by completing an in-service with NA #3 concerning dignity and respect of individuals during meal times and while assisting residents with eating, by the DON.</p> <p>2. Facility residents have the potential to be affected by the same alleged deficient practice; therefore the DON/ADON/Unit Manger will monitor to assure dignity and respect are maintained during meals and when staff are assisting residents with eating.</p> <p>3. Measures put in place to ensure that the alleged deficient practice does not recur include; The DON/ADON/Unit Manager will monitor dining daily for 1 week, then will monitor 1 meal perday for 1 week, then 3 meals per week for 3 weeks and then 4 times a month for 2 months to ensure dignity and respect are maintained during meals and when staff are assisting residents with eating. If issues are noted during monitoring, retraining of staff will immediately take place. DON/ADON/Unit Manger will</p>	12/17/15

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

TITLE

(X6) DATE

Electronically Signed

12/17/2015

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 241	Continued From page 1 the food that often and normally held it up to her cheek to test the temperature. She stated it felt hot to her so she blew on it to cool the soup to avoid burning Resident #20. When asked if she would be alright with someone blowing on her food, she responded "no." Interview with the Director of Nursing on 11/19/15 at 10:44 AM revealed that the food was checked for proper temperature by dietary staff. She stated it was unacceptable for staff to blow onto residents' food.	F 241	educate all nursing staff on dignity and respect. 4. The DON or ADON will report and review the results of the monitoring with the QAPI Committee for 3 months. The QAPI Committee will evaluate the results of the monitoring and recommend any changes to or continuation of monitoring if needed.		
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, medical record reviews, resident, and staff interviews, the facility failed to honor food choices for 2 of 6 sampled residents and failed to provide 2 of 6 sampled residents with the number of showers preferred per week who were reviewed for choices (Resident #23, #133, #56 and #154). The findings included: 1) Resident #23 was admitted to the facility on 01/12/06. Her diagnoses included malnutrition,	F 242	1. Corrective action has been accomplished for the alleged deficient practice with regard to Residents #56 and #154 by individually interviewing each resident asking for preference of time of day and number of showers per week each resident preferred and updating care plans to reflect individual preferences. A. Corrective action has been accomplished for the alleged deficient practice with regard to Residents #23 and #133 by individually interviewing them and	12/17/15	

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F 242	<p>Continued From page 2 depression, and psychotic disorder.</p> <p>Review of the annual Minimum Data Set (MDS) dated 04/13/15 had coded Resident #23 with intact cognition and being independent to limited assistance needed for most activities of daily living (ADLs). Further review of the MDS noted the resident had a weight of 103 pounds with a weight loss of 5% or more in the last month and no swallowing disorder.</p> <p>Review of a care plan updated on 10/27/15 revealed Resident #23 was independent with eating and an actual weight loss of 9 pounds in 1 month related to poor food intake, food preferences with many dislikes. The goal was for the resident to have a 1 to 2 pound weight gain every month through the next review on 01/27/16. Interventions included: provide diet as ordered, offer resident her preferred foods, and determine her likes and dislikes.</p> <p>On 11/17/15 at 8:30 AM, Resident #23 was observed with her breakfast tray which consisted of scrambled eggs, oatmeal, a biscuit covered with gravy, and a carton of milk.</p> <p>A review of the "week at a glance" breakfast menu for 11/17/15 indicated scrambled eggs, oatmeal, biscuit, and cream gravy.</p> <p>On 11/18/15 at 8:10 AM, Resident #23 was observed with her breakfast tray which obtained scrambled eggs, 2 slices of bacon, a piece of toast, and a carton of milk.</p> <p>A review of the "week at a glance" breakfast menu for 11/18/15 indicated scrambled eggs, grits, toast, and bacon.</p>	F 242	<p>completing a food preference checklist identifying like and dislikes. Dislike have been printed on the individual meal tray cards to assist staff to ensure preferences are being honored and individual care plans have been updated to reflect individual preferences.</p> <p>2. Facility residents have potential to be affected by the same alleged deficient practice therefore; The DON/ADON/Unit Manager will complete an audit of residents preferences to include choices related to showers. The Dietary manager has audited the current resident population to identify that food preferences are documented and honored. MDS will complete and audit of all residents to insure individual preferences are honored and documented.</p> <p>3. Measure put in place to ensure that the alleged deficient practice does not recur include; the implementation of a preference screening assessment to be included in the admission and completed prior to admission by the Admissions Coordinator, to ensure the resident's right to make choices consistent with their interests, specifically, honoring choices related to food preference and shower schedules. The preference screening assessment will be reviewed at the 72 hour Care Conference, by the Social Worker, to ensure accuracy of preferences and preferences will be reflected in the care plan. Preferences will be reviewed, by the Social Worker,</p>		

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F 242	<p>Continued From page 3</p> <p>On 11/18/15 at 1:15 PM, an interview was conducted with Resident #23. She stated she preferred to have fried eggs, bacon, cold cereal, and coffee for breakfast. Resident #23 indicated she drank her roommate's coffee in the mornings because she hardly ever had coffee on her breakfast tray and always had a carton of milk. She further indicated she had spoken with the dietary staff in regards to her likes and dislikes. Resident #23 stated she still had received foods which were listed on her dislike list and still had not gotten coffee every morning as she had requested.</p> <p>On 11/18/15 @ 3:15 PM, Resident #23's dietary profile was reviewed which indicated her likes, dislikes, and special requests. Resident #23's profile indicated the following: Dislikes: carrot group, meatball, meatloaf, noodles, biscuit, oatmeal, pancakes, rice, sausage, spaghetti, squash, hot tea, and coffee. Likes: cold cereal of choice Special Requests: breakfast (coffee, every day, toast, bacon, fried egg, and cold cereal) and lunch (sweet tea, every day, and milk, refused every day).</p> <p>On 11/19/15 at 8:30 AM, Resident #23's breakfast meal was observed to consist of 2 pieces of bacon, fried egg, toast, a carton of milk, and a cup of coffee. Resident #23 stated her roommate had given her the cup of coffee and that it had not come on her breakfast tray. She further stated she loved coffee and she had requested to have coffee every morning on her breakfast tray. Resident #23 indicated she had eaten a cheese sandwich for dinner on 11/18/15 because her dinner tray had consisted of polish</p>	F 242	<p>quarterly with care plans. The Dietary manager will add food dislikes to the meal tray cards to ensure accuracy of meals being served. To ensure meal preferences are being honored, the Dietary Manager will audit 10 meals per week for 8 random residents for 4 weeks, then 5 meals per week for 4 random residents for 4 weeks, then 1 meal per week for 2 random residents for 4 weeks. The DON/ADON/Unit Manager will perform 5 random audits per week for 2 weeks, then 3 audits per week for 4 weeks, then 1 audit per week for 6 weeks. The Administrator will review the minutes from the Resident Council monthly meeting to identify concerns related to food or shower preferences and provide a timely response to ensure continued compliance. RCMD will in-service, Admission Coordinator, Admission Director, DON, ADON, Social Worker, Dietary Manager and Administrator about using the Admission Assessment Tool on admission, at 72 hour care planning and at quarterly review to determine resident preferences. The Dietary Manager will in-service dietary staff on honoring food preferences by checking food tray cards and dislikes. The DON/ADON/Unit Manager will in-service nursing staff on shower preferences and honoring resident shower choice.</p> <p>4. The Administrator, DON and Dietary Manager will review data obtained during audits and from concerns and analyze the data and report patterns/trends to the QAPI Committee every other month for</p>		

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F 242	<p>Continued From page 4</p> <p>sausage and rice. She further indicated rice and sausage were listed as part of her dislikes.</p> <p>A review of the "week at a glance" dinner menu for 11/18/15 indicated polish sausage, seasoned rice, cabbage, and a roll.</p> <p>An interview was conducted on 11/19/15 at 11:30 AM with Nurse Aide (NA) #5. She indicated she was aware Resident #23 was at risk for weight loss. NA #5 further indicated the resident's food likes and dislikes were not printed on the tray cards. She further stated she was unaware of Resident #23's likes and/or dislikes. NA #5 revealed she was aware Resident #23 loved coffee and she would always get her a cup of coffee on the mornings she was working.</p> <p>An interview was conducted on 11/19/15 at 11:40 AM with Nurse #4. She indicated she was aware the resident had problems with weight loss but was unaware of Resident #23's food likes and dislikes. She stated she was unaware Resident #23 had received food and/or liquids she had not liked.</p> <p>An interview was conducted on 11/19/15 at 11:45 AM with the Dietary Supervisor. He stated he was unaware Resident #23 was receiving foods and/or liquids which were listed on her dietary profile as likes and dislikes. He further stated a resident's likes and dislikes were not printed on the tray cards. He indicated at least one day a week he changed the menu to have more of a southern type meal and his kitchen staff cooked and served a different meal other than what was indicated on the "week at a glance" menu. He stated the menus were in the computer system and when he would change the menu for the day</p>	F 242	<p>six months. The QAPI Committee will evaluate the effectiveness of the above plan, and will add additional interventions based on the identification of trends/outcomes to ensure continued compliance.</p>		

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F 242	<p>Continued From page 5</p> <p>the computer system would not capture a resident's likes and dislikes. He further stated he was unaware Resident #23 had received food items she had not liked.</p> <p>2) Resident #133 was admitted to the facility on 07/10/14. Her diagnoses included malnutrition, lung disease, heart disease, and high blood pressure.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 10/18/15 had coded Resident #133 with intact cognition and being independent with eating and needed extensive assistance for most activities of daily living (ADLs). Further review of the MDS noted the resident had a weight of 113 pounds on a mechanically altered diet, known weight loss with poor appetite, and no swallowing disorder.</p> <p>Review of a care plan dated 11/02/15 revealed Resident #133 was independent with eating and was only eating 32 % of her meals. The goal was for the resident to have a stable weight between 100 to 110 pounds for 90 days. Interventions included: meal assistance as needed, provide supplements, and determine likes and dislikes.</p> <p>On 11/17/15 at 8:30 AM, Resident #133 was observed with her breakfast tray which consisted of scrambled eggs, oatmeal, a biscuit covered with gravy, a carton of milk, and a cup of coffee. Resident #133 stated "I always give my coffee to my roommate because I do not like coffee and she does not get any." Resident #133's breakfast tray was observed to be untouched and uneaten.</p> <p>A review of the "week at a glance" breakfast</p>	F 242			

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F 242	<p>Continued From page 6</p> <p>menu for 11/17/15 indicated scrambled eggs, oatmeal, biscuit, and cream gravy.</p> <p>On 11/18/15 at 8:10 AM, Resident #133 was observed with her breakfast tray which consisted of oatmeal, applesauce, scrambled eggs, piece of toast, and a carton of milk. Resident #133 stated "they never bring me anything I will eat." She indicated she had told the dietary staff that she did not like oatmeal or scrambled eggs and that they send the "same old thing every day."</p> <p>On 11/18/15 at 8:40 AM, Resident #133's breakfast meal was observed to be uneaten and untouched.</p> <p>A review of the "week at a glance" breakfast menu for 11/18/15 indicated scrambled eggs, grits, toast, and bacon.</p> <p>On 11/18/15 at 4:45 PM, Resident #133's dietary profile was reviewed which indicated her likes, dislikes, and special requests. Resident #133's profile indicated the following: Dislikes: meatloaf, noodles, coffee or tea, green peas, greens, oatmeal, pancakes, spaghetti noodles, spaghetti with meat sauce. Likes: bacon Special Requests: breakfast (coffee, applesauce, fortified cereal, bacon (every day) and lunch (sweet tea and shake) and dinner (sweet tea and shake).</p> <p>On 11/19/15 at 8:25 AM, Resident #133's breakfast meal was observed to consist of bowl of oatmeal, toast, scrambled eggs, 2 pieces of bacon, a carton of milk, and a cup of coffee. Resident #133 was observed to give her roommate the cup of coffee. She stated "I do not</p>	F 242			

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F 242	<p>Continued From page 7</p> <p>like coffee and they put it on my tray every morning, so I just give it to my roommate because she loves coffee and she never gets any."</p> <p>On 11/19/15 at 8:45 AM, Resident #133's was observed to have eaten 1 slice of bacon and drank the carton of milk, the remainder of the breakfast tray was untouched. Resident #133 stated she had never liked oatmeal and that she received oatmeal for breakfast every day.</p> <p>An interview was conducted on 11/19/15 at 11:30 AM with Nurse Aide (NA) #5. She indicated Resident #133's meal intake had steadily declined. NA #5 further indicated the resident's food likes and dislikes were not printed on the tray cards. She further stated she was unaware of Resident #133's likes and/or dislikes.</p> <p>An interview was conducted on 11/19/15 at 11:40 AM with Nurse #4. She indicated she was aware the resident had problems with weight loss but was unaware of Resident #133's food likes and dislikes. She stated she was unaware Resident #133 had received food and/or liquids she had not liked.</p> <p>An interview was conducted on 11/19/15 at 11:45 AM with the Dietary Supervisor. He stated he was unaware Resident #133 was receiving foods and/or liquids which were listed on her dietary profile as likes and dislikes. He further stated a resident's likes and dislikes were not printed on the tray cards. He indicated at least one day a week he changed the menu to have more of a southern type meal and his kitchen staff cooked and served a different meal other than what was indicated on the "week at a glance" menu. He</p>	F 242			

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F 242	<p>Continued From page 8</p> <p>stated the menus were in the computer system and when he would change the menu for the day the computer system would not capture a resident's likes and dislikes. He further stated he was unaware Resident #133 had received food items she had not liked.</p> <p>3. Resident #56 was admitted to the facility on 12/30/14. Her diagnoses included spinal stenosis, cerebrovascular disease, hypertension, fused vertebrae, and major depressive disorder.</p> <p>Her admission Minimum Data Set (MDS) dated 01/07/15 coded her as having intact cognition and being independent to limited assistance needed for most activities of daily living skills. Resident #56's cognition remained intact on her quarterly MDSs dated 07/07/15 and 09/15/15.</p> <p>On 11/16/15 at 3:08 PM, Resident #56 stated during interview that she did not get to chose how many times a week she took a bath or a shower. She stated she received a shower twice a week, on Tuesdays and Fridays. She further stated she had never been asked how many showers she would like to have and would take one every day at home. Additionally she stated she was not asked if she preferred a bath or a shower, and she stated she received a shower but would like to soak in a tub at times. During follow up interview on 11/17/15 at 3:09 PM, Resident #56</p>	F 242			

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F 242	<p>Continued From page 9</p> <p>again stated she would like a shower more frequently and had never been asked related to her preferences.</p> <p>Nurse Aide (NA) #1 stated during interview on 11/19/15 at 8:58 AM that the office set a schedule for showers which was posted by the hall kiosk. She stated Resident #56 had never requested additional showers but she would try to accommodate resident requests. Review of the schedule posted in the hall revealed Resident #56 was scheduled for 2 showers per week on Tuesdays and Fridays during first shift.</p> <p>Interview with the Unit Coordinator on 11/19/15 at 9:01 AM revealed that on admission residents were asked their shower preferences. The Unit Coordinator stated the admitting nurse asked residents but may not document the preferences. She further stated that MDS staff asked the resident also. Then on follow up interview with the Unit Coordinator on 11/19/15 at 9:05 AM, she stated that the nurses tell the resident what day they are scheduled for a shower and if the resident or family stated a preference the nurse would try to accommodate that request. The Unit Coordinator also thought the Social Worker asked the preferences during admission.</p> <p>On 11/19/15 at 9:07 AM, MDS Nurse #2 stated she only asked the MDS question which include how important is it to you to choose between a bath and a shower. She further stated she never asked how many times they wanted a bath or a shower.</p> <p>Interview with the Social Worker on 11/19/15 at 9:09 AM revealed she did not ask questions of the residents pertaining to preferences of</p>	F 242			

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F 242	<p>Continued From page 10</p> <p>showers and times, she thought MDS staff asked those questions.</p> <p>Nurse # 2 was interviewed on 11/19/15 at 9:17 AM regarding the questions she asked residents on admission related to showers. She stated shower choices were not a specific question, she asked if morning or afternoon times were preferred but not the number of showers. If a family expressed preferences staff will work with the schedule.</p> <p>The Admissions Coordinator stated on 11/19/15 at 9:20 AM during interview that she gathered food preferences but not preferences related to the type of shower or frequency of showers.</p> <p>Nurse #1 was interviewed on 11/19/15 at 9:39 AM regarding her admission questions of residents. She stated she informed the resident what the days of the week their scheduled showers were and the time of day but did not ask preferences. If a resident or family expresses a preference they tried to accommodate that request.</p> <p>Interview with the Director of Nursing on 11/19/15 at 3:04 PM revealed there was a master shower schedule maintained by the nursing office. If a resident requested a change in that schedule, staff would accommodate that request. She further stated there was no formal questioning to obtain a residents' previous choices related to showers.</p> <p>4. Resident #154 was admitted on 10/27/15 with diagnoses including hemiplegia, seizure disorder,</p>	F 242			

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F 242	<p>Continued From page 11 and acute pain due to trauma.</p> <p>Review of the admission Minimum Data Set (MDS) dated 11/04/15 had moderately impaired cognition and was totally dependent on staff with bathing. The admission MDS noted rejection of care was not exhibited.</p> <p>Review of the Care Area Assessment (CAA) Summary for Activity of Daily Living (ADL) Functional/Rehabilitation Potential dated 11/04/15 revealed Resident #154 required extensive assistance with ADL due to diagnoses of neuralgia, muscle weakness, lack of coordination, contracture of right hand, and hemiplegia.</p> <p>Review of a care plan dated 11/15/15 revealed Resident #154 required extensive assistance of 1 to 2 staff members due to her diagnoses. The goal was for Resident #154 to have her ADL needs identified and met with staff assistance while maintaining the highest level of independent function possible. Interventions included: allow adequate time to complete tasks, ensure effective pain management prior to ADL activities, and provide cueing with tasks as needed.</p> <p>During an interview on 11/16/15 at 3:31 PM Resident #154 stated she received assistance with two showers every week and the nurse aides (NAs) told her what days she was scheduled for showers. Resident #154 further stated no one had asked her how many times a week she would like a shower but she preferred one daily.</p> <p>Review of the posted shower schedule revealed Resident #154 was scheduled for showers on Monday and Thursday during the 3:00 PM to 11:00 PM shift.</p>	F 242			

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F 242	<p>Continued From page 12</p> <p>An interview with Nurse Aide (NA) #4 on 11/19/15 at 8:56 AM revealed showers were scheduled by room number and divided between the 7:00 AM to 3:00 PM shift and the 3:00 PM to 11:00 PM shift. NA #4 stated the residents were scheduled for two showers a week and if a resident requested an additional shower the NAs would try to accommodate the request.</p> <p>An interview with the Unit Coordinator on 11/19/15 at 9:01 AM revealed the nurse who completed the admission assessment asked residents about their shower preferences but may not document this information anywhere. The Unit Coordinator stated she thought the MDS nurses also asked residents' their preference for number of showers a week when they completed the admission MDS assessment. During a follow up interview on 11/19/15 at 9:05 AM, the Unit Coordinator stated the nurses tell the resident what days they were scheduled for showers on admission and if the resident or family stated a preference the nurse changed the schedule. The Unit Coordinator also thought the Social Worker asked the preferences during admission.</p> <p>During an interview on 11/19/15 at 9:08 AM the MDS Nurse #2 stated she only asked residents how important it was to choose between a tub bath, shower, or bed bath when she completed the interview for daily preferences for the MDS assessment. MDS Nurse #2 further stated she did not ask residents how many showers they wanted every week.</p> <p>An interview with Nurse #2 on 11/19/15 at 9:18 AM revealed the she did not specifically ask residents how many showers they wanted every</p>	F 242			

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F 242	<p>Continued From page 13</p> <p>week during the admission assessment. Nurse #2 further stated she asked if they wanted a morning or afternoon shower and if a resident requested an additional shower staff tried to accommodate.</p> <p>An interview with the Admissions Coordinator on 11/19/15 at 9:19 AM revealed she gathered food preferences but not preferences related to the type of shower or frequency of showers.</p> <p>During an interview on 11/19/15 at 9:10 AM the Social Worker stated she did not ask residents how many showers residents wanted every week and thought the MDS Nurses asked residents' their preferences regarding number of showers every week.</p> <p>An interview with Nurse #3 on 11/19/15 at 12:15 PM revealed she did not ask residents' how many showers they would like every week during the admission process. Nurse #3 stated the residents were scheduled for two showers a week and the NAs usually told the residents what days they were scheduled for showers. The interview further revealed if a resident requested additional showers the staff would try to accomodate their request.</p> <p>An interview was conducted with the Director of Nursing (DON) on 11/19/15 at 3:04 PM. The DON stated there was a master shower schedule maintained by the nursing office and residents were scheduled two showers a week based on their room number. If a resident requested a change in that schedule or an additional shower the staff would accommodate that request. The interview further revealed residents were not asked how many showers they would prefer</p>	F 242			

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F 242	Continued From page 14 every week.	F 242			
F 278 SS=E	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>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.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to accurately assess the dental status for 5 of 5 residents sampled for</p>	F 278	1. Corrective action has been accomplished for the alleged deficient practice with regards to resident	12/17/15	

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F 278	<p>Continued From page 15</p> <p>dental needs (Residents #9, 27, 52, 63 and 163).</p> <p>The findings included:</p> <p>1. Resident #163 was admitted to the facility on 05/29/15. Her diagnoses included Alzheimer's Disease, chronic ischemic heart disease, mood effective disorder and osteoporosis.</p> <p>Her admission Minimum Data Set dated 06/05/15 coded her with severely impaired cognitive skills, requiring extensive assistance with most activities of daily living skills and having no dental concerns. Because no dental concerns were checked, dental status was not triggered for a comprehensive assessment.</p> <p>The nutritional initial assessment dated 06/09/15 noted she had "poor dentition" and a partial lower denture plate.</p> <p>Resident #163 was observed on 11/16/15 at 3:43 with darkened teeth, missing teeth and her front lower teeth looked very worn down or chipped. She denied having any problems chewing or with pain.</p> <p>MDS Nurse #2 stated during interview on 11/18/15 at 2:11 PM that she completed Resident #163's initial MDS. She stated she assessed each resident's dental needs by review of the chart. She stated she did not always actually look into a resident's mouth to see the condition of their teeth, gums, etc. She stated she was unsure if she had looked at Resident #163's mouth during the assessment and would review her notes. Upon follow up interview with MDS Nurse #2 on 11/18/15 at 2:26 PM, MDS Nurse #2 stated that she noted from the initial nurse</p>	F 278	<p>#9,52,63,163 The Resident Care Management Director performed dental assessments on identified residents. The RCMD updated Care Plans to reflect any change in information derived from the dental assessments. Resident #27 has expired since the annual survey was performed and no corrective action can be accomplished.</p> <p>2. Facility residents have the potential to be affected by the alleged deficient practice: therefore, Dental assessments will be completed by MDS on audited residents and care plans implemented or changed as appropriate. All other residents will have correction action performed with their scheduled MDS.</p> <p>3. Measures put into place to ensure that the alleged deficient practice dos not recur include; MDS will audit all current residents and complete dental assessments, unless the resident has expired or been discharged from the facility. The Resident Care Management Director completed in-service/reeducation training for all MDS staff regarding dental assessments, definition of edentulous and Section L coding, according to the current RAI 3.0 Manual. All OBRA assessment (admission, quarterly, annual & significant change) will include dental assessment and associated form which will be completed and placed in the chart. For three months, RCDM, will audit OBRA assessments for dental assessment and correct coding of Section L according to ARD of the MDS. If the dental</p>		

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F 278	<p>Continued From page 16</p> <p>assessment that she had a partial denture and reviewed the speech therapy notes. She stated speech therapy noted nothing was wrong with her jaw or oral functioning. She stated she did not actually look into Resident #163's mouth and relied on notes which would reflect trouble eating the diet, and the notes for Resident #163 revealed she received a regular diet.</p> <p>Interview with Director of Nursing stated during interview on 11/19/15 at 3:10 PM that she expected the MDS nursing staff to actually look into each resident's mouth during the assessment of dental status as that would be the only way to identify for sure their current dental status.</p> <p>2. Resident #52 was readmitted to the facility on 06/03/15. Her diagnoses included dementia, septicemia, malnutrition, and depression.</p> <p>Her admission Minimum Data Set (MDS) dated 06/06/15 coded her with severely impaired cognitive skills, requiring extensive assistance for most activities of daily living skills and having no dental concerns. It did not check she was edentulous. Because no dental concerns were checked, dental status was not triggered for a comprehensive assessment.</p> <p>Resident #52 was observed on 11/16/15 at 3:31 PM having no dentures and no natural teeth in her mouth. She stated at this time she did not have teeth.</p> <p>On 11/18/15 at 12:04 PM, family visiting stated Resident #52's dentures did not fit any longer and she had no natural teeth, but had a set of dentures in her drawer which no longer fit her.</p>	F 278	<p>assessment is not present and/or Section L coding is not correct for the ARD look back period; dental assessment will be performed and, if warranted, MDS modification will be performed and transmitted. Care Plans will be updated as appropriate.</p> <p>4. The RCMD will review data obtained during comprehensive assessment audits, analyze the data and report patterns/trends to the QAPI Committee every month for 3 months. The QAPI Committee will evaluate the effectiveness of the above plan, and will add interventions based on identified trends/outcomes to ensure continued compliance.</p>		

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F 278	<p>Continued From page 17</p> <p>Interview with MDS Nurse #3 on 11/18/15 at 11:25 PM revealed she assessed dental needs by looking at the resident and talking to staff. She further stated she went by what the medical record documented under the dietary and nursing sections. She stated she would have to review the chart to refresh her memory specific to how she assessed Resident #52. On follow up interview on 11/18/15 at 11:31 AM, MDS Nurse #3 stated she will look into residents' mouths if she can or if there was a question relating to the dental assessment. She stated she often asked the nurse. She was unable to say why the MDS was not coded correctly to reflect Resident #52 was edentulous. She stated that would have triggered a comprehensive dental assessment.</p> <p>Interview with Nurse #1 on 11/18/15 at 2:04 PM revealed she recalled Resident #52 had dentures years ago when she had been a previous resident but had no dentures since readmission.</p> <p>Interview with MDS Nurse #3 on 11/18/15 at 2:32 PM revealed she was under the incorrect impression that edentulous meant the resident had no natural teeth and no dentures.</p> <p>Interview with Director of Nursing stated during interview on 11/19/15 at 3:10 PM that she expected the MDS nursing staff to actually look into each resident's mouth during the assessment of dental status as that would be the only way to identify for sure their current dental status.</p> <p>3. Resident #27 was admitted to the facility on 03/14/13. His diagnoses included Alzheimer's Disease, hypertension, psychosis, and gastroesophageal reflux disease.</p>	F 278			

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F 278	<p>Continued From page 18</p> <p>The annual Minimum Data Set (MDS) dated 03/26/15 coded him with long and short term memory impairments, severely impaired decision making skills and requiring extensive assistance with most activities of daily living skills. Resident #27 was not coded as being edentulous and was coded for no dental concerns.</p> <p>On 11/17/15 at 8:28 AM, Resident #27 was observed with no natural teeth in his mouth.</p> <p>Interview with MDS Nurse #3 on 11/18/15 at 11:25 PM revealed she assessed dental needs by looking at the resident and talking to staff. She further stated she went by what the medical record documented under the dietary and nursing sections. She stated she would have to review the chart to refresh her memory specific to how she assessed Resident #27.</p> <p>Follow up interview with MDS Nurse #3 on 11/18/15 at 11:31 AM revealed he used to have dentures but always took them out, so his family took the dentures home. She further stated that stated she will look into residents' mouths if she can or if there was a question relating to the dental assessment. She stated she often asked the nurse. She was unable to say why the MDS was not coded correctly as she may have missed it or coded it incorrectly. She stated if she had coded Resident #27 as edentulous, then a comprehensive dental assessment would have been triggered and completed.</p> <p>Interview with Director of Nursing stated during interview on 11/19/15 at 3:10 PM that she expected the MDS nursing staff to actually look into each resident's mouth during the assessment of dental status as that would be the only way to identify for sure their current dental status.</p>	F 278			

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F 278	<p>Continued From page 19</p> <p>4. Resident #9 was admitted to the facility on 04/06/15 with diagnoses of Alzheimer's disease and heart failure. Review of the significant change Minimum Data Set (MDS) dated 10/11/15 revealed Resident #9 had severely impaired cognition and required extensive assistance for most activities of daily living. The MDS noted no dental problems were identified and dental status was not triggered for a comprehensive assessment. Observations of Resident #9 on 11/19/15 at 9:59 AM revealed 2 upper decaying, jagged teeth with decay to the gum line of all other upper and lower teeth. An interview conducted with the MDS Nurse #3 on 11/19/15 at 2:45 PM revealed she had completed Resident #9's significant change MDS dated 10/11/15 including Section L- Oral/Dental status. MDS Nurse #3 stated she reviewed the resident's medical record and care plan to obtain her information on oral/dental status. MDS Nurse #3 stated she did not always examine resident's oral/dental status when completing the MDS assessment. During an interview on 11/19/15 at 3:12 PM the Director of Nursing (DON) stated she expected the MDS Nurses to look in residents' mouths when they assessed oral/dental status for the MDS assessment so the information was accurate.</p> <p>5. Resident #63 was admitted on 12/18/14 with diagnoses including coronary artery disease and chronic obstructive pulmonary disease. Review of the admission Minimum Data Set (MDS) dated 12/26/14 revealed Resident #63 had obvious or likely cavity or broken natural teeth.</p>	F 278			

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F 278	<p>Continued From page 20</p> <p>The Care Area Assessment (CAA) Summary for Dental Care completed with the admission MDS stated the history and physical indicated Resident #63 had no upper teeth and some decaying lower teeth. The CAA Summary further noted Resident #63 could chew a regular diet without difficulty and had no oral pain.</p> <p>Review of the annual Minimum Data Set (MDS) dated 09/02/15 revealed Resident #63 had moderately impaired cognition and there were no dental problems identified.</p> <p>During an interview on 11/17/15 at 9:29 AM Resident #63 stated he did not have any teeth and denied any difficulty with chewing or mouth discomfort.</p> <p>Observations of Resident #63 on 11/17/15 at 9:35 AM revealed two decaying teeth and all of the visible lower teeth were decayed to the gum line.</p> <p>An interview was conducted with MDS Nurse #3 on 11/18/15 at 3:31 PM. During the interview MDS Nurse #3 confirmed she had completed Resident #63's annual MDS including Section L- Oral/Dental Status. MDS Nurse #3 stated she typically reviewed the resident's medical record and care plan for information regarding their oral/dental status. MDS Nurse #3 indicated she did not always examine resident's oral cavity when completing the assessment and could not recall if she examined Resident #63's oral cavity. MDS Nurse #3 reviewed her worksheet for the annual assessment dated 09/02/15 and did not locate any notes regarding Resident #63's oral/dental status. MDS Nurse #3 further stated if Resident #63 had broken or missing teeth then her assessment was not accurate.</p>	F 278			

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F 278	Continued From page 21	F 278			
F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>During an interview on 11/19/15 at 3:12 PM the Director of Nursing (DON) stated she expected the MDS Nurses to look in the residents' mouths when they assessed oral/dental status for the MDS assessment so this information was accurate.</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to anchor the indwelling urinary catheter and protect against tension during care for 1 of 2 residents sampled with catheters to prevent tension on the catheter tubing (Resident #111).</p> <p>The findings included:</p> <p>Resident #111 was admitted to the facility on 02/15/13 and most recently readmitted on 04/06/14. His diagnoses included diabetes, vascular dementia, cerebral vascular accident, benign prostatic hypertrophy (BPH) with</p>	F 315	<p>1. Corrective has been accomplished for the alleged deficient practice in regards to resident #111 by in-service training for Nurse #1, MDS Nurse #4, NA #1 and NA #2, concerning the proper securement of devices for Foley catheter tubing, by the DON</p> <p>2. Facility residents with catheters have the potential to be affected by the alleged deficient practice.</p> <p>3. The DON/ADON/Unit Manager staff will audit all residents with catheters to assure</p>	12/17/15	

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F 315	<p>Continued From page 22 obstruction, and urinary retention.</p> <p>Physician orders since 07/28/13 included an indwelling urinary catheter.</p> <p>The annual Minimum Data Set dated 12/14/14 coded Resident #111 with severed impaired cognitive skills, requiring extensive assistance with most activities of daily living skills and using a indwelling urinary catheter.</p> <p>The Care Area Assessment dated 12/22/14 pertaining to the urinary catheter noted he had BPH with associated retention and his catheter had to be changed frequently due to clogging easily.</p> <p>A care plan for the indwelling catheter was developed 12/22/14 with the goal to be free of potential complicated and having no signs of infection, discomfort or trauma. This care plan was last reviewed on 10/02/15 and included the intervention of "Anchor catheter to prevent excessive tension."</p> <p>Catheter care was observed on 11/18/15 at 9:59 AM by Nurse Aides #1 and #2. At this time, there was no leg strap or other device securing the catheter tubing which was noted hanging off the side of the bed with tension on the tubing. As Resident #111 was rolled from side to side, the catheter tubing wrapped around his left leg brace causing tension to the tubing. Once care was completed, aides left the tubing unsecured hanging off the side of the bed resulting in tension on the tubing.</p> <p>On 11/18/15 at 10:04 AM, Nurse Aides #1 and #2 stated from time to time he had a leg strap but</p>	F 315	<p>proper securement is in place to prevent tension on tubing. The DON/ADON/Unit Manager will monitor all residents with catheter tubing every shift for 1 week, then every shift 3x a week for 1 month, then every shift 1x per a week for 2 months. The DON/ADON/Unit Manager will re-educate nursing staff on the proper securement of catheter tubing to insure tubing is anchored and there is no tension on the tubing.</p> <p>4. The DON and Administrator will review data obtained from the audits and will report the results for 3 months. The QAPI Committee will evaluate results of audits and recommend any changes if needed.</p>		

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F 315	<p>Continued From page 23</p> <p>neither thought he liked to wear a leg strap.</p> <p>Follow up interview with Nurse Aide #2 on 11/18/15 at 10:23 AM revealed a leg strap was used for residents who moved around a lot and he rarely moved or got out of bed.</p> <p>On 11/18/15 at 4:01 PM Nurse #1 was interviewed. She stated that a leg strap was tried with Resident #111 but it tended to increase the problem of his catheter clogging resulting in the catheter needing to be changed almost weekly. She further stated that the tubing just had to be anchored but not necessarily with the leg strap.</p> <p>Interview with MDS Nurse #4 on 11/18/15 at 4:15 PM revealed that the care plan intervention related to anchoring the catheter tubing was meant for a small circular clip device to be placed on the tubing so that the tubing could be secured to a pad or sheet. At this time, MDS Nurse #4 and the surveyor went to observe Resident #111's catheter. The clip device was observed attached to the tubing, however, it was not clipped to anything leaving the tubing unsecured.</p> <p>Follow up with Nurse #1 on 11/18/15 at 4:45 PM verified the clip attached to the catheter tubing should be attached to the sheet.</p> <p>Resident #11 was observed on 11/19/15 at 8:27 AM with Nurse #1. The clip was not secured to the sheet or pad leaving he catheter tubing unsecured.</p> <p>Interview with the Director of Nursing on 11/19/15 at 10:49 PM revealed she expected staff to maintain Resident #111's catheter anchored via the clip to prevent tension and staff should ensure</p>	F 315			

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F 315	Continued From page 24 that there was no tension on the tubing during care.	F 315			
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 label and date food items, discard spoiled food items, and maintain microwaves in a clean and sanitary manner in 2 of 3 hall nourishment areas (100 hall Rehabilitation charting room and 400 hall). The findings included: 1. Observations made on the 100 hall on 11/16/15 at 5:52 PM revealed a rehabilitation charting room that contained a small refrigerator and microwave. a. The microwave was observed to have multiple dried food spills on the ceiling of the inside of the microwave. b. The refrigerator was observed to contain food from the kitchen, snacks and resident's personal	F 371	1. Corrective action has been accomplished for the alleged deficient practice with regard to outdated supplements/food. The Dietary Manager removed out dated items at the time of discovery and cleaning microwave at the time of discovery. 2. No residents were identified; however the facility residents have the potential to be affected by the same alleged deficient. 3. Measures put in place to ensure that the alleged deficient practice does not recur: to insure proper food storage and microwave sanitation the Dietary Manager will audit the refrigerator and microwave 2x per day for 1 month, then 1 x per day for 2 months. The Dietary Manager will in-service dietary and nursing staff on the	12/17/15	

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F 371	<p>Continued From page 25</p> <p>food items. Foods and beverages stored inside this refrigerator included: a loaf of bread with an expired use by date of October 28, 2015; an undated, unlabeled cup of oranges; unlabeled, undated, opened jug of green juice; a banana which had a black peel; an opened, undated, unlabeled plastic which contained a creamy substance; and an unlabeled, undated plastic bag which contained a grayish brown colored piece of meat.</p> <p>Interview with the Dietary Supervisor on 11/16/15 at 6:04 PM revealed that the dietary staff were responsible for checking the hall refrigerators and staff were to check these refrigerators and cleanliness of the hall microwaves twice a day. Upon inspection of the refrigerator and microwave on the 100 hall on 11/16/15 at 6:09 PM, the Dietary Supervisor stated that the rehabilitation staff were actually responsible for maintaining the refrigerator and microwave in the rehab room.</p> <p>Interview with the Rehabilitation Director on 11/16/15 at 6:10 PM revealed her understanding was that nursing and dietary staff shared the responsibility for monitoring, cleaning and checking the resident food and microwave kept in the rehab room.</p> <p>The Assistant Director of Nursing stated during observations of the rehab room's refrigerator and microwave on 11/16/15 at 6:14 PM that housekeeping was responsible for the cleanliness and monitoring the food kept in the refrigerator.</p> <p>Housekeeping Supervisor was interviewed on 11/16/15 at 6:17 PM and he revealed that housekeeping was only responsible for the</p>	F 371	<p>proper labeling, dating, storage of food items and cleaning procedure for microwave.</p> <p>4. The Administrator will review the data obtained from the audits. The Dietary Manager will report trends/patterns from audits to the QAPI Committee for 3 months. The QAPI Committee will evaluate the effectiveness of the above plan and will add additional interventions based on identified trends/patterns.</p>		

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F 371	<p>Continued From page 26</p> <p>cleanliness of the outside of the refrigerator and microwave.</p> <p>The Administrator stated during interview on 11/16/15 at 6:20 PM that it was housekeeping staff's responsibility to maintain the rehabilitation charting room's resident refrigerator and microwave.</p> <p>The Director of Nursing stated on 11/19/15 at 11:45 PM that everything in the rehabilitation charting room's refrigerator should be labeled with resident's names and dated. She stated it was her understanding that dietary maintained the cleanliness of the inside and housekeeping maintained the cleanliness of the outside of the microwave and refrigerator in the rehabilitation charting room.</p> <p>2. An observation was made on 11/16/15 at 2:00 PM of the Nourishment Room located in front of the conference room. The microwave was observed to have dried spills on all sides and on the ceiling of the microwave. An interview was conducted on 11/16/15 at 2:07 PM with the Assistant Director of Nursing (ADON). She stated it was the dietary staff's responsibility to clean the microwave in the Nourishment Room. An interview with the Dietary Supervisor (DS) conducted on 11/16/15 at 6:00 PM revealed dietary staff were responsible for checking the cleanliness of the microwave in the Nourishment Room 3 times a day. The DS agreed the microwave was dirty and did not appear to have been cleaned that day. An interview with the Director of Nursing on</p>	F 371			

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F 371	Continued From page 27 11/19/15 at 11:45 PM stated it was her understanding that dietary staff were responsible for cleaning the microwave in the Nourishment Room but she expected all staff to make sure it was clean and free of spills and food debris.	F 371			
F 431 SS=B	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can	F 431		12/17/15	

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F 431	Continued From page 28 be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to properly store and discard 41 packs of expired fiber packets in 1 of 2 nourishment rooms. The findings included: An observation made on 11/16/15 at 2:00 PM of the nourishment room located in front of the conference room revealed 41 packets of fiber with an expiration date of August 2014 stored in an unlocked drawer. An interview conducted on 11/16/15 at 2:07 PM with the Assistant Director of Nursing (ADON) revealed she was not aware the expired fiber packets were in the nourishment room. She stated the dietary staff were in charge of cleaning the nourishment room but she did not expect them to discard the fiber packets. The ADON stated the fiber packets should have been stored in the locked Medication Room or on a locked Medication Cart and they should have been discarded at the expiration date of August 2014. An interview was conducted on 11/19/15 at 11:42 AM with the Director of Nursing (DON). She stated she was not aware the fiber packets were being stored in the nourishment room. The DON stated the fiber packets should have been stored in the locked medication room or a locked medication cart due to requiring a physician order to administer the fiber to a resident and all staff and family members having access to the nourishment room.	F 431	1. Corrective action has been accomplished for the alleged deficient practice with regard to improper storage and out dated medications. The ADON discarded the packets immediately when discovered. 2. No residents were identified, however, facility residents have the potential to be affected by the alleged deficient practice. 3. To ensure proper storage and labeling of medication the DON/ADON/Unit Manager will re-educate nursing staff on the proper procedure for checking for outdated medication and disposal of out dated medications. The DON/ADON/Unit Manager will perform medication audits of the medication carts and nourishment room 2x per week for 1 month, then 1x per week for 2 months. 4. The DON will report the results of audits to the QAPI committee for 3 months. The QAPI Committee will evaluate the results of audits and recommend changes if needed.		
F 520	483.75(o)(1) QAA	F 520		12/17/15	

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F 520 SS=E	<p>Continued From page 29</p> <p>COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</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 record review and staff interviews the facilities Quality Assessment and Assurance Committee failed to maintain a system which relates to the resident's right to make choices that the committee put into place in January 2015. This was a recited deficiency which was originally cited in January of 2015 on the facilities annual certification survey. The deficiency was in the area of quality of life: the resident has the right to</p>	F 520	<p>1. Corrective action has been accomplished for the alleged deficient practice with regard to The facility Quality Assessment and Assurance Committee by the District Director of Clinical Services re-educating the Administrator and DON on the Quality Assurance & Performance Program process.</p>		

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F 520	<p>Continued From page 30</p> <p>make choices about aspects of his or her life. The continued failure of the facility during the two federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referenced to:</p> <p>1a. F 242: Residents right to make choices: Based on observations, medical record reviews, resident, and staff interviews, the facility failed to honor food choices for 2 of 6 sampled residents and failed to provide 2 of 6 sampled residents with the number of showers preferred per week who were reviewed for choices (Resident #23, #133, #56 and #154).</p> <p>During an annual certification survey of January, 2015 the facility was cited F 242 for failing to assess and provide food preferences for a resident at risk for weight loss for 1 or 2 residents reviewed for choices (Resident #83).</p> <p>During an interview on 11/19/15 at 3:45 PM, the Administrator stated his expectation was for the facility to have completed the random audits to measure the effectiveness of their action plans which had been driven by the plan of correction that was developed as a result of the previous survey January 2015. The Administrator indicated he was aware there was a problem in January and the QAA systems that were implemented in January 2015 were not followed and/or monitored appropriately. The Administrator indicated the residents drives the preferences and food choices at the facility.</p>	F 520	<p>2. Other residents have the potential to be affected by the alleged deficient practice.</p> <p>3. Measures put into place to ensure that the alleged deficient practice does not recur: The District Director of Clinical Services re-educated the Administrator and DON regarding the Quality Assurance & Performance Program, tracking and creating Improvement Plans. The District Director of Clinical Services re-trained the Quality Assurance Committee on the Quality Assurance & Performance Improvement Process. The QAPI Committee consists of: Administrator, DON, ADON, Dietary Manager, Activities Director, Social Services Director, Maintenance Director, Business Office Director, RCMD and Medical Director.</p> <p>4. The District Team will review the monthly minutes from QAPI for three months to monitor for trends/outcomes and implementation of plans for opportunities that have been identified.</p>		

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