

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2017
NAME OF PROVIDER OR SUPPLIER JACOB'S CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1721 BALD HILL LOOP MADISON, NC 27025	
(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 248 SS=E	<p>483.24(c)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>(c) Activities.</p> <p>(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews and record reviews, the facility failed to provide on-going activities for 9 of 9 residents with cognitive impairments (Residents #52, #59, #100, #129, #142, #145, #174, #192 and #107. The findings included:</p> <p>1. Resident #52 was admitted on 9/15/13. The diagnoses included cognition communication deficits and dementia. The Minimum Data Set (MDS) dated 11/10/16 coded Resident #52 needed assistance with participation in activities. Review of the activity assessment form dated 1/11/17, revealed Resident #52 interest included arts/crafts, drawing/painting, sports, religious (bible study, devotions and worship services) television, socials music, reading and newspapers. Review of the activity note dated 1/11/17, documented the resident preference was individual activities, however would join group activities of choice/interest. Staff would encourage out of room group events,</p>	F 248	<p>Jacob's Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Jacob's Creek Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Jacob's Creek Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure, and/or any other</p>	3/19/17

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

TITLE

(X6) DATE

Electronically Signed

03/16/2017

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

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F 248	<p>Continued From page 1</p> <p>independent activities, 1:1 programs as necessary and monitoring for needs and/or problems.</p> <p>Review of the care plan dated 1/12/17, identified the problem as a chronic decline in intellectual functioning characterized by deficit in memory, decision making and thought process related to Alzheimer ' s and cognitive communication deficit. The goal included resident would respond to questions statement with appropriate verbalization. The interventions included encourage small group activities (enjoys socials, listening to music, spiritual events and outdoor events).</p> <p>An observation of the activities calendar on the secured unit on 2/22/17 revealed the following activities were scheduled: 10:30 AM, limber up, 11:00 AM, bible study, 2:30 PM current events and 3:30 PM noodle ball and 4:00 PM sing with me. The activities calendar in other sections of the facility included 10:30 AM, limber up 11:00 AM, bible study, 3:00 PM, bingo and 7:00PM church.</p> <p>During an observation on the secured unit on 2/22/17 at 10:30 AM, the following resident was seated in the day room: Resident #52, waiting for the 10:30 AM activity to occur. The scheduled limber up activity did not occur. There was no activity staff on the unit and the nursing assistants were providing care to the other residents.</p> <p>During an observation on 2/22/17 at 11:00 AM, the scheduled activity for the secured unit and on the hall was bible study. This activity did not occur. Resident #52 remained in the day room</p>	F 248	<p>administrative or legal proceeding.</p> <p>F248 On 2/24/2017, the activity director performed a group activity with residents including Residents #52, #59, #100, #129, #142, #145, #174, #192 and #107 according to the resident's care plan, and choice.</p> <p>On 2/24/2017, the activity director completed an audit of the last 30 days of activities in the dementia (SPARK) unit to determine what activities had been held. The audit was completed using the facility activity log. No other issues with missed activities were identified by the activity director on 2/24/2017.</p> <p>On 3/15/2017, the director of nursing (DON) in-serviced the activity director and activity assistant regarding providing activities according to resident choice, providing alternate activities when an activity is cancelled, communicating with nursing staff when an activity cancels, and ensuring coverage for activities during absences of activity staff. The training will be added to the orientation of all new activity staff.</p> <p>The administrator and/or DON will be responsible for reviewing all activities, and the activity calendar prior to the calendar being posted monthly. The review will be documented by initialing the activity calendars which are located throughout the facility. The activity director will assign an activity assistant to the dementia</p>		

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F 248	<p>Continued From page 2</p> <p>and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 2:30 PM, the scheduled activity for the secured unit was current events and this activity did not occur. The activity staff was not present on the unit and there was no alternate activity offered.</p> <p>During an observation on 2/22/17 at 3:00 PM noodle ball was scheduled on the secured unit. This activity did not occur. Resident #52 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 4:00 PM, the scheduled activity for the secured unit was sing with me. This activity did not occur. A continuous observation was done 4:00 PM to 5:00 PM and Resident #52 remained in the day room until the dinner meal was set up, there was no alternate activity provided.</p> <p>During an observation on 2/22/17 at 7:00 PM, the scheduled activity on the hall was church services. This activity did not occur and the residents were not informed the activity was cancelled. Residents that were asked up were asked by surveyor. The residents that were up was asked if they were informed the activity was cancelled and many responded no.</p> <p>During an interview on 2/22/17 at 5:42 PM, the Assistant Director of Nursing (ADON) stated that the activities assistant #1 was responsible for providing activities for residents on the secured unit. The ADON indicated the designated</p>	F 248	<p>(SPARK) unit to provide, guide, and ensure activities are completed according to the schedule. The activity director or assistant(s) will call the facility, or verbally notify nursing staff at least 30 minutes before any scheduled activity when the activity has been cancelled or is different than the printed calendar. The activity director or activity assistant will provide an alternate activity if an activity group cancels or does not arrive.</p> <p>The administrator, DON, quality assurance nurse, or assistant director of nursing will use the SPARK Unit audit tool to observe 5 activities per week x 12 weeks in the dementia (SPARK) unit. The results of the audits will be presented by the DON at the monthly Quality Assurance meeting for 3 months for further review and recommendations.</p>		

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F 248	<p>Continued From page 3</p> <p>activities should have occurred in accordance to activity schedule.</p> <p>During interview on 2/23/17 at 10:49 AM, the Activity Assistant (AA #1), stated she was responsible for the activities on the secured unit. AA#1 confirmed the activities that were scheduled for 2/22/17 were not done in accordance to the calendar and there were no alternates provided. In addition, there was no system in place to provide coverage when she was sick or when a scheduled events could not be done. AA#1 further stated when an outside program was scheduled and it was cancelled the activities staff was expected to let the residents know and do an alternate activity.</p> <p>During an interview on 2/23/17 at 11:00AM, the Administrator and Director of Nursing (DON), stated the expectation was for the activities staff to provide the scheduled activities in accordance to the calendar and/or provide alternate activities when scheduled activities were cancelled. The administrator and DON indicated that AA#1 was assigned to the secured unit and should have provided the activities as scheduled on the daily calendar. If the volunteers or outside resources cancelled the resident needed to be notified. DON confirmed that the scheduled 7:00PM church program did not happen on 2/22/17. DON confirmed there was no designated system in place to monitor to ensure the activities were being provided within the building. The DON stated it was her expectation that alternate activities be implemented when there was a scheduled activity change and the resident be notified of the changes.</p> <p>During an interview on 2/23/17 at 11:11AM, the</p>	F 248			

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F 248	<p>Continued From page 4</p> <p>Activity Assistant (AA) #2 indicated that she was responsible for the activities on the halls and 1:1 activities. The AA #2 stated the nursing assistants were responsible for getting residents up and ready for activities. AA#2 reported activities had occurred on the assigned hall in accordance to the schedule and the 1:1 were done in resident rooms as assigned. When asked about specific scheduled activities like bible study she confirmed the activity did not occur for the day. The AA#2 indicated when the outside programs cancelled they usually called and then staff would let the resident's know. She further stated she was unaware of the back-up plan for the 500/600 hall when the assigned activities person was not present on the unit. The back-up plan was not identified by either AA #1 or AA #2.</p> <p>2. Resident #59 was admitted on 6/10/08. The diagnoses included Alzheimer ' s dementia and cognition communication deficit. The Minimum Data Set (MDS) dated 12/8/16 coded Resident #59 needed assistance with participation in activities.</p> <p>Review of the activity assessment form dated 12/2/16, revealed Resident #59 interest included arts/crafts, gardening, bingo, trivia, religious (bible study, devotions and worship services), cooking/baking, television, socials, puzzles, music(gospel, country, bluegrass and rock n roll), reading and newspapers.</p> <p>Review of the activity note dated 12/2/16, documented the resident needed reminder of when events began and that he actively participated in structured out of room group events of her choice.</p> <p>Review of the care plan dated 12/8/16, identified</p>	F 248			

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F 248	<p>Continued From page 5</p> <p>the problem as a chronic decline in intellectual functioning characterized by deficit in memory, decision making and thought process related to Alzheimer ' s and cognitive communication deficit. The goal included resident would respond to questions statement with appropriate verbalization. The interventions included encourage small group activities (enjoys socials, listening to music, spiritual events and outdoor events).</p> <p>An observation of the activities calendar on the secured unit on 2/22/17 revealed the following activities were scheduled: 10:30 AM, limber up, 11:00 AM, bible study, 2:30 PM current events and 3:30 PM noodle ball and 4:00 PM sing with me. The activities calendar in other sections of the facility included 10:30 AM, limber up 11:00 AM, bible study, 3:00 PM, bingo and 7:00PM church.</p> <p>During an observation on the secured unit on 2/22/17 at 10:30 AM, the following resident was seated in the day room: Resident #59, waiting for the 10:30 AM activity to occur. The scheduled limber up activity did not occur. There was no activity staff on the unit and the nursing assistants were providing care to the other residents.</p> <p>During an observation on 2/22/17 at 11:00 AM, the scheduled activity for the secured unit and on the hall was bible study. This activity did not occur. Resident #59 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 2:30 PM, the</p>	F 248			

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F 248	<p>Continued From page 6</p> <p>scheduled activity for the secured unit was current events and this activity did not occur. The activity staff was not present on the unit and there was no alternate activity offered.</p> <p>During an observation on 2/22/17 at 3:00 PM noodle ball was scheduled on the secured unit. This activity did not occur. Resident #59 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 4:00 PM, the scheduled activity for the secured unit was sing with me. This activity did not occur. A continuous observation was done 4:00 PM to 5:00 PM and Resident #59 remained in the day room until the dinner meal was set up, there was no alternate activity provided.</p> <p>During an observation on 2/22/17 at 7:00 PM, the scheduled activity on the hall was church services. This activity did not occur and the residents were not informed the activity was cancelled. Residents that were asked up were asked by surveyor. The residents that were up was asked if they were informed the activity was cancelled and many responded no.</p> <p>During an interview on 2/22/17 at 5:42 PM, the Assistant Director of Nursing (ADON) stated that the activities assistant #1 was responsible for providing activities for residents on the secured unit. The ADON indicated the designated activities should have occurred in accordance to activity schedule.</p> <p>During interview on 2/23/17 at 10:49 AM, the Activity Assistant (AA #1), stated she was</p>	F 248			

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F 248	<p>Continued From page 7</p> <p>AA#1 confirmed the activities that were scheduled for 2/22/17 were not done in accordance to the calendar and there were no alternates provided. In addition, there was no system in place to provide coverage when she was sick or when a scheduled events could not be done. AA#1 further stated when an outside program was scheduled and it was cancelled the activities staff was expected to let the residents know and do an alternate activity.</p> <p>During an interview on 2/23/17 at 11:00AM, the Administrator and Director of Nursing (DON), stated the expectation was for the activities staff to provide the scheduled activities in accordance to the calendar and/or provide alternate activities when scheduled activities were cancelled. The administrator and DON indicated that AA#1 was assigned to the secured unit and should have provided the activities as scheduled on the daily calendar. If the volunteers or outside resources cancelled the resident needed to be notified. DON confirmed that the scheduled 7:00PM church program did not happen on 2/22/17. DON confirmed there was no designated system in place to monitor to ensure the activities were being provided within the building. The DON stated it was her expectation that alternate activities be implemented when there was a scheduled activity change and the resident be notified of the changes.</p> <p>During an interview on 2/23/17 at 11:11AM, the Activity Assistant (AA) #2 indicated that she was responsible for the activities on the halls and 1:1 activities. The AA #2 stated the nursing assistants were responsible for getting residents up and ready for activities. AA#2 reported activities had</p>	F 248			

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F 248	<p>Continued From page 8</p> <p>occurred on the assigned hall in accordance to the schedule and the 1:1 were done in resident rooms as assigned. When asked about specific scheduled activities like bible study she confirmed the activity did not occur for the day. The AA#2 indicated when the outside programs cancelled they usually called and then staff would let the resident's know. She further stated she was unaware of the back-up plan for the 500/600 hall when the assigned activities person was not present on the unit. The back-up plan was not identified by either AA #1 or AA #2.</p> <p>3. Resident #100 was admitted on 9/26/14. The diagnoses included vascular dementia, anxiety and cognition communication deficit. The Minimum Data Set (MDS) dated 2/14/17 coded Resident #100 needed assistance with participation in activities. Review of the activity assessment dated 7/21/16, Resident #100 's interest included games, religious activities, leisure, arts/craft, music, dancing and reading.</p> <p>Review of the care plan dated 12/14/16, identified the problem as a chronic decline in intellectual functioning characterized by deficit in memory, decision making and thought process related to Alzheimer ' s and cognitive communication deficit. The goal included resident would respond to questions statement with appropriate verbalization. The interventions included encourage small group activities (social events, pet therapy, listening to music and spiritual events). Another problem identified on the care plan was feelings of sadness, anxiety, depression characterized by ineffective coping and feeling bad about herself. The goal included resident would improve mood state with no signs and</p>	F 248			

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F 248	<p>Continued From page 9</p> <p>symptoms of depression, anxiety or sadness. The intervention included encourage resident to attend group activities, offer assistance with activities after resident attempt activity on her own and provide 1:1 sessions with resident for reorientation.</p> <p>Review of the activity note dated 12/12/16, documented the resident would pursue both directed, self-directed and independent activities of choice and out of room group events. Staff would encourage out of room group events, provided 1:1 programs as needed and monitor for problems.</p> <p>An observation of the activities calendar on the secured unit on 2/22/17 revealed the following activities were scheduled: 10:30 AM, limber up, 11:00 AM, bible study, 2:30 PM current events and 3:30 PM noodle ball and 4:00 PM sing with me. The activities calendar in other sections of the facility included 10:30 AM, limber up 11:00 AM, bible study, 3:00 PM, bingo and 7:00PM church.</p> <p>During an observation on the secured unit on 2/22/17 at 10:30 AM, the following resident was seated in the day room: Resident #100, waiting for the 10:30 AM activity to occur. The scheduled limber up activity did not occur. There was no activity staff on the unit and the nursing assistants were providing care to the other residents.</p> <p>During an observation on 2/22/17 at 11:00 AM, the scheduled activity for the secured unit and on the hall was bible study. This activity did not occur. Resident #100 remained in the day room and there was no alternate activity provided. The</p>	F 248			

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F 248	<p>Continued From page 10</p> <p>designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 2:30 PM, the scheduled activity for the secured unit was current events and this activity did not occur. The activity staff was not present on the unit and there was no alternate activity offered.</p> <p>During an observation on 2/22/17 at 3:00 PM noodle ball was scheduled on the secured unit. This activity did not occur. Resident #100 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 4:00 PM, the scheduled activity for the secured unit was sing with me. This activity did not occur. A continuous observation was done 4:00 PM to 5:00 PM and Resident #100 remained in the day room until the dinner meal was set up, there was no alternate activity provided.</p> <p>During an observation on 2/22/17 at 7:00 PM, the scheduled activity on the hall was church services. This activity did not occur and the residents were not informed the activity was cancelled. Residents that were asked up were asked by surveyor. The residents that were up was asked if they were informed the activity was cancelled and many responded no.</p> <p>During an interview on 2/22/17 at 5:42 PM, the Assistant Director of Nursing (ADON) stated that the activities assistant #1 was responsible for providing activities for residents on the secured unit. The ADON indicated the designated activities should have occurred in accordance to</p>	F 248			

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F 248	<p>Continued From page 11 activity schedule.</p> <p>During interview on 2/23/17 at 10:49 AM, the Activity Assistant (AA #1), stated she was responsible for the activities on the secured unit. AA#1 confirmed the activities that were scheduled for 2/22/17 were not done in accordance to the calendar and there were no alternates provided. In addition, there was no system in place to provide coverage when she was sick or when a scheduled events could not be done. AA#1 further stated when an outside program was scheduled and it was cancelled the activities staff was expected to let the residents know and do an alternate activity.</p> <p>During an interview on 2/23/17 at 11:00AM, the Administrator and Director of Nursing (DON), stated the expectation was for the activities staff to provide the scheduled activities in accordance to the calendar and/or provide alternate activities when scheduled activities were cancelled. The administrator and DON indicated that AA#1 was assigned to the secured unit and should have provided the activities as scheduled on the daily calendar. If the volunteers or outside resources cancelled the resident needed to be notified. DON confirmed that the scheduled 7:00PM church program did not happen on 2/22/17. DON confirmed there was no designated system in place to monitor to ensure the activities were being provided within the building. The DON stated it was her expectation that alternate activities be implemented when there was a scheduled activity change and the resident be notified of the changes.</p> <p>During an interview on 2/23/17 at 11:11AM, the Activity Assistant (AA) #2 indicated that she was</p>	F 248			

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F 248	<p>Continued From page 12</p> <p>responsible for the activities on the halls and 1:1 activities. The AA #2 stated the nursing assistants were responsible for getting residents up and ready for activities. AA#2 reported activities had occurred on the assigned hall in accordance to the schedule and the 1:1 were done in resident rooms as assigned. When asked about specific scheduled activities like bible study she confirmed the activity did not occur for the day. The AA#2 indicated when the outside programs cancelled they usually called and then staff would let the resident's know. She further stated she was unaware of the back-up plan for the 500/600 hall when the assigned activities person was not present on the unit. The back-up plan was not identified by either AA #1 or AA #2.</p> <p>4. Resident #129 was admitted on 5/23/14. The diagnoses included dementia, cognition communication deficit and major depression. The Minimum Data Set (MDS) dated 2/14/17, coded Resident #129 needed assistance with participation in activities. Review of the activity assessment form dated 3/31/16, revealed Resident #129 interest included arts/crafts, flowers, religious (bible study, devotions and worship services), television, socials, puzzles, music and reading.</p> <p>Review of the care plan dated 1/6/17, identified the problem as a chronic decline in intellectual functioning characterized by deficit in memory, decision making and thought process related to Alzheimer ' s and cognitive communication deficit. The goal included resident would respond to questions statement with appropriate verbalization. The interventions include encourage small group activities (enjoys socials,</p>	F 248			

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F 248	<p>Continued From page 13</p> <p>listening to music, spiritual events and outdoor events).</p> <p>Review of the activity note dated 1/3/17, documented the resident enjoys being around others. Resident #129 was confused and had difficulty remaining focused on events/task. Staff would encourage out of room group events, provide 1:1 program as needed and actively participate in structured out of room group events of her choice.</p> <p>An observation of the activities calendar on the secured unit on 2/22/17 revealed the following activities were scheduled: 10:30 AM, limber up, 11:00 AM, bible study, 2:30 PM current events and 3:30 PM noodle ball and 4:00 PM sing with me. The activities calendar in other sections of the facility included 10:30 AM, limber up 11:00 AM, bible study, 3:00 PM, bingo and 7:00PM church.</p> <p>During an observation on the secured unit on 2/22/17 at 10:30 AM, the following resident was seated in the day room: Resident #129, waiting for the 10:30 AM activity to occur. The scheduled limber up activity did not occur. There was no activity staff on the unit and the nursing assistants were providing care to the other residents.</p> <p>During an observation on 2/22/17 at 11:00 AM, the scheduled activity for the secured unit and on the hall was bible study. This activity did not occur. Resident #129 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p>	F 248			

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F 248	<p>Continued From page 14</p> <p>During an observation on 2/22/17 at 2:30 PM, the scheduled activity for the secured unit was current events and this activity did not occur. The activity staff was not present on the unit and there was no alternate activity offered.</p> <p>During an observation on 2/22/17 at 3:00 PM noodle ball was scheduled on the secured unit. This activity did not occur. Resident #129 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 4:00 PM, the scheduled activity for the secured unit was sing with me. This activity did not occur. A continuous observation was done 4:00 PM to 5:00 PM and Resident #129 remained in the day room until the dinner meal was set up, there was no alternate activity provided.</p> <p>During an observation on 2/22/17 at 7:00 PM, the scheduled activity on the hall was church services. This activity did not occur and the residents were not informed the activity was cancelled. Residents that were asked up were asked by surveyor. The residents that were up was asked if they were informed the activity was cancelled and many responded no.</p> <p>During an interview on 2/22/17 at 5:42 PM, the Assistant Director of Nursing (ADON) stated that the activities assistant #1 was responsible for providing activities for residents on the secured unit. The ADON indicated the designated activities should have occurred in accordance to activity schedule.</p> <p>During interview on 2/23/17 at 10:49 AM, the</p>	F 248			

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F 248	<p>Continued From page 15</p> <p>Activity Assistant (AA #1), stated she was responsible for the activities on the secured unit. AA#1 confirmed the activities that were scheduled for 2/22/17 were not done in accordance to the calendar and there were no alternates provided. In addition, there was no system in place to provide coverage when she was sick or when a scheduled events could not be done. AA#1 further stated when an outside program was scheduled and it was cancelled the activities staff was expected to let the residents know and do an alternate activity.</p> <p>During an interview on 2/23/17 at 11:00AM, the Administrator and Director of Nursing (DON), stated the expectation was for the activities staff to provide the scheduled activities in accordance to the calendar and/or provide alternate activities when scheduled activities were cancelled. The administrator and DON indicated that AA#1 was assigned to the secured unit and should have provided the activities as scheduled on the daily calendar. If the volunteers or outside resources cancelled the resident needed to be notified. DON confirmed that the scheduled 7:00PM church program did not happen on 2/22/17. DON confirmed there was no designated system in place to monitor to ensure the activities were being provided within the building. The DON stated it was her expectation that alternate activities be implemented when there was a scheduled activity change and the resident be notified of the changes.</p> <p>During an interview on 2/23/17 at 11:11AM, the Activity Assistant (AA) #2 indicated that she was responsible for the activities on the halls and 1:1 activities. The AA #2 stated the nursing assistants were responsible for getting residents up and</p>	F 248			

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F 248	<p>Continued From page 16</p> <p>ready for activities. AA#2 reported activities had occurred on the assigned hall in accordance to the schedule and the 1:1 were done in resident rooms as assigned. When asked about specific scheduled activities like bible study she confirmed the activity did not occur for the day. The AA#2 indicated when the outside programs cancelled they usually called and then staff would let the resident's know. She further stated she was unaware of the back-up plan for the 500/600 hall when the assigned activities person was not present on the unit. The back-up plan was not identified by either AA #1 or AA #2</p> <p>5. Resident #142 was admitted on 11/20/14. The diagnoses included dementia, depression and cognitive communication deficit. The Minimum Data Set (MDS) dated 2/14/17, coded Resident #142 needed assistance with participation in activities.</p> <p>Review of the activity assessment form dated 7/25/16, revealed Resident #142 interest included arts/crafts, sports, games(bingo/card games) religious (bible study, devotions and worship services), television.</p> <p>Review of the activity note dated 12/6/16, documented the resident actively participated in out of room group events, social visits and self-directed and independent activities of her choice. Resident #142 was able to follow directions with verbal cues and reminders. Staff would encourage out of room group events, provide 1:1 program as needed and actively participate in structured out of room group events of her choice.</p> <p>Review of the care plan dated 12/14/16, identified the problem as a chronic decline in intellectual</p>	F 248			

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F 248	<p>Continued From page 17</p> <p>functioning characterized by deficit in memory, decision making and thought process related to severe dementia. The goal included resident would display appropriate response to situation. The interventions include encourage small group activities (social events, pet therapy, listening to music and spiritual events), explain each activity procedure prior to beginning it, break activities into manageable subtask and give on instruction at a time and allow resident sufficient time to verbalize needs. Another problem identified on the care plan was Feelings of sadness, anxiety, depression characterized by ineffective coping and feeling bad about herself. The goal included resident would improve mood state with no signs and symptoms of depression, anxiety or sadness. The intervention included encourage resident to attend group activities, offer activities of which resident had shown interest, praise/reward for demonstrating desired mood and behavior and provide 1:1 sessions with resident for reorientation.</p> <p>An observation of the activities calendar on the secured unit on 2/22/17 revealed the following activities were scheduled: 10:30 AM, limber up, 11:00 AM, bible study, 2:30 PM current events and 3:30 PM noodle ball and 4:00 PM sing with me. The activities calendar in other sections of the facility included 10:30 AM, limber up 11:00 AM, bible study, 3:00 PM, bingo and 7:00PM church.</p> <p>During an observation on the secured unit on 2/22/17 at 10:30 AM, the following resident was seated in the day room: Resident #142, waiting for the 10:30 AM activity to occur. The scheduled limber up activity did not occur. There was no activity staff on the unit and the nursing assistants were providing care to the other residents.</p>	F 248			

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F 248	Continued From page 18 During an observation on 2/22/17 at 11:00 AM, the scheduled activity for the secured unit and on the hall was bible study. This activity did not occur. Resident #142 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit. During an observation on 2/22/17 at 2:30 PM, the scheduled activity for the secured unit was current events and this activity did not occur. The activity staff was not present on the unit and there was no alternate activity offered. During an observation on 2/22/17 at 3:00 PM noodle ball was scheduled on the secured unit. This activity did not occur. Resident #142 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit. During an observation on 2/22/17 at 4:00 PM, the scheduled activity for the secured unit was sing with me. This activity did not occur. A continuous observation was done 4:00 PM to 5:00 PM and Resident #142 remained in the day room until the dinner meal was set up, there was no alternate activity provided. During an observation on 2/22/17 at 7:00 PM, the scheduled activity on the hall was church services. This activity did not occur and the residents were not informed the activity was cancelled. Residents that were asked up were asked by surveyor. The residents that were up was asked if they were informed the activity was cancelled and many responded no.	F 248			

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

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F 248	Continued From page 19 During an interview on 2/22/17 at 5:42 PM, the Assistant Director of Nursing (ADON) stated that the activities assistant #1 was responsible for providing activities for residents on the secured unit. The ADON indicated the designated activities should have occurred in accordance to activity schedule. During interview on 2/23/17 at 10:49 AM, the Activity Assistant (AA #1), stated she was responsible for the activities on the secured unit. AA#1 confirmed the activities that were scheduled for 2/22/17 were not done in accordance to the calendar and there were no alternates provided. In addition, there was no system in place to provide coverage when she was sick or when a scheduled events could not be done. AA#1 further stated when an outside program was scheduled and it was cancelled the activities staff was expected to let the residents know and do an alternate activity. During an interview on 2/23/17 at 11:00AM, the Administrator and Director of Nursing (DON), stated the expectation was for the activities staff to provide the scheduled activities in accordance to the calendar and/or provide alternate activities when scheduled activities were cancelled. The administrator and DON indicated that AA#1 was assigned to the secured unit and should have provided the activities as scheduled on the daily calendar. If the volunteers or outside resources cancelled the resident needed to be notified. DON confirmed that the scheduled 7:00PM church program did not happen on 2/22/17. DON confirmed there was no designated system in place to monitor to ensure the activities were being provided within the building. The DON	F 248			

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F 248	<p>Continued From page 20</p> <p>stated it was her expectation that alternate activities be implemented when there was a scheduled activity change and the resident be notified of the changes.</p> <p>During an interview on 2/23/17 at 11:11AM, the Activity Assistant (AA) #2 indicated that she was responsible for the activities on the halls and 1:1 activities. The AA #2 stated the nursing assistants were responsible for getting residents up and ready for activities. AA#2 reported activities had occurred on the assigned hall in accordance to the schedule and the 1:1 were done in resident rooms as assigned. When asked about specific scheduled activities like bible study she confirmed the activity did not occur for the day. The AA#2 indicated when the outside programs cancelled they usually called and then staff would let the resident's know. She further stated she was unaware of the back-up plan for the 500/600 hall when the assigned activities person was not present on the unit. The back-up plan was not identified by either AA #1 or AA #2.</p> <p>6. Resident #145 was admitted on 12/14/16. The diagnoses included dementia, depression and schizophrenia. The Minimum Data Set (MDS) dated 12/27/16, coded Resident #145 needed assistance with participation in activities. Review of the activity assessment form dated 12/16/16, revealed Resident #145 interest included arts/crafts, sports, games(board/card games) religious (hymns sing and worship services), television, woodworking and cooking/baking. Review of the activity note dated 12/6/16, documented the resident actively participated in out of room group events, social visits and self-directed and independent activities of his</p>	F 248			

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F 248	<p>Continued From page 21</p> <p>choice. Resident #145 would need 1:1 interventions to elicit active participation. Staff would encourage out of room group events, provide 1:1 program as needed and actively participate in structured out of room group events of her choice.</p> <p>Review of the care plan dated 1/12/17, identified the problem as a chronic decline in intellectual functioning characterized by deficit in memory, decision making and thought process related to severe dementia and schizophrenia. The goal included resident would display appropriate response to situation. The interventions included encourage small group activities (social events, pet therapy, listening to music and spiritual events), explain each activity procedure prior to beginning it, break activities into manageable subtask and give one instruction at a time and allow/encourage resident to make choices.</p> <p>An observation of the activities calendar on the secured unit on 2/22/17 revealed the following activities were scheduled: 10:30 AM, limber up, 11:00 AM, bible study, 2:30 PM current events and 3:30 PM noodle ball and 4:00 PM sing with me. The activities calendar in other sections of the facility included 10:30 AM, limber up 11:00 AM, bible study, 3:00 PM, bingo and 7:00PM church.</p> <p>During an observation on the secured unit on 2/22/17 at 10:30 AM, the following resident was seated in the day room: Resident #145, waiting for the 10:30 AM activity to occur. The scheduled limber up activity did not occur. There was no activity staff on the unit and the nursing assistants were providing care to the other residents.</p> <p>During an observation on 2/22/17 at 11:00 AM, the scheduled activity for the secured unit and on</p>	F 248			

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F 248	<p>Continued From page 22</p> <p>the hall was bible study. This activity did not occur. Resident #145 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 2:30 PM, the scheduled activity for the secured unit was current events and this activity did not occur. The activity staff was not present on the unit and there was no alternate activity offered.</p> <p>During an observation on 2/22/17 at 3:00 PM noodle ball was scheduled on the secured unit. This activity did not occur. Resident #145 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 4:00 PM, the scheduled activity for the secured unit was sing with me. This activity did not occur. A continuous observation was done 4:00 PM to 5:00 PM and Resident #145 remained in the day room until the dinner meal was set up, there was no alternate activity provided.</p> <p>During an observation on 2/22/17 at 7:00 PM, the scheduled activity on the hall was church services. This activity did not occur and the residents were not informed the activity was cancelled. Residents that were asked up were asked by surveyor. The residents that were up was asked if they were informed the activity was cancelled and many responded no.</p> <p>During an interview on 2/22/17 at 5:42 PM, the Assistant Director of Nursing (ADON) stated that the activities assistant #1 was responsible for</p>	F 248			

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F 248	<p>Continued From page 23</p> <p>providing activities for residents on the secured unit. The ADON indicated the designated activities should have occurred in accordance to activity schedule.</p> <p>During interview on 2/23/17 at 10:49 AM, the Activity Assistant (AA #1), stated she was responsible for the activities on the secured unit. AA#1 confirmed the activities that were scheduled for 2/22/17 were not done in accordance to the calendar and there were no alternates provided. In addition, there was no system in place to provide coverage when she was sick or when a scheduled events could not be done. AA#1 further stated when an outside program was scheduled and it was cancelled the activities staff was expected to let the residents know and do an alternate activity.</p> <p>During an interview on 2/23/17 at 11:00AM, the Administrator and Director of Nursing (DON), stated the expectation was for the activities staff to provide the scheduled activities in accordance to the calendar and/or provide alternate activities when scheduled activities were cancelled. The administrator and DON indicated that AA#1 was assigned to the secured unit and should have provided the activities as scheduled on the daily calendar. If the volunteers or outside resources cancelled the resident needed to be notified. DON confirmed that the scheduled 7:00PM church program did not happen on 2/22/17. DON confirmed there was no designated system in place to monitor to ensure the activities were being provided within the building. The DON stated it was her expectation that alternate activities be implemented when there was a scheduled activity change and the resident be notified of the changes.</p>	F 248			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/23/2017
NAME OF PROVIDER OR SUPPLIER JACOB'S CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1721 BALD HILL LOOP MADISON, NC 27025		
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F 248	<p>Continued From page 24</p> <p>During an interview on 2/23/17 at 11:11AM, the Activity Assistant (AA) #2 indicated that she was responsible for the activities on the halls and 1:1 activities. The AA #2 stated the nursing assistants were responsible for getting residents up and ready for activities. AA#2 reported activities had occurred on the assigned hall in accordance to the schedule and the 1:1 were done in resident rooms as assigned. When asked about specific scheduled activities like bible study she confirmed the activity did not occur for the day. The AA#2 indicated when the outside programs cancelled they usually called and then staff would let the resident's know. She further stated she was unaware of the back-up plan for the 500/600 hall when the assigned activities person was not present on the unit. The back-up plan was not identified by either AA #1 or AA #2.</p> <p>8. Resident #192 was admitted on 12/9/16. The diagnoses included dementia, anxiety and cognitive communication deficit. The Minimum Data Set (MDS) dated 2/16/16, coded Resident #192 needed assistance with participation in activities.</p> <p>Review of the activity assessment form dated 12/13/16, revealed Resident #192 interest included arts/crafts, sports, games(bingo, word and card games) religious (bible study, devotions and worship services), television, socials, music and reading.</p> <p>Review of the activity note dated 12/13/16, documented the resident actively participated in out of room group events, social of her choice. Resident #192 does need redirection at times and socialized with other. Staff would encourage out of room group events, provide 1:1 program as needed</p> <p>Review of the care plan dated 12/18/16, identified</p>	F 248			

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F 248	<p>Continued From page 25</p> <p>the problem as a chronic decline in intellectual functioning characterized by deficit in memory, decision making and thought process related to severe dementia. The goal included resident would display appropriate response to situation. The interventions included encourage small group activities (social events, pet therapy, listening to music and spiritual events), explain each activity procedure prior to beginning it, break activities into manageable subtask and give on instruction at a time and allow resident sufficient time to verbalize needs.</p> <p>An observation of the activities calendar on the secured unit on 2/22/17 revealed the following activities were scheduled: 10:30 AM, limber up, 11:00 AM, bible study, 2:30 PM current events and 3:30 PM noodle ball and 4:00 PM sing with me. The activities calendar in other sections of the facility included 10:30 AM, limber up 11:00 AM, bible study, 3:00 PM, bingo and 7:00PM church.</p> <p>During an observation on the secured unit on 2/22/17 at 10:30 AM, the following resident was seated in the day room: Resident #192, waiting for the 10:30 AM activity to occur. The scheduled limber up activity did not occur. There was no activity staff on the unit and the nursing assistants were providing care to the other residents.</p> <p>During an observation on 2/22/17 at 11:00 AM, the scheduled activity for the secured unit and on the hall was bible study. This activity did not occur. Resident #192 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 2:30 PM, the</p>	F 248			

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F 248	<p>Continued From page 26</p> <p>scheduled activity for the secured unit was current events and this activity did not occur. The activity staff was not present on the unit and there was no alternate activity offered.</p> <p>During an observation on 2/22/17 at 3:00 PM noodle ball was scheduled on the secured unit. This activity did not occur. Resident #192 remained in the day room and there was no alternate activity provided. The designated activity staff was not present on the unit.</p> <p>During an observation on 2/22/17 at 4:00 PM, the scheduled activity for the secured unit was sing with me. This activity did not occur. A continuous observation was done 4:00 PM to 5:00 PM and Resident #192 remained in the day room until the dinner meal was set up, there was no alternate activity provided.</p> <p>During an observation on 2/22/17 at 7:00 PM, the scheduled activity on the hall was church services. This activity did not occur and the residents were not informed the activity was cancelled. Residents that were asked up were asked by surveyor. The residents that were up was asked if they were informed the activity was cancelled and many responded no.</p> <p>During an interview on 2/22/17 at 5:42 PM, the Assistant Director of Nursing (ADON) stated that the activities assistant #1 was responsible for providing activities for residents on the secured unit. The ADON indicated the designated activities should have occurred in accordance to activity schedule.</p> <p>During interview on 2/23/17 at 10:49 AM, the Activity Assistant (AA #1), stated she was responsible for the activities on the secured unit.</p>	F 248			

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F 248	<p>Continued From page 27</p> <p>AA#1 confirmed the activities that were scheduled for 2/22/17 were not done in accordance to the calendar and there were no alternates provided. In addition, there was no system in place to provide coverage when she was sick or when a scheduled events could not be done. AA#1 further stated when an outside program was scheduled and it was cancelled the activities staff was expected to let the residents know and do an alternate activity.</p> <p>During an interview on 2/23/17 at 11:00AM, the Administrator and Director of Nursing (DON), stated the expectation was for the activities staff to provide the scheduled activities in accordance to the calendar and/or provide alternate activities when scheduled activities were cancelled. The administrator and DON indicated that AA#1 was assigned to the secured unit and should have provided the activities as scheduled on the daily calendar. If the volunteers or outside resources cancelled the resident needed to be notified. DON confirmed that the scheduled 7:00PM church program did not happen on 2/22/17. DON confirmed there was no designated system in place to monitor to ensure the activities were being provided within the building. The DON stated it was her expectation that alternate activities be implemented when there was a scheduled activity change and the resident be notified of the changes.</p> <p>During an interview on 2/23/17 at 11:11AM, the Activity Assistant (AA) #2 indicated that she was responsible for the activities on the halls and 1:1 activities. The AA #2 stated the nursing assistants were responsible for getting residents up and ready for activities. AA#2 reported activities had occurred on the assigned hall in accordance to</p>	F 248			

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F 248	<p>Continued From page 28</p> <p>the schedule and the 1:1 were done in resident rooms as assigned. When asked about specific scheduled activities like bible study she confirmed the activity did not occur for the day. The AA#2 indicated when the outside programs cancelled they usually called and then staff would let the resident's know. She further stated she was unaware of the back-up plan for the 500/600 hall when the assigned activities person was not present on the unit. The back-up plan was not identified by either AA #1 or AA #2.</p> <p>9. Resident #107 was admitted on 7/31/15. The diagnoses included dementia, depression and cognitive communication deficit. The Minimum Data Set (MDS) dated 11/16/16, coded Resident #107 needed assistance with participation in activities.</p> <p>Review of the activity assessment form dated 7/25/16, revealed Resident #107 interest included arts/crafts, sports, games(bingo/card games) religious (bible study, devotions and worship services), television, socials, music and reading. Review of the care plan dated 11/28/16, identified the problem as alteration in supervised/organized recreation characterized by little or no involvement, lack of attendance related to cognitive impairment and limited time out of bed. The goal included resident would participate in structured sensory, social musical or spiritual activities at least 1-3 times weekly by responding and/or engaging staff. The interventions included engage resident in group activities, 1:1 in room individualized activities programming -specify auditory, mental, tactile, visual and/or social stimulations, offer on-going structured activity program for intellectual stimulation, offer activity program directed toward specific interest/needs and arrange 1:1 contacts with residents.</p>	F 248			

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F 248	<p>Continued From page 29</p> <p>Review of the activity note dated 2/15/17, documented the resident had been provided with 1:1 in room programs, but had not joined out of room group events. She had not been observed out of bed. During 1:1 events resident responded to contact from others with verbal gibberish or laughs. Staff would encourage out of room group events, provide 1:1 program as needed and encourage out of room group events.</p> <p>Review of the activities calendar 2/22/17 on the 300 hall bulletin board revealed the following activities were scheduled: 10:30AM, Limber up, 11:00 AM, bible study, 3:00 PM bingo and 7:00 PM Church. The activities room was checked on the 300 hall and there were no activities being done at 10:30 AM and no bible study activity occurred at 11:00 AM, Bingo did occur. There was no church service within the building.</p> <p>During an observation on the hall on 2/22/17 at 10:30 AM, Resident #107 was not present in the activity room. Resident #107 remained in bed.</p> <p>During an observation on 2/22/17 at 11:00 AM, Resident #107 remained in bed. The designated activity staff was not present on the unit.</p> <p>During an interview on 2/23/17 at 8:55 AM, Nursing Assistant NA #4 indicated that the activities assistant 's #1 and #2 were responsible for getting residents to activities. The NAs would assist when asked, however when the NA 's were doing care they were unable to assist with transporting residents to activities. NA #4 also reported that some of the activities did not always occur. NA #4 reported that Resident #107 was not get taken to activities much and was left in the</p>	F 248			

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F 248	<p>Continued From page 30 bed most of the time.</p> <p>During an interview on 2/23/17 at 9:25AM, NA, #6 indicated that Resident #107 did not get out of bed for activities due to lack of staff. NA reported that activities was responsible for transporting residents to activities and NA would assist when they were not performing other care duties. NA #6 also reported that activities were not being done on a consistent basis. NA #6 also stated staffing had been so short in the past few months and NAs and restorative aides RAs were expected to do more residents than they were able on a shift.</p> <p>During an interview on 2/23/17 at 9:00 AM, NA #5 indicated that the Activities staff was responsible for getting resident to activities. She explained the NAs would assist when asked, but due to shortage of staff and trying to get all the care done, NAs had a difficult time assisting with activities. NA #5 stated that not all activities was ran in accordance to what ' s on the schedule and some were skipped or not done at all.</p> <p>During an interview on 2/23/17 at 11:00AM, the Administrator and Director of Nursing (DON), stated the expectation was for the activities staff to provide the scheduled activities in accordance to the calendar and/or provide alternate activities when scheduled activities were cancelled. The administrator and DON indicated that AA#1 was assigned to the secured unit and should have provided the activities as scheduled on the daily calendar. If the volunteers or outside resources cancelled the resident needed to be notified. DON confirmed that the scheduled 7:00PM church program did not happen on 2/22/17. DON confirmed there was no designated system in place to monitor to ensure the activities were</p>	F 248			

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F 248	Continued From page 31 being provided within the building. The DON stated it was her expectation that alternate activities be implemented when there was a scheduled activity change and the resident be notified of the changes.	F 248			
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to administer a medication as prescribed for 1 of 5 residents observed for unnecessary medications. Findings Included: Resident #144 was admitted to the facility on 3/13/15. Diagnosis included, in part, dementia, anxiety, and depression. A review of the Minimum Data Set (MDS) dated 11/2/16 revealed the resident was alert and oriented. He had received 7 doses of an antianxiety and 7 doses of an antidepressant. A review of the care plan revealed an updated plan of care for feelings of sadness, anxiety and depression with interventions to include, administer medications as ordered and monitor for side effects and effectiveness.	F 281	F281 On 2/22/2017, the director of nursing (DON) corrected medication administration times for Resident #144 to meet professional standards to include administering medications as prescribed. On 2/28/2017, the DON, assistant director of nursing (ADON), and quality improvement (QI) nurse completed a 100% audit on all residents' medication administration record (MAR) times for accuracy of medication administration, to include Resident #144. No other issues were identified by the DON, ADON, QI nurse on 2/28/2017. On 3/10/2017, the staff facilitator initiated a 100% in-service for all nurses and medication aides regarding appropriate spacing of time specific medications. After	3/19/17	

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F 281	Continued From page 32 A review of a physician ' s order written on 11/18/16 revealed an order for Ativan (a medication to treat anxiety) 0.5 milligrams by mouth every 8 hours. The times that were recorded on the physician ' s order was 9:00 am, 2:00 pm and 12:00 am. The dose from 9:00 am to 2:00 pm was 5 hours and the dose from 2:00 pm to 12:00 am was 10 hours. A review of the Medication Administration Record (MAR) revealed there was an order for Ativan 0.5 milligrams by mouth every 8 hours. The scheduled hours for the medication was recorded as 9:00 am, 4:00 pm and 12:00 am. The dose time from 9:00 am to 4:00 pm was 7 hours and the dose from 4:00 pm till 12:00 am was 8 hours. An interview was conducted with Nurse #3 on 2/22/17 at 3:40 pm. Nurse #3 revealed she had been giving the medication according to the time written on the MAR and confirmed the medication was not scheduled every 8 hours as ordered. An interview with the Director of Nursing (DON) on 2/22/17 at 5:15 pm revealed the times on the MAR should have been written for every 8 hours. The DON confirmed the medication order was written incorrectly and it was a medication error. The DON reported the times should have been scheduled for 9:00 am, 5:00 pm and 1:00 am. An interview with the DON on 2/23/17 at 5:45 pm revealed her expectation of the nurses was to transcribe the physician orders correctly on the Medication Administration Record.	F 281	3/19/2017, no nurse or medication aide will be allowed to work until the in-service is completed. This in-service will be added to the new employee orientation for all nurses and medication aides. The DON, ADON, and/or weekend nurse manager will audit all orders with time specific directions to ensure medications are being administered as prescribed 5 times a week for 12 weeks. This audit will be documented on the Medication Error Audit tool. The results of the audits will be presented by the DON at the monthly Quality Assurance meeting for 3 months for further review and recommendations.		
F 315 SS=D	483.25(e)(1)-(3) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315		3/19/17	

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F 315	Continued From page 33 (e) Incontinence. (1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. (2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. (3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and	F 315			
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F 315	<p>Continued From page 34</p> <p>record review, the facility failed to provide a catheter anchor to secure for 1 of 4 sampled residents with an indwelling urine catheter (Resident #102).</p> <p>The findings included:</p> <p>Resident #102 was admitted on 3/13/13. The diagnoses included dementia, benign prostatic hypertrophy and bladder outlet obstruction. The most recent Minimum Data Set (MDS) dated 1/25/17, revealed he was incontinent at all times of bladder.</p> <p>Review of physician 's order dated 11/29/16, revealed the catheter site and securement of the catheter should be monitored daily for proper placement.</p> <p>Review of the care plan dated 1/15/17, revealed Resident #102 had an indwelling catheter due to bladder neck outlet obstruction. The goal included Resident #102 would be free from urinary tract infection. The intervention included the drainage tubing was secured with anchoring device, i.e., leg strap, to prevent tension or accidental removal. The indwelling urinary catheter would be monitored and secured for proper placement daily.</p> <p>During an interview on 2/22/17 at 11:24AM, Nurse #4 confirmed the indwelling catheter was not secured with a leg strap and not covered with a privacy bag. Nurse #4 stated the catheter should be covered with a privacy bag and/or kept covered under clothing with leg strap.</p> <p>During an observation on 2/22/17 at 8:30AM to 11:30AM, Resident #102 was seated in the day</p>	F 315	<p>On 2/22/2017, the charge nurse placed a Secure Cath securing anchor, tubing leg strap and catheter privacy cover on Resident #102's Foley catheter to provide a catheter anchor and privacy for the indwelling Foley catheter.</p> <p>On 2/22/2017, the charge nurse completed a 100% audit on all residents with indwelling Foley catheters, to include Resident #102, to ensure catheter anchors were in place and privacy covers were in place. No other issues were identified by the charge nurse on 2/22/2017.</p> <p>On 3/10/2017, the staff facilitator initiated a 100% in-service of all nursing staff regarding ensuring residents with indwelling Foley catheters have a securing anchor and privacy bag in place. After 3/19/2017, no nursing staff member will be allowed to work until the in-service is completed. This in-service will be added to the new employee orientation for all nursing employees.</p> <p>On 3/14/2017, the quality improvement (QI) nurse placed a reminder on the Medication Administration Records of residents with indwelling Foley catheters for nurses and/or medication aides to ensure placement of securing anchors and/or leg straps every shift.</p> <p>Audits will be conducted by Director of Nursing, Assistant Director of Nursing and/or Quality Improvement nurse 5 times a week for 12 weeks to ensure Secure</p>		

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F 315	<p>Continued From page 35</p> <p>room with a full indwelling catheter hanging underneath the wheelchair. The indwelling catheter was pulled through a hole in the front of Resident #102 ' s pants. The catheter could be seen hanging under the wheelchair uncovered without a privacy bag or a leg strap.</p> <p>During an interview and observation on 2/22/17 at 11:31AM, NA#3 indicated the catheter did not have a leg strap and she had never seen it where the catheter would hang from a hole in the resident's clothing. Normally there would be a bigger bag and the catheter would be covered and secured to resident's leg. Nurse #4 handed NA#3 a leg strap to be applied to the resident.</p> <p>During an interview on 2/22/17 at 11:35AM, NA#2 stated that all of the resident's clothing had the hole in them and the catheter would be pulled through the hole. She further stated that the catheter should be strapped to the resident's leg at all time. She had not seen a leg strap and was aware that the resident would pull the catheter through the hole. She further stated that the catheter should have a privacy bag or secured privately under the resident's clothing.</p> <p>During an interview on 2/22/17 at 1:47PM, the Director of Nursing (DON) stated the wound care nurse was expected to check all resident catheters on a daily basis to ensure they were properly secured and privacy provided.</p> <p>During a telephone interview on 2/23/17 at 1:10PM, Nurse #6 indicated that she was responsible for checking and monitoring the indwelling catheters to ensure they were secured, anchors and/or leg straps were provided and privacy daily with the use of privacy bag or</p>	F 315	<p>Cath (catheter anchor), and privacy cover is in place for residents with a Foley catheter. This audit will be documented on the Foley Catheter Audit tool.</p> <p>The results of the audits will be presented by the Director of Nursing at the monthly Quality Assurance meeting for 3 months for further review and recommendations.</p>		

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F 315	Continued From page 36 personal clothing. Nurse #6 indicated she would then document on the treatment administration record. Review of treatment administration record for January and February 2017, revealed to monitor catheter site weekly and monitor the securement of the catheter for proper placement daily. Review of the treatment administration record for 2/22/17 was signed off.	F 315			
F 371 SS=E	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced	F 371		3/19/17	

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F 371	<p>Continued From page 37</p> <p>by: Based on observation and facility staff interviews, the facility failed to label and date foods in the walk-in freezer, dry storage and nourishment refrigerator and discard expired food in the dry storage and nourishment refrigerator.</p> <p>Findings included:</p> <p>1a. An observation of the dry storage room on 2/20/17 at 12:01 PM revealed two white packets in a Ziploc bag with "Cheesy sauce mix, 11/8/16" written on it. No opened date, use by date or expiration date was noted.</p> <p>b. Observation of the dry storage room on 2/20/17 at 12:01 PM revealed three white packets in a Ziploc bag with "Cheesy sauce mix, 1/21/17" written on it. No opened date, use by date or expiration date was noted.</p> <p>c. An observation of the walk-in refrigerator on 2/20/17 at 12:05 PM revealed three blue bags of opened frozen vegetables that were not labelled. The Dietary Manager indicated that the bags contained frozen corn, frozen green beans and frozen rhubarb that were used for recent meals.</p> <p>d. An observation of the walk-in freezer on 2/20/17 at 12:08 PM revealed a bag of four frozen unidentified pieces of meat that were not labelled.</p> <p>2 a. An observation of the nourishment refrigerator on 2/22/17 at 4:33 PM revealed one cup of hot chocolate, three cups of coffee and three nutrition supplements with labels indicating resident names with date: 2/20/17 and "Refused" written on the labels.</p>	F 371	<p>F371</p> <p>On 2/22/2017, the dietary manager removed and discarded 3 unlabeled blue bags of opened frozen vegetables that were in the walk-in refrigerator, a bag of 4 unidentified pieces of meat from the walk-in freezer, 2 white packets in a Ziploc bag with cheesy sauce mix, 11/8/16 written on it from the dry storage room, and 3 white packets in a Ziploc bag with cheesy sauce mix, 1/21/17 written on it from the dry storage room. On 2/22/2017, the geriatric care assistant removed and discarded one cup of hot chocolate, 3 cups of coffee, 3 nutrition supplements with labels indicating resident names with date, 2/20/2017 and Refused written on the labels, 2 green bottles containing liquids that looked like soda with no labels, 2 quart cartons of ice-cream and 2 packs of ready to eat frozen dinners in the freezer with no labels in accordance with professional standards for food service safety.</p> <p>On 3/14/2017, the dietary manager complete a 100% audit of dry storage, walk-in refrigerator, and walk-in freezer to ensure all items were labeled, dated, and not expired. No other issues were identified by the dietary manager on 3/14/2015. On 3/14/2017, the geriatric care assistant completed a 100% audit of all nourishment room refrigerators to ensure all items were labeled with date and resident name, and no items were expired. No other issues were identified by the geriatric care assistant on</p>		

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F 371	<p>Continued From page 38</p> <p>b. An observation of the nourishment refrigerator on 2/22/17 at 4:33 PM revealed two green bottles containing liquids that looked like soda with no labels.</p> <p>c. An observation of the nourishment refrigerator on 2/22/17 at 4:33 PM revealed two quart cartons of ice-cream and two packs of ready to eat frozen dinners in the freezer with no labels.</p> <p>During an interview with the Dietary Manager [DM] on 2/23/17 at 9:28 AM, she stated that the nourishment refrigerators were checked once every other day. She indicated that frozen dinners and ice cream in quart cartons were not served by the kitchen. She stated that the activity department or staff may have placed the food in the refrigerator. She also stated that resident's families sometimes bring food for the resident and staff should label these foods. She indicated that leftover drinks and supplements should be returned to the kitchen and not stored in the refrigerator. She stated that it was her expectation that the staff return refused drinks or supplement to the kitchen and staff not store personal foods in the nourishment refrigerator. She also indicated that activities staff should label any food placed in the refrigerator. She stated that it was her expectation that all dietary staff label and discard expired foods appropriately.</p> <p>During an interview with the Administrator on 2/23/17 at 2:07 PM, she stated that it was her expectation that foods were labelled appropriately including foods brought in by family members that were stored in the nourishment refrigerator.</p>	F 371	<p>3/14/2017.</p> <p>On 3/10/2017, the staff facilitator initiated a 100% in-service of all nurses and nursing assistants regarding proper storage and labeling of foods in nourishment refrigerators in accordance with professional standards for food service safety. After 3/19/2017, no nursing staff member will be allowed to work until the in-service is completed. On 3/10/2017, the staff facilitator initiated a 100% in-service of all dietary staff regarding proper storing and labeling of food in dry storage, walk-in refrigerator and walk-in freezer in accordance with professional standards for food service safety. After 3/19/2017, no dietary staff member will be allowed to work until the in-service is completed.</p> <p>Audits on dry storage, walk-in refrigerator and walk-in freezer storage and labeling will be conducted by the dietary manager and/or assistant dietary manager 5 times a week for 12 weeks. This audit will be documented on the Dietary Storage and Labeling Audit tool. Audits on nourishment refrigerators for storage and labeling will be conducted by the geriatric care assistant and/or director of nursing 5 times a week for 12 weeks. This audit will be documented on the Nourishment Refrigerator Audit tool.</p> <p>The results of the audits will be presented by the director of nursing and/or the dietary manager at the monthly Quality Assurance meeting for 3 months for</p>		

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

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F 371	Continued From page 39	F 371	further review and recommendations.		