

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

PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2018
NAME OF PROVIDER OR SUPPLIER CARVER LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 EAST CARVER STREET DURHAM, NC 27704		
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F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the</p>	F 550			

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

TITLE

(X6) DATE

02/09/2018

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 550	<p>Continued From page 1</p> <p>exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident and staff interviews, the facility failed to ensure that a resident was treated with dignity and respect during care for one of four residents reviewed for staff-resident interactions (Resident #81).</p> <p>Findings included:</p> <p>Resident #81 was admitted 09/05/17 with diagnoses that included non-Alzheimer ' s dementia, diabetes mellitus, and bipolar disease with psychotic features. The Minimum Data Set (MDS) dated 12/12/17 documented that the resident was cognitively intact and needed extensive assistance with bed mobility, toileting and personal hygiene.</p> <p>In a general interview on 02/06/18 at 9:12 a.m., Resident #81 was asked if staff members treated her with respect and dignity. She answered "no." The resident was unable to focus during follow-up questions and her responses wandered from topic to topic. She was unable to give details of any incidents in which she had felt disrespected.</p> <p>In an interview on 02/09/18 at 2:24 p.m., Nurse #10 described an interaction he witnessed between Nurse Aide #5 and Resident #81 that occurred "about three to four months ago." Resident #81 had called out for assistance to use the toilet. Nurse #10 notified Nurse Aide #5 who was assigned to the resident.</p> <p>Nurse #10 stated that Nurse Aide #5 asked him to assist her in providing care to the resident</p>	F 550			

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F 550	<p>Continued From page 2</p> <p>because "we don ' t get along." He accompanied her to the resident ' s room. During incontinence care, Resident #81 became agitated and she raised her voice. He stated that Nurse Aide #5 responded verbally to Resident #81 ' s behavior and there was "some back and forth" between them.</p> <p>In the interview, Nurse #10 shared that after they left the room he counseled Nurse Aide #5 and told her "you can ' t be yelling at her, it ' s not her fault that she ' s upset." Nurse Aide #5 commented that Resident #81 "can ' t be taking it out on me." Nurse #10 reinforced that it was "not acceptable behavior." Nurse Aide #5 told him that it was her last day at work anyway. There was no further contact between Nurse Aide #5 and Resident #81.</p> <p>According to Nurse #10, the aide left the unit about 30 minutes later without finishing her final shift. He stated that he returned to the room to assess the resident and speak to her. He notified the resident ' s daughter the next day and told the facility social worker about what had happened between the staff member and resident. There were no other witnesses to the incident other than the three individuals involved.</p> <p>In an interview on 02/09/18 at 3:30 p.m., Social Worker #1 stated that he did not recall this incident. He indicated that he would have started an investigation immediately had the incident been reported to him.</p> <p>In an interview on 02/09/18 at 3:55 p.m., Social Worker #2 denied that the incident was reported to her.</p>	F 550			

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F 550	Continued From page 3 In an interview on 02/09/18 at 4:01 p.m., the Director of Nursing (DON) confirmed that Nurse Aide #5 no longer worked at the facility and she was unable to provide a contact number for her. She was not aware of the incident described by Nurse #10. She stated that if the incident had been reported to her she would have immediately removed the aide from the resident ' s room. She would have obtained written statements from all parties involved, even if one of the staff members was no longer employed at the facility. She indicated she would have faxed a 24-hour report to the state and held a meeting with other managers to plan the investigation. Part of the follow-up would have been a determination of what effect this incident had on Resident #81. The DON shared her expectation that staff members interacted with residents in a manner that was both respectful and mindful of the resident ' s dignity.	F 550			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to accurately assess one of 4 residents reviewed for decline in activities of daily living (ADL) (Res.170 #). Findings included: A review of the medical record revealed Resident #170 was admitted 12/28/2017, with diagnoses of hip fracture, anemia, and seizures.	F 641			

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F 641	<p>Continued From page 4</p> <p>The Annual Minimum Data Set (MDS) dated 1/4/18 noted Resident # 170 was cognitively intact and independent with bed mobility, transfer, walking, dressing, eating, toileting, hygiene and bathing after set up for Activities of Daily Living.</p> <p>During an interview on 02/09/18 at 11:30 AM the MDS Nurse indicated the discrepancy could be from the aides not coding correctly on the ADL tasks sheets.</p> <p>Review of the December 2017 and January 2018 ADL tasks revealed Resident #170 required extensive assistance with bed mobility, transfer, walking, dressing and bathing. She required limited assistance with toileting and hygiene.</p> <p>During interview on 02/09/18 at 1:25 PM, Nurse #3 indicated Resident #170 was never independent with ADL's.</p> <p>During interview on 02/09/18 01:29 PM, Aide #1 indicated she was trained how to fill out the task sheets when hired. She demonstrated correctly how to fill out the ADL Task sheets. What is the process for assuring the MDS is completed accurately based on the care needs and abilities of each resident?</p> <p>During an interview on 02/09/18 02:20 PM, MDS Nurse reviewed the ADL Task Sheets for December 2017 and January 2018 she stated the MDS assessment was coded incorrectly.</p> <p>During an interview on 02/09/18 02:21 PM, Administrator indicated she had a Performance Improvement Plan (PIP) in place for the aides inaccurate coding of ADL Task Sheets. She</p>	F 641			

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F 641	Continued From page 5	F 641			
F 679 SS=E	<p>Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)</p> <p>§483.24(c) Activities. §483.24(c)(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: Based on observations, staff interviews and record reviews, the facility failed to engage 6 of 6 residents with cognitive impairments in on-going activities on a dementia care unit (Residents #156, #95, #228, #227, #44, # and #7). The findings included: The activities calendar on the secured unit on 2/5/18- 2/8/19, revealed the following activities were scheduled: 2/5/18 8:30 AM coffee & news, 9:00 AM morning stretch 10:30 AM, snack social, 2:30 PM, afternoon music, 3:30 PM dominos and 4:30 PM balloon volleyball. On 2/6/18 8:30 AM coffee & news, 9:30 AM aroma therapy, 10:30 AM manicures and music, 2:30 PM walking club, 3:30 PM bingo and 4:30 PM in room visits. On 2/7/18 8:30 AM coffee & news, 9:30 AM seat boxing, 10:30 AM in room visits, 2:30 PM let ' s bake, 3:30 PM trivia and pokeno. On 2/8/18 8:30 AM Coffee & News, 9:00 PM morning inspirations, 10:30 AM toss & talk, 2:30 PM hot</p>	F 679			

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F 679	<p>Continued From page 6</p> <p>chocolate social, 3:30 PM jingo and 4:30 PM group discussion about Jackie Robinson</p> <p>During an observation on 2/5/18 at 10:30 AM, the scheduled activity was a snack social in the large dining room. There was one activity staff involved with individuals that needed limited assistance. Resident #95 was sleep at the table with no staff interaction, Resident #157 sitting in corner of dining room sleep, no interaction, Resident #227 in/out of resident rooms, Resident #228 in other resident rooms rambling through personal property, Resident #44 in bed staring into space without any stimulation and there was no encouragement from staff for the resident to participate in the group activity, no staff went into room to encourage her participation in activities and Resident #7 in room rambling through closets and drawers.</p> <p>During an observation on 2/5/18 at 3:30 PM, the scheduled activity was dominos. There was one activity staff and 5 residents playing the game while 9 other residents sitting around different tables with no other activities. Resident #44 awake in bed without any stimulation staff did not encourage resident to attend or participation in the activity, Resident #7 grabbing at other residents, inappropriately, Resident #156 sitting at table staring into space no staff interaction and Resident #95 sleep at table.</p> <p>During an observation on 2/7/18 at 2:30 PM, 5 residents doing the lets bake activity in a smaller room with the activity staff and 1 nurse aide in the main dining room with 13 other residents sitting in staring into space, no designated activities for these individuals. Resident #227 was wandering the halls, Resident #156 sleep in chair,</p>	F 679			

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F 679	<p>Continued From page 7</p> <p>Resident #7 crawling around on floor in room and Resident #95 sleep at table.</p> <p>During an observation on 2/8/18 at 8:30 AM, 13 residents seated in the dining room with news on the television station. There was 1 aide in the dining room with no interaction and 5 residents sleeping in the chair or on the table. Nurse Aide #6 present but had no interaction with the residents. Resident#156 sleep, Resident #95 sleep, Resident #227 bent over in chair sleep and Resident #228 in another resident ' s room.</p> <p>1. Resident #156 was admitted on 12/27/17/. The diagnoses included cognition communication deficits and dementia. The Minimum Data Set (MDS) dated 1/24/18, indicated 156 ' s cognition was impaired. The MDS coded Resident #156 needed assistance with activities.</p> <p>Review of the activity assessment form dated 1/2/18, revealed Resident #156 ' s interest included exercise/walking/jogging, reading audio books, spiritual/religious, outdoor activities, TV, gardening/yard work parties/social events and keeping up with the news.</p> <p>Review of the November 2017, December 2017 and January 2018 monthly activity participation records were inconsistent of what activities Resident #156 ' s activity interest or participation. There was no summary in the record or on the quarterly activity participation form dated 1/24/18, that indicted Resident #156 ' s level of participation in the activities of interest.</p> <p>Review of the care plan dated 12/17/17, identified the problem as resident was dependent on staff for meeting emotional, intellectual, physical, and</p>	F 679			

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F 679	<p>Continued From page 8</p> <p>social needs related cognitive deficits. The goal included the resident would maintain involvement in cognitive stimulation, social activities as desired. The approaches included encourage ongoing family involvement, invite resident ' s family to attend special events, activities, meals, introduce resident to residents with similar background, interests and encourage/facilitate interaction, invite resident to scheduled activities, resident needs assistance/escort to activity functions, provide with activities calendar, notify resident of any changes to the calendar of activities and thank resident for attendance at activity function.</p> <p>During an observation 02/05/18 02:37 PM, Resident #156 was sitting in the 10:30 AM, social snack activity sleeping and staff did not initiate any contact. There was no attempt to awaken the resident to engage resident in the activity.</p> <p>During an observation on 2/5/18 at 4:30 PM, Resident #156 sitting in a corner of the dining room sleep. Staff did not initiate any contact with the resident during the activity. Staff overlooked the resident and let him sleep.</p> <p>During an activity on 2/6/18 at 2:30 PM, Resident #156 sitting in the dining room with no activity. Staff in/out of room with no direct activity provided. The television playing and five other resident taken to another room to do a baking activity. Resident not offered or engaged. There was no other activity offered.</p> <p>During an observation on 2/7/18 at 9:30 AM, Resident #156 in the exercise activity just sitting, very little to no staff interaction. Several residents jumble at a table with minimal stimulation and</p>	F 679			

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F 679	<p>Continued From page 9 interaction from staff.</p> <p>During an interview on 2/7/18 at 11:01 AM, the Activity Director indicated the nurse aides had been trained on how to assist with activities. The expectation was for the nurse aides to assist the activity staff with activities after there unit assignments were completed.</p> <p>During an observation on 2/7/18 at 11:30 AM, Resident #156 sat in a corner and staff did not encourage the resident to participate in any of the activities.</p> <p>During an interview on 2/7/18 at 11:46 AM, the Director of Nursing stated the expectation was for all staff assigned to the unit to assist with activities. Monitor and check resident location to ensure residents were not in other resident rooms and actively engage in activities. The activity director was responsible for ensuring resident assessments were accurately coded on minimum data set and a summary of the resident ' s level of participation documented in the record.</p> <p>During an observation on 2/8/18 at 8:30 AM, coffee and news activity. Resident #156 was sleep at the table with the television playing. There was no staff in the dining area.</p> <p>During an interview on 2/8/18 at 8:45 AM, NA #8 stated that the activities were generally run by the activities staff. Na#8 reported being unaware of what her role and responsibility was with doing activities since they had a day and evening activities person. The activities were normally done as one big group in the main dining room and when we were free from other task we would go and do a few things with the residents.</p>	F 679			

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F 679	<p>Continued From page 10</p> <p>During an interview on 2/8/18 at 11:42 AM, NA #6 indicated that she had not been provided with any direct instructions on how to interact and provide activities to the residents on the secured unit.</p> <p>During an interview on 2/8/18 at 12:39 PM, NA #9 stated she had not been provided with instructions to assist with activities. Basically we play it by ear on what to do with the activities. There was no formal training or when to fill in with the activities. The schedule was not always followed or done due to lack of unit staff and aides were not able to help the activities staff.</p> <p>During an observation on 2/8/18 at 3:30 PM, scheduled activity was jingo. Resident #156 in corner of room sleep, staff did not attempt to engage the resident in activity. The resident was left to sleep.</p> <p>During a follow-up interview on 2/9/18 at 10:45 AM, the Activity Director indicated that she did activity participation records per quarter. Review of the records revealed several checked boxes that did not provide a clear picture of participation or activities of interest. The Activity Director indicated she was unaware she needed to document the resident's level of participation in the record. The only thing she completed was the quarterly participation record form.</p> <p>During an interview on 2/9/18 at 11:45 AM, the Activity Assistant stated that she attempts to engage as many residents as possible and follow the provided schedule. She further stated that the aides help as much as possible, but due to limited staff on the unit, assistance with the large group may not be available. She reported when there</p>	F 679			

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F 679	<p>Continued From page 11</p> <p>was shortage of staff some of the 1:1 may not get done. She documents on the participation record as much as she could.</p> <p>2. Resident #95 was admitted on 3/8/16. The diagnoses included Alzheimer ' s dementia and cognition communication deficit. The Minimum Data Set (MDS) dated 1/18/18, indicated Resident #95 ' s cognition was impaired. The MDS coded Resident #95 needed assistance activities.</p> <p>Review of the activity assessment form dated 2/28/17, revealed Resident #95 interest included spiritual/religious, talking and nails.</p> <p>Review of the November 2017, December 2017 and January 2018 monthly activity participation records were inconsistent of what activities Resident #95 ' s activity interest or participation. There was no summary in the record or on the quarterly activity participation form dated 1/11/18, that indicted Resident #95 ' s level of participation in the activities of interest.</p> <p>Review of the care plan dated 1/25/18, identified the problem as the resident was dependent on staff for meeting emotional, intellectual, physical, and social needs related to cognitive deficits and disease related to dementia. The goal would include resident would attend/participate in activities of choice 3-5 times weekly. The approaches included all staff to converse with resident while providing care. Encourage ongoing family involvement. Invite the resident ' s family to attend special events, activities, meals, invite and encourage resident to attend activities, invite resident to scheduled activities, provide a program of activities that is of interest and</p>	F 679			

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F 679	<p>Continued From page 12</p> <p>empowers the resident by encouraging/allowing choice, self-expression and responsibility, provide activity calendar to resident each month and thank resident for attendance at activity function.</p> <p>During an observation 02/05/18 02:37 PM, Resident #95 was sitting in the 10:30 AM, social snack activity sleeping and staff did not initiate any contact. There was no attempt to awaken the resident to engage resident in the activity.</p> <p>During an observation on 2/5/18 at 4:30 PM, Resident #95 sitting in a corner of the dining room sleep. Staff did not initiate any contact with the resident during the activity. Staff overlooked the resident and let her sleep.</p> <p>During an activity on 2/6/18 at 2:30 PM, Resident #95 sitting in the dining room with no activity. Staff in/out of room with no direct activity provided. The television playing and five other residents taken to another room to do a baking activity. Resident #95 was not offered or engaged in the activity. There was no other activity offered.</p> <p>During an observation on 2/7/18 at 9:30 AM, Resident #95 was in the exercise activity just sitting, very little to no staff interaction. Several residents jumble at a table with minimal stimulation and interaction from staff.</p> <p>During an interview on 2/7/18 at 11:01 AM, the Activity Director indicated the nurse aides had been trained on how to assist with activities. The expectation was for the nurse aides to assist the activity staff with activities after there unit assignments were completed.</p> <p>During an observation on 2/7/18 at 11:30 AM,</p>	F 679			

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F 679	<p>Continued From page 13</p> <p>Resident #95 sat at the table and staff did not encourage the resident to participate in any of the activities.</p> <p>During an interview on 2/7/18 at 11:46 AM, the Director of Nursing stated the expectation was for all staff assigned to the unit to assist with activities. Monitor and check resident location to ensure residents were not in other resident rooms and actively engage in activities. The activity director was responsible for ensuring resident assessments were accurately coded on minimum data set and a summary of the resident ' s level of participation documented in the record.</p> <p>During an observation on 2/8/18 at 8:30 AM, coffee and news activity. Resident #95 sleep at the table and the television playing. There was no staff in the dining area.</p> <p>During an interview on 2/8/18 at 8:45 AM, NA #8 stated that the activities were generally run by the activities staff. NA #8 reported being unaware of what her role and responsibility was with doing the activities since they had a day and evening activities person. The activities were normally done as one big group in the main dining room and when we were free from the other task we would go and do a few things with the residents.</p> <p>During an interview on 2/8/18 at 11:42 AM, NA#6 indicated that she had not been provided with any direct instructions on how to interact and provide activities to the residents on the secured unit.</p> <p>During an interview on 2/8/18 at 12:39 PM, NA#9 stated she had not been provided with instructions to assist with activities. Basically we play it by ear on what to do with the activities.</p> <p>There was no formal training or when to fill in with</p>	F 679			

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F 679	<p>Continued From page 14</p> <p>the activities. The schedule was not always followed or done due to lack of unit staff and aides were not able to help the activities staff.</p> <p>During an observation on 2/8/18 at 3:30 PM, scheduled activity was jingo. Resident #95 in corner of room sleep, staff did not attempt to engage the resident in activity. The resident was left to sleep.</p> <p>During a follow-up interview on 2/9/18 at 10:45 AM, the Activity Director indicated that she did activity participation records per quarter. Review of the records revealed several checked boxes that did not provide a clear picture of participation or activities of interest. The Activity Director indicated she was unaware she needed to document the resident 's level of participation in the record. The only thing she completed was the quarterly participation record form.</p> <p>During an interview on 2/9/18 at 11:45 AM, the Activity Assistant stated that she attempts to engage as many residents as possible and follow the provided schedule. She further stated that the aides help as much as possible, but due to limited staff on the unit, assistance with the large group may not be available. She reported when there was shortage of staff some of the 1:1 may not get done. She documents on the participation record as much as she could.</p> <p>3. Resident #228 was admitted on 4/14/17. The diagnoses included dementia, and cognition communication deficit. The Minimum Data Set (MDS) dated 11/129/17, indicated Resident #228 cognition was impaired. The MDS coded Resident #228 needed assistance with activities.</p>	F 679			

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F 679	<p>Continued From page 15</p> <p>Review of the activity assessment dated 4/21/17, Resident #228 ' s interest included walking spiritual, outdoors, television, parties and social events.</p> <p>Review of the November 2017, December 2017 and January 2018 monthly activity participation records were inconsistent of what activities Resident #228 ' s activity interest or participation. There was no summary in the record or on the quarterly activity participation form dated 11/9/17, that indicted Resident #228's level of participation in the activities of interest.</p> <p>Review of the care plan dated 28/18, identified the problem as resident was dependent on staff for meeting emotional, intellectual, physical, and social needs related to cognitive deficits and dementia. The goal included resident would attend/participate in activities of choice 3-5 times weekly. The approaches included introduce resident to residents with similar background, interests and encourage/facilitate interaction, invite resident to scheduled activities, resident needs assistance/escort to activity functions, resident ' s preferred activities are: food programs, walking club, bingo with assistance, games & crafts with assistance, music programs, remind resident of upcoming programs and thank resident for attendance at activity function.</p> <p>During an observation on 2/5/18 at 10:30 AM, snack social scheduled Resident #228 was in and out of other resident rooms. Staff unaware of Resident #228 location and no attempt to locate resident for the scheduled activity.</p> <p>During an observation on 2/5/18 at 2:30 PM, afternoon music schedule and Resident #228</p>	F 679			

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F 679	<p>Continued From page 16</p> <p>was in other resident rooms rambling through closets. Staff unaware of resident location and no attempt to locate resident for scheduled activity.</p> <p>During an observation on 2/5/18 at 3:30 PM, Resident #228 in other resident rooms rambling through personal property.</p> <p>During an observation on 2/6/18 at 10:25 AM, Resident #228 rambling through other resident closet and inappropriately touching another sleeping resident.</p> <p>During an observation on 2/6/18 at 2:30 PM, Resident #228 in/out of other resident rooms rambling through personal property.</p> <p>During an interview on 2/7/18 at 11:01 AM, the Activity Director indicated the nurse aides had been trained on how to assist with activities. The expectation was for the nurse aides to assist the activity staff with activities after there unit assignments were completed.</p> <p>During an interview on 2/7/18 at 11:46 AM, the Director of Nursing stated the expectation was for all staff assigned to the unit to assist with activities. Monitor and check resident location to ensure residents were not in other resident rooms and actively engage in activities. The activity director was responsible for ensuring resident assessments were accurately coded on minimum data set and a summary of the resident ' s level of participation documented in the record.</p> <p>During an interview on 2/8/18 at 8:45AM, NA #7 indicated that the resident would sit for short periods of time in activities, he does well with walking activities or outside activities. She further</p>	F 679			

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F 679	<p>Continued From page 17</p> <p>stated that the resident does wander around in/out of resident rooms. She further stated she was not provided with specific training to assist with activities. The activities person does what was put on the calendar and staff monitor residents as they wander and provide care as needed. Aides assist when they can, with only three aides on the unit most of the time the aides get in on the tail end of things.</p> <p>During a follow-up interview on 2/9/18 at 10:45 AM, the Activity Director indicated that she did activity participation records per quarter. Review of the records revealed several checked boxes that did not provide a clear picture of participation or activities of interest. The Activity Director indicated she was unaware she needed to document the resident 's level of participation in the record. The only thing she completed was the quarterly participation record form.</p> <p>During an interview on 2/9/18 at 11:45 AM, the Activity Assistant stated that she attempts to engage as many residents as possible and follow the provided schedule. She further stated that the aides help as much as possible, but due to limited staff on the unit, assistance with the large group may not be available. She reported when there was shortage of staff some of the 1:1 may not get done. She documents on the participation record as much as she could. She added that some 1:1 visits she was unable to do due to lack of staffing and assistance.</p> <p>4. Resident #227 was admitted on 5/8/17. The diagnoses included dementia and cognition communication deficit. The Minimum Data Set (MDS) dated 1/1/18, indicated Resident #227 cognition was impaired. The MDS coded</p>	F 679			

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F 679	<p>Continued From page 18</p> <p>Resident 227 needed assistance with activities.</p> <p>Review of the activity assessment form dated 5/25/17, revealed Resident #227 interest included baking, cards, movies, exercise, television, spiritual and news.</p> <p>Review of the November 2017, December 2017 and January 2018 monthly activity participation records were inconsistent of what activities Resident #227 ' s activity interest or participation. There was no summary in the record or on the quarterly activity participation form dated 1/1/18, that indicted Resident #227 ' s level of participation in the activities of interest.</p> <p>Review of the care plan dated 11/27/17, identified the problem as resident was dependent on staff for meeting emotional, intellectual, physical, and social needs related cognitive deficits. The goal included the resident would maintain involvement in cognitive stimulation, social activities as desired. The approaches included encourage ongoing family involvement, invite resident ' s family to attend special events, activities, meals, introduce resident to residents with similar background, interests and encourage/facilitate interaction, invite resident to scheduled activities, resident needs assistance/escort to activity functions, provide with activities calendar, notify resident of any changes to the calendar of activities and thank resident for attendance at activity function..</p> <p>During an observation on 2/5/18 at 2:30 PM, the scheduled activity of lets bake, Resident #227 was wandering around the unit in/out of resident rooms. The staff did not encourage or offer the resident the opportunity to participate in the</p>	F 679			

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F 679	<p>Continued From page 19 scheduled activity.</p> <p>During an observation 2/6/18 at 9:30 AM, Resident #227 was in another male resident ' s bed sleep. Follow-up at 10:30 AM, Resident #227 still in male resident bed. All nursing staff in front at nursing station and dining area. Staff unaware of resident ' s location.</p> <p>During an observation on 2/7/18 at 8:30 AM, the scheduled activity was coffee and news, Resident #227 wandering in/out of other resident rooms, staff did not encourage resident to participate in activity.</p> <p>During observation on 2/7/18 at 10:30 AM, Resident #227 was in and out of other resident rooms. Staff did not encourage or involve Resident #227 in activities.</p> <p>During an interview on 2/7/18 at 11:01 AM, the Activity Director indicated the nurse aides had been trained on how to assist with activities. The expectation was for the nurse aides to assist the activity staff with activities after there unit assignments were completed.</p> <p>During an interview on 2/7/18 at 11:46 AM, the Director of Nursing stated the expectation was for all staff assigned to the unit to assist with activities. Monitor and check resident location to ensure residents were not in other resident rooms and actively engage in activities. The activity director was responsible for ensuring resident assessments were accurately coded on minimum data set and a summary of the resident ' s level of participation documented in the record.</p> <p>During an interview on 2/8/18 at 8:45 AM, NA #8</p>	F 679			

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F 679	<p>Continued From page 20</p> <p>stated that the activities were generally run by the activities staff. NA#8 reported being unaware of what her role and responsibility was with doing the activities since they had a day and evening activities person. The activities were normally done as one big group in the main dining room and when we were free from the other task we would go and do a few things with the residents.</p> <p>During an interview on 2/8/18 at 11:42 AM, NA#6 indicated that she had not been provided with any direct instructions on how to interact and provide activities to the residents on the secured unit.</p> <p>During an interview on 2/8/18 at 12:39 PM, NA#9 stated she had not been provided with instructions to assist with activities. Basically we play it by ear on what to do with the activities. There was no formal training or when to fill in with the activities. The schedule was not always followed or done due to lack of unit staff and aides were not able to help the activities staff.</p> <p>During an observation on 2/8/18 at 3:30 PM, scheduled activity was jingo. Resident #227 in the corner of room sleep, staff did not attempt to engage the resident in activity. The resident was left to sleep.</p> <p>During a follow-up interview on 2/9/18 at 10:45 AM, the Activity Director indicated that she did activity participation records per quarter. Review of the records revealed several checked boxes that did not provide a clear picture of participation or activities of interest. The Activity Director indicated she was unaware she needed to document the resident 's level of participation in the record. The only thing she completed was the quarterly participation record form.</p>	F 679			

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F 679	<p>Continued From page 21</p> <p>During an interview on 2/9/18 at 11:45 AM, the Activity Assistant stated that she attempts to engage as many residents as possible and follow the provided schedule. She further stated that the aides help as much as possible, but due to limited staff on the unit, assistance with the large group may not be available. She reported when there was shortage of staff some of the 1:1 may not get done. She documents on the participation record as much as she could. She added that some 1:1 visits she was unable to do due to lack of staffing and assistance.</p> <p>5. Resident #44 was admitted on 5/1/17. The diagnoses included dementia and cognitive communication deficit. The Minimum Data Set (MDS) dated 1/27/18, indicated that Resident#44 's cognition was impaired. The MDS coded Resident #44 needed assistance with activities.</p> <p>Review of the activity assessment form dated 5/5/17, revealed Resident #44 interest included audio books, spiritual/religious, movies, television and parties/social events.</p> <p>Review of the November 2017, December 2017 and January 2018 monthly activity participation records were inconsistent of what activities Resident #44 's activity interest or participation. There was no summary in the record or on the quarterly activity participation form dated 1/27/18, that indicted Resident #44 's level of participation in the activities of interest.</p> <p>Review of the care plan dated 12/25/17, identified the problem as resident was dependent on staff for meeting emotional, intellectual, physical, and social needs related cognitive deficits. The goal included the resident would maintain involvement</p>	F 679			

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F 679	<p>Continued From page 22</p> <p>in cognitive stimulation, social activities as desired. The approaches included encourage ongoing family involvement, invite resident ' s family to attend special events, activities, meals, introduce resident to residents with similar background, interests and encourage/facilitate interaction, invite resident to scheduled activities, resident needs assistance/escort to activity functions, provide with activities calendar, notify resident of any changes to the calendar of activities and thank resident for attendance at activity function.</p> <p>During an observation 2/05/18 11:53 AM, Resident #44 in bed staring out the window. There was an activity game going on in the dining room. The resident was not encouraged or taken to the activity by staff. There was no stimulation in the room.</p> <p>During an observation on 2/7/18 at 9:28 AM, Resident #44 was seated in the exercise activity, but staff did not encourage resident to participate. Resident #44 seated at the table staring into space and staff interacted around the resident.</p> <p>During an interview on 2/7/18 at 11:01 AM, the Activity Director indicated the nurse aides had been trained on how to assist with activities. The expectation was for the nurse aides to assist the activity staff with activities after there unit assignments were completed.</p> <p>During an interview on 2/7/18 at 11:46 AM, the Director of Nursing stated the expectation was for all staff assigned to the unit to assist with activities. Monitor and check resident location to ensure residents were not in other resident rooms and actively engage in activities. The activity</p>	F 679			

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F 679	<p>Continued From page 23</p> <p>director was responsible for ensuring resident assessments were accurately coded on minimum data set and a summary of the resident ' s level of participation documented in the record.</p> <p>During an observation on 2/7/18 at 2:30 PM, the scheduled activity was let's bake, Resident #44 was seated at the table without any staff interaction. Staff passed over the resident to participate in the activity. The resident ended up sleep at the table.</p> <p>During an interview on 2/8/18 at 8:45 AM, NA #8 stated that the activities were generally run by the activities staff. NA#8 reported being unaware of what her role and responsibility was with doing the activities since they had a day and evening activities person. The activities were normally done as one big group in the main dining room and when we were free from the other task we would go and do a few things with the residents.</p> <p>During an interview on 2/8/18 at 11:42 AM, NA#6 indicated that she had not been provided with any direct instructions on how to interact and provide activities to the residents on the secured unit. During an interview on 2/8/18 at 12:39 PM, NA#9 stated she had not been provided with instructions to assist with activities. Basically we play it by ear on what to do with the activities. There was no formal training or when to fill in with the activities. The schedule was not always followed or done due to lack of unit staff and aides were not able to help the activities staff.</p> <p>During an observation on 2/8/18 at 3:30 PM, scheduled activity was jingo. Resident #44 in corner of room sleep, staff did not attempt to engage the resident in activity. The resident was</p>	F 679			

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F 679	<p>Continued From page 24 left to sleep.</p> <p>During a follow-up interview on 2/9/18 at 10:45 AM, the Activity Director indicated that she did activity participation records per quarter. Review of the records revealed several checked boxes that did not provide a clear picture of participation or activities of interest. The Activity Director indicated she was unaware she needed to document the resident's level of participation in the record. The only thing she completed was the quarterly participation record form.</p> <p>During an interview on 2/9/18 at 11:45 AM, the Activity Assistant stated that she attempts to engage as many residents as possible and follow the provided schedule. She further stated that the aides help as much as possible, but due to limited staff on the unit, assistance with the large group may not be available. She reported when there was shortage of staff some of the 1:1 may not get done. She documents on the participation record as much as she could. She added that some 1:1 visits she was unable to do due to lack of staffing and assistance.</p> <p>6. Resident #7 was admitted on 2/21/17. The diagnoses included dementia, depression and schizophrenia. The Minimum Data Set (MDS) dated 1/25/18, indicated Resident #7 was cognitive impaired. The MDS coded Resident #7 needed assistance with activities</p> <p>Review of the activity assessment form dated 10/24/17, revealed Resident #7 interest included writing, television and music.</p> <p>Review of the November 2017, December 2017 and January 2018 monthly activity participation</p>	F 679			

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F 679	<p>Continued From page 25</p> <p>records were inconsistent of what activities Resident #7 ' s activity interest or participation. There was no summary in the record or on the quarterly activity participation form dated 1/25/18, that indicted Resident #7 ' s level of participation in the activities of interest.</p> <p>Review of the care plan dated 1/8/18, identified the problem as resident is dependent on staff for meeting emotional, intellectual, physical, and social needs related to cognitive deficits. The goal included staff will offer activities of choice . The approaches included all staff to converse with resident while providing care, introduce resident to peers with similar background, interests and encourage/facilitate interaction, resident to scheduled activities, resident needs assistance/escort to activity functions, provide a program of activities that is of interest and empowers resident by encouraging/allowing choice, self-expression and responsibility, provide with activities calendar, notify of any changes to the calendar of activities and thank resident for attendance at activity function.</p> <p>During observation on 2/6/18 at 10:30 AM, music activity schedule, Resident #7 was in room crawling on floor trying to get in closet. Staff did not enter room to offer activities.</p> <p>During an observation on 2/7/18 at 9:44 AM, Resident #7 lying in bed during the exercise activity. The resident was not encouraged to participate in the activity. He was in his room crawling around on the floor trying to get into the closet and drawers.</p> <p>During an interview on 2/8/18 at 8:45 AM, NA #8 stated that the activities were generally run by the</p>	F 679			

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F 679	<p>Continued From page 26</p> <p>activities staff. NA#8 reported being unaware of what her role and responsibility was with doing the activities since they had a day and evening activities person. The activities were normally done as one big group in the main dining room and when we were free from the other task we would go and do a few things with the residents.</p> <p>During an interview on 2/8/18 at 11:42 AM, NA#6 indicated that she had not been provided with any direct instructions on how to interact and provide activities to the residents on the secured unit.</p> <p>During an interview on 2/8/18 at 12:39 PM, NA#9 stated she had not been provided with instructions to assist with activities. Basically we play it by ear on what to do with the activities. There was no formal training or when to fill in with the activities. The schedule was not always followed or done due to lack of unit staff and aides were not able to help the activities staff.</p> <p>During an observation on 2/8/18 at 3:30 PM, the scheduled activity Jingo, Resident #7 was in bedroom on the floor mat and not involved in the scheduled activities.</p> <p>During a follow-up interview on 2/9/18 at 10:45 AM, the Activity Director indicated that she did activity participation records per quarter. Review of the records revealed several checked boxes that did not provide a clear picture of participation or activities of interest. The Activity Director indicated she was unaware she needed to document the resident's level of participation in the record. The only thing she completed was the quarterly participation record form.</p> <p>During an interview on 2/9/18 at 11:45 AM, the</p>	F 679			

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F 679	Continued From page 27 Activity Assistant stated that she attempts to engage as many residents as possible and follow the provided schedule. She further stated that the aides help as much as possible, but due to limited staff on the unit, assistance with the large group may not be available. She reported when there was shortage of staff some of the 1:1 may not get done. She documents on the participation record as much as she could. She added that some 1:1 visits she was unable to do due to lack of staffing and assistance.	F 679			
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility's Quality Assessment and Assurance Committee failed to effectively maintain implemented procedures and effectively monitor these interventions that the committee put into place in March of 2017. This was for two recited deficiencies, which were originally cited on 3/9/17 during the recertification survey and on the current recertification survey. The deficiencies were in the area of Assessment Accuracy, Quality Assessment and Assurance improvement. The continued failure of the facility during two federal surveys of record show an isolated pattern of the facility 's inability to sustain an effective quality assurance Program.	F 867			

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F 867	<p>Continued From page 28</p> <p>The Findings included:</p> <p>This tag is cross-referred to:</p> <p>1. F641 - Based on staff interview and record review, the facility failed to accurately assess one of 4 residents reviewed for decline in activities of daily living (ADL) (Res.170 #).</p> <p>The facility was cited during the 3/9/17 recertification survey for failure to accurately code a comprehensive MDS assessment for a Preadmission Screening Resident Review (PASRR) for 1 (Resident # 51) of 1 sampled resident reviewed for PASRR. The facility also failed to accurately code a quarterly MDS assessment of behavior for 1 (Resident #97) of 5 sampled residents reviewed for behavior.</p> <p>2. F867 - Based on record review and staff interviews, the facility's Quality Assessment and Assurance Committee failed to effectively maintain implemented procedures and effectively monitor the interventions that the committee put into place in March of 2017.</p> <p>On 2/8/17 at 11:30 AM, during an interview, the Administrator indicated that she started to work in this facility several months ago. The Quality Assessment and Assurance Committee worked constantly to correct multiple ongoing issues, as well as previously identified deficiencies. Recently, the Quality Assessment an Assurance Committee created the new system, which involved the social workers, to improve the Preadmission Screening Resident Review (PASRR) assessment. The implementation of this system significantly reduced the errors, related to</p>	F 867			

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F 867	Continued From page 29	F 867			
F 917 SS=E	<p>PASRR process. The Quality Assessment an Assurance Committee tried to identify, prevent and correct all the deficiencies in the facility.</p> <p>Resident Room Bed/Furniture/Closet CFR(s): 483.10(i)(4), 483.90(e)(2)(3)</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv)</p> <p>§483.90(e)(2) -The facility must provide each resident with-- (i) A separate bed of proper size and height for the safety and convenience of the resident; (ii) A clean, comfortable mattress; (iii) Bedding, appropriate to the weather and climate; and (iv) Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident.</p> <p>§483.90(e)(3) CMS, or in the case of a nursing facility the survey agency, may permit variations in requirements specified in paragraphs (e)(1) (i) and (ii) of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations (i) Are in accordance with the special needs of the residents; and (ii) Will not adversely affect residents' health and safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and family interview, the facility failed to repair dressers in 7 out of 59 residents rooms (Room 316, 321, 323, 201, 213, 214 and 114).</p>	F 917			

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F 917	<p>Continued From page 30</p> <p>The findings included:</p> <p>a. On 2/5/18 at 9:45 AM, during the observation on 300 hall, there were 3 residents rooms with broken drawers (Room # ' s 316, 321 and 323). The dresser ' s drawers were observed in crooked position, with separated front panel, broken bottom part of the draw, lost door handle, out of track, which prevented them from being operational.</p> <p>b. On 2/5/18 at 9:55 AM, during the observation on 200 hall, there were 2 residents rooms with missing and broken drawers (Room # ' s 201, 213 and 214). The dresser ' s drawers were observed with broken front panels, out of track, which prevented them from being operational.</p> <p>c. On 2/5/18 at 10:00 AM, during the observation on 100 hall, there was 1 residents room with broken drawers (Room # 114). The dresser ' s drawers were observed out of track, which prevented them from being operational.</p> <p>On 2/5/18 at 10:25 AM, during an interview, residents family member in the room 323 indicated that she reported broken furniture to the staff last year.</p> <p>On 2/8/18 at 12:20 PM, during an interview, Nurse Aide #2 indicated that she was not aware the standing dresser in the room 323 was not functional, and did not report it to maintenance.</p> <p>On 2/8/18 at 12:00 PM, during an interview, the Maintenance Director indicated that nobody reported to maintenance broken furniture in the rooms 114, 201, 213, 214, 316, 321 and 323. The</p>	F 917			

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F 917	Continued From page 31 Maintenance Director could not provide documentation of work orders for furniture repair in the rooms, mentioned above. On 2/8/18 at 1:10 PM, during an interview, the Administrator stated that her expectation was for the maintenance staff to keep all the furniture in good functional condition all of the time.	F 917			